

Depressed? You're not alone, and the numbers are growing.

Treating depression starts with coming out of the shadows: it's an illness, not an individual failing.

Geraldine A. Lewis

In a December 2007 issue of the Wall Street Journal, well-known columnist Sue Shellenbarger wrote, "That lawyers are among the most miserable of men and women is well known." She wasn't talking about some form of job burnout, but something far more serious. She was talking about lawyers who suffer from clinical depression.

That we are several years into the twenty-first century and the subject of clinical depression is still something many lawyers feel they have to hide is a shameful reality our profession needs to change. And until we do, it will cost some of our colleagues their very lives.

In a recent PBS documentary "Depression, Out of the Shadows," the program highlighted some interesting statistics:

- Major depression affects approximately 1.5 million American adults or about three percent of the population in a given year.
- Approximately 80 percent of people experiencing depression are not currently receiving any treatment.
- More than 90 percent of persons who die by suicide have a diagnosable mental illness, commonly a depressive disorder.
- By the year 2020 depression will be the second most common health problem in the world.
- Depression is one of the most treatable illnesses: 80 to 90 percent find relief.

Add to this mix some specifics about lawyers. An often-cited Johns Hopkins study in 1990 found that lawyers suffered from clinical depression at a rate almost four times the norm for other professions. An analysis of LAP programs across the country revealed that suicide among male lawyers was two times more likely than among men in the general population. (lawyerswithdepression.com)

What do we do to address this "elephant in the closet" called depression? Enter attorney Daniel T. Lukasik a plaintiff attorney in Buffalo, New York and author of the dynamic Web site www.lawyerswithdepression.com.

Facing the "elephant in the closet"

When Lukasik was finally diagnosed with clinical depression and sought treatment, he made two important decisions. He recognized that he needed to change the way he practiced law, and if that was not acceptable to his law partners, he would have to quit. He also decided to "go public" about his depression in a way that would hopefully offer support to other lawyers who were also suffering. On his home page he states, "created for lawyers with depression by a lawyer with depression." His Web site offers a wealth of information for those seeking not only to educate themselves about depression, but offers support, a critical element in any treatment plan. Lawyers within a close geographic range can also benefit from a support group that Lukasik started. Additionally his efforts resulted in the first national seminar on attorney depression, in conjunction with the Erie County Bar Association this last April.

On his Web site are articles that try to puzzle out why lawyers are more prone to depression than others. Lukasik cites the fact that lawyers are pessimistic, a skill which serves them well in their profession. They are always looking for the problems in their cases. This skill does not translate well to life out of the office; in fact, it is often detrimental. Others have cited lawyerlike tendencies for perfection and the high level of stress in litigation. Some posit that those individuals who exhibit these tendencies are drawn to the profession. Lukasik points out that the end result may be that those tendencies, that can result in clinical depression, may force lawyers to seek other ways to make a living in order to preserve their health and well-being.

A life or death issue

Lawyers in medium- to large-sized firms may be inhibited from admitting their illness for a couple of reasons. The first is the absolute tyranny of the billable

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Some red flags

DSM-IV-TR lists the following symptoms as red-flag warnings for major depression if you experience the first two symptoms along with any four other symptoms continously for more than two weeks:

- PERSISTENTLY SAD OR IRRITABLE MOOD
- LOSS OF INTEREST AND PLEASURE IN NEARLY ALL ACTIVITIES
- Feelings of worthlessness, guilt, hopelessness and emptiness
- Difficulty thinking, concentrating or making decisions
- Decreased energy, fatigue, and feeling "slowed down"
- Changes in appetite and/or weight
- Changes in sleep
- Thoughts of death, suicide, plans or attempts

(Taken from www.pbs.org Web site on depression)

DYSTHYMIA (a chronic form of depression that is milder than major depression and may be intermittent, with brief periods of respite from the symptoms)

- Poor appetite or overeating
- Insomnia or excessive sleeping
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness

(Taken from www.lawyerswithdepression.com)

ATYPICAL DEPRESSION (just as debilitating as major depression, those with atypical depression often overeat and oversleep and do not exhibit the over-arching sadness associated with major depression)

- General sadness that is interspersed with periods of enjoyment
- Strong feelings of rejection
- A sensation of heaviness, especially in the arms
- A strong preference for carbohydrate – rich foods that increases serotonin levels in the brain and alters mood.
- (Taken from www.lawyerswithdepression.com)

Resources: Some useful Web sites with suggestions for further reading

- www.lawyerswithