Suicide Awareness & Prevention

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Today's Topics

- Elimination of Bias
- Stress as a Predictor
- Mental Health and Addiction in the Legal Profession
- Suicide and its Prevention
- Ethical Issues
- Your Lawyer Assistance Program

Some statistics:

- Only half of lawyers are very satisfied or satisfied with their work
- Depression and anxiety are cited by 26% of all lawyers who seek counseling
- 2016 ABA/Hazelden Betty Ford study
  - 20.6% unhealthy level of drinking
  - 28% meet criteria for depression – during career
  - 11.5% have thought about suicide
- Lawyers rank 5th in incidence of suicide by occupation

Contributing Factors

- Isolation
- Expectation to be “expert”
- Pressure to Perform
- Analysis v. emotions
- Pessimism
- Vicarious Trauma
- *Stigma*

How severe is the problem?

Survey on Law Student Well-Being

Frequency of Suicidal Thoughts and Self Injury	Analysis
20.4% have thought seriously about suicide sometime in their life	This compares with 5% of the roughly 23,500 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had thought seriously about suicide in the last 12 months
6.3% have thought seriously about suicide in the last 12 months	
9.1% of respondents have hurt themselves in the last 12 months	This compares with 10% of the roughly 23,000 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had hurt themselves in the last 12 months.
17.3% of those have done so two or more times in the past month	

ABA Hazelden Study

- 11.5% have had suicidal thoughts during their career.
- 2.9% reported self-injury
- 0.7% reported one or more attempts

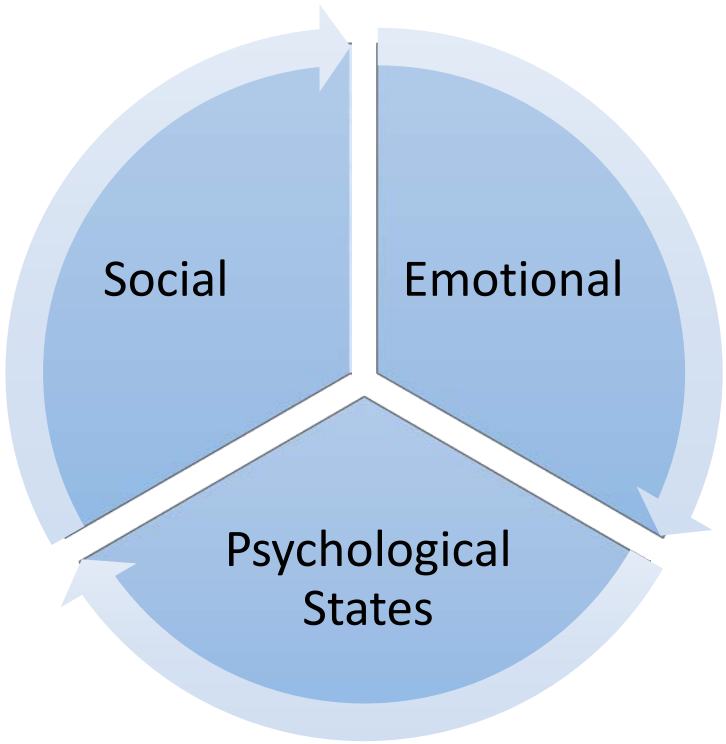
Factors that contribute to higher rates of suicide in the legal field

From the ESCAPE Theory	From the Hopelessness Theory	From the Interpersonal Theory of Suicide
Falling below standards (internal or external)	More than Depression, Hopelessness is associated with suicidality	Thwarted belongingness
Self Blame, perfectionism		Loneliness (lack of positive relationships, real or imagined)
		Perceived burdensomeness
		Self esteem (“worth more dead than alive”)
		Capacity for harm/pain/lack of fear

Understanding & Preventing Suicide

Mental Health 101

Best Case Scenario



Personal and Professional Balance

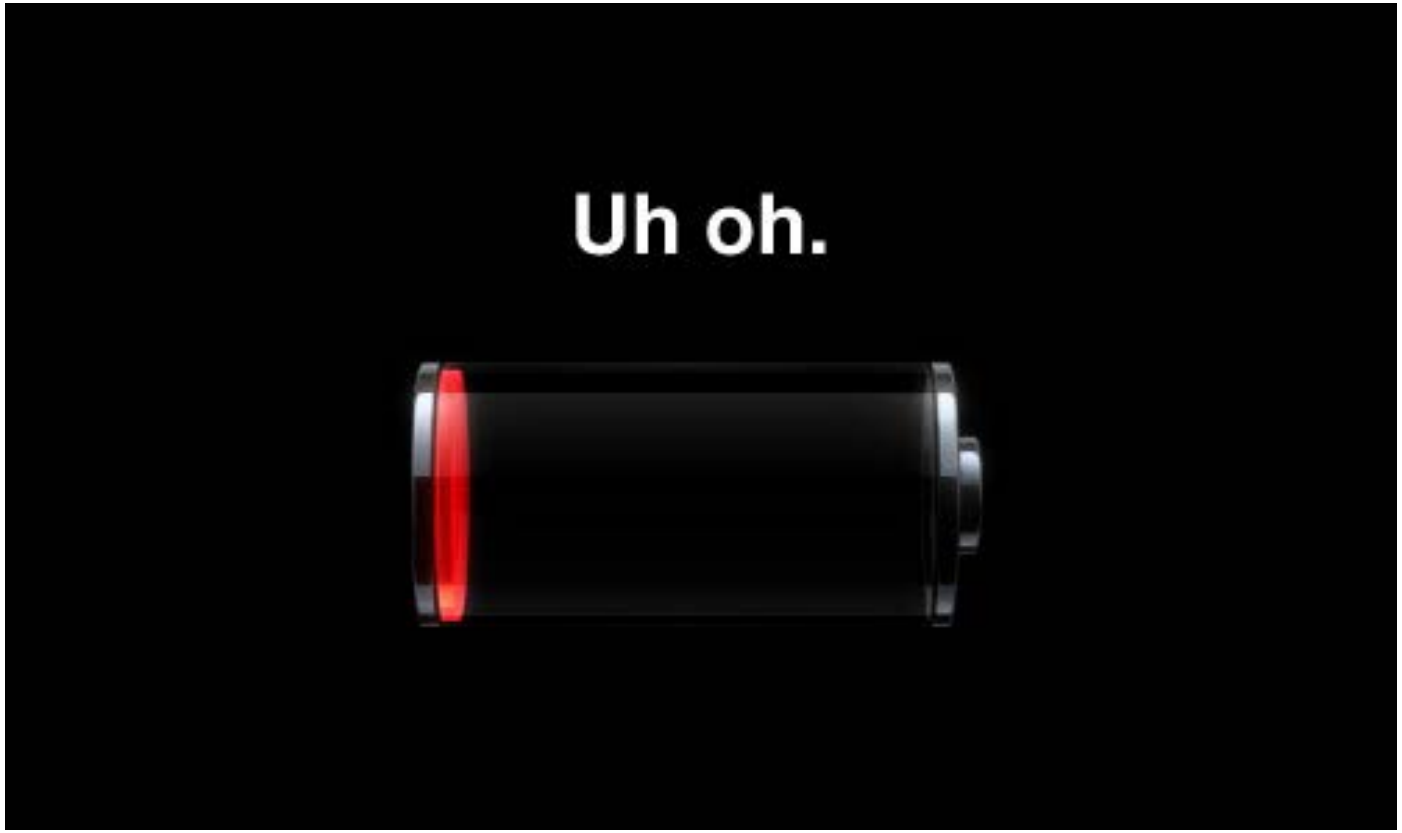
Social Connections

Range of Emotions

Effective Coping

- **Cope with challenges**
- **Solve problems**
- **Connect thought and emotion**
- **Manage Stress**

Sometimes Things Go Wrong



Symptoms: Physical

- High blood pressure
- Chest pain
- Rapid heartbeat
- Jaw clenching
- Breathlessness
- Headaches
- Fatigue

(National Institute of Mental Health)

Symptoms: Emotional & Behavioral (1 of 2)

- Food
- Mood
- Sleep
- Anxiety
- Over reacting
- Lack of Purpose

Symptoms: Emotional & Behavioral (2 of 2)

- Decreased motivation
- Difficulty concentrating
- Decreased interest in activities previously enjoyed
- Decreased trust in others
- Irritability
- Wanting to spend time alone
- Difficulty relating to people

(National Institute of Mental Health)

Think about it!

Ask yourself:

Are the physical, emotional and behavioral symptoms interfering with my ability to *work, play, love*?

Monitor:

What is the Frequency, Intensity, Duration?

Self-Assessment Tools

Mental Health Screening

http://www.mentalhealthscreening.org/screening/screening/default.aspx

LawLifeline

http://www.lawlifeline.org/

Lawyers Concerned for Lawyers

www.mnlcl.org

What happens
if we
ignore
the symptoms?

Depression is the
most common mental illness.

**If left untreated,
depression can lead to
alcohol and substance use
and higher rates of suicide.**

Suicide

Death by suicide is more common in males, but females attempt more.

Peers are in a position to intervene or recognize that help is needed, sometimes even more than professionals.

Risk Factors & Warning Signs

IS PATH WARM?

I	Ideation
S	Substance use (increased)
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopeless
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

American Association of Suicidology

Additional Risk Factors

- Previous suicide attempt – self or someone close
- Substantial psychiatric problems
- Co-occurring with substance use or compulsive behavior disorders
- Resistance to accessing mental health treatment
- Ability to inflict pain/tolerance of pain

QPR

Ask A Question, Save A Life

QPR

Question, Persuade, Refer

QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

QPR

Suicide Myths and Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

QPR

Suicide Myths and Facts

- **Myth** People who are suicidal want to die
- **Fact** They may desire relief from pain and are unable to see options other than death
- **Myth** Suicide is an impulsive act
- **Fact** Substance use may lead to an impulsive suicidal act. Most have spent time developing a plan, contemplating death, preparing for their death

QPR

Myths And Facts About Suicide

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.

  Myth Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

QPR

Suicide Clues And Warning Signs

The more clues and signs observed, the greater the risk. Take all signs seriously.

QPR

Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

QPR

- “I’m tired of life, I just can’t go on.”
- “My family (firm, clients) would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

QPR

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal and/or professional affairs in order
- Turning down new work
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol misuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

QPR

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of an important case
- Fear of becoming a burden to others

QPR

Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

Q *QUESTION*

Less Direct Approach:

- "Have you been unhappy lately?
  Have you been very unhappy lately?
  Have you been so very unhappy lately that you've been thinking about ending your life?"

- "Do you ever wish you could go to sleep and never wake up?"

Q *QUESTION*

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

NOTE: If you cannot ask the question, find someone who can.

How NOT to ask the suicide question

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely you’re not thinking about suicide?”

P *PERSUADE*

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

P *PERSUADE*

Then Ask:

- Will you go with me to get help?"
- "Will you let me help you get help?"
- "Will you promise me not to kill yourself until we've found some help?"

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

R *REFER*

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help: best to hospital with psychiatric unit; next best to call emergency services or LCL for help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
- Expect the person to agree to go the a hospital; plan for options.

REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

For Effective QPR

- Say: "I want you to live," or "I'm on your side…we'll get through this."

- Get Others Involved. Ask the person who else might help. Family? Friends? Law partners or fellow judges? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?

- LCL can provide support for you and help the person access appropriate medical services

For Effective QPR

- Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring can save a life.

REMEMBER

WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF HOPE. HOPE HELPS PREVENT SUICIDE.

DO	DO NOT
QPR (Be Direct)	Promise Secrecy
Listen	Ignore
Express Concern	Minimize
Let People Know You Care	Judge or impose personal beliefs

Action Steps:

- Talk about it
- Be mindful of language
- Stand up to the Stigma
- Follow groups like AFSP and LCL on social media
- Challenge the culture
- Model wellness
- Practice positive self-care

To STAY WELL	TRY THIS
Sleep	6-8 Hours a Night
Take Breaks	Get up, walk around, stretch during long periods of work
Allies	Spend time with friends and family who support and love you
Yoga	Practice yoga, mindfulness, deep breathing
Well-Balanced Meals	Eat fruits, vegetables, get your protein and good fats in. Drink Water
Exercise	Aim for 20-30 minutes a day, HIIT, run/walk/jog, something you like
Let Go	There are (really) things beyond your control, let go
LAUGH	Tell a Joke: Why is a river rich? Because it has two banks

Ethical Considerations

Rule 1.14—Clients with Diminished Capacity

(a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment, or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client.

Rule 1.14

(b) When the lawyer reasonably believes that the client has diminished capacity, is at risk of substantial physical, financial, or other harm unless action is taken and cannot adequately act in the client's own interest, the lawyer may take reasonable protective action, including consulting individuals or entities that have the ability to take action to protect the client and, in appropriate cases, seeking the appointment of a guardian ad litem, conservator, or guardian.

Rule 1.14

c) Information relating to the representation of a client with diminished capacity is protected by Rule 1.6. When taking protective action pursuant to paragraph (b), the lawyer is impliedly authorized under Rule 1.6(b)(3) to reveal information about the client, but only to the extent reasonably necessary to protect the client's interests.

Rule 1.6: Confidentiality of Information

- a) Except when permitted under paragraph (b), a lawyer shall not knowingly reveal information relating to the representation of a client.

- (b) A lawyer may reveal information relating to the representation of a client if:

- (3) the lawyer reasonably believes the disclosure is impliedly authorized in order to carry out the representation;

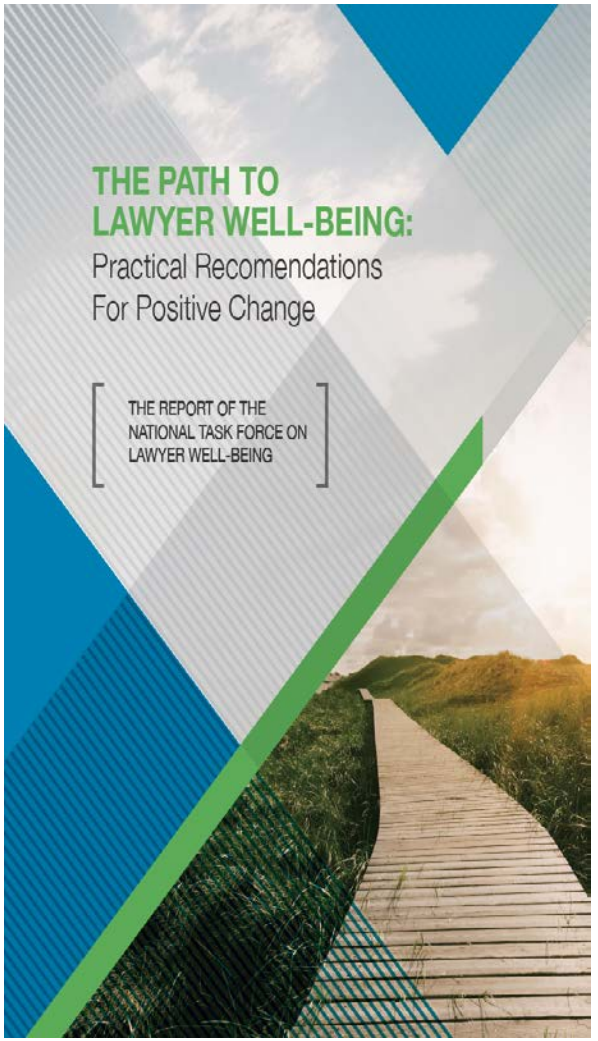
More Rules

- Diligence - Comment 2: "A lawyer's workload must be controlled so that each matter can be handled competently."
- 8.3 "Rat on your friends"

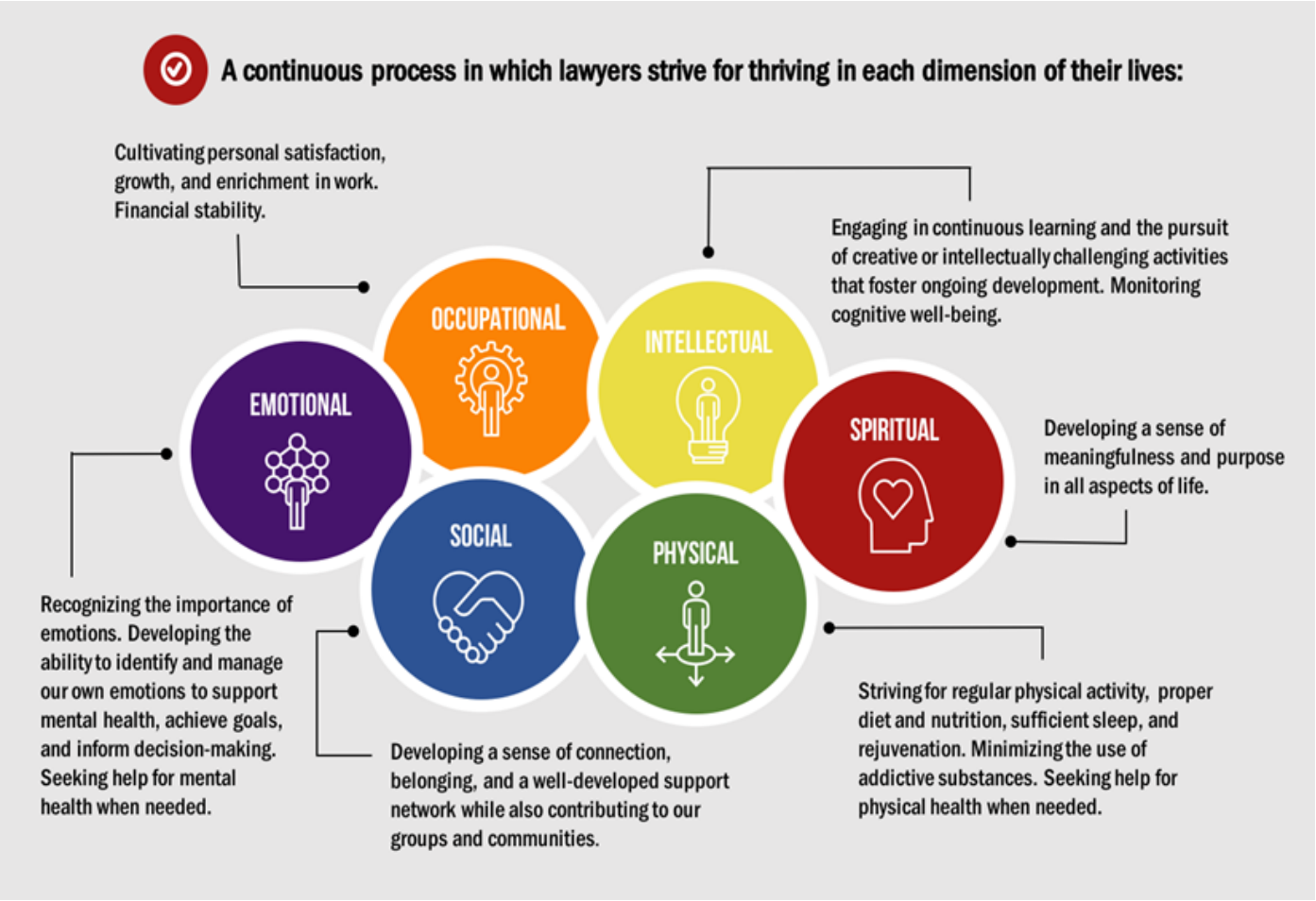
The Path to Lawyer Well-Being:

Practical Recommendations for Positive Change

THE REPORT OF THE NATIONAL TASK FORCE ON LAWYER WELL-BEING



Well-Being Components



Lawyers Concerned for Lawyers Minnesota LAP

- History
- Current Services
    - Confidentiality
    - Lawyers, judges law students and their families
    - Education
        - CLEs
        - Website www.mnlcl.org
    - Consultation
        - Advice and support to concerned persons
        - Assistance to legal organizations with policies and procedures

Lawyers Concerned for Lawyers Minnesota LAP (continued)

- Current Services (continued)
    - Clinical Services
        - 24 hour hotline
        - Assessment
        - Intervention Coaching
        - Short term counseling
        - Referral to Community Services
        - Group Therapy
        - Support Group
    - Mentoring
    - Social Support

Employee Assistance Partnership

- Up to 4 free counseling sessions
- Resource website
  - www.sandcreekeap.com
  - Click on “work life wellness login”
  - Enter password LCL1
- Contact EAP directly at **651-430-3383** or toll-free: **1-888-243-5744**

TO CONTACT LCL

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St. Paul, MN 55114

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Website: www.mnlcl.org E-mail help@mnlcl.org
www.facebook.com/mnlcl

Resources


NATIONAL
SUICIDE
PREVENTION
LIFELINE
TM
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Lawyers Concerned for Lawyers

THERE IS HELP *and*

THERE IS HOPE

Thank you!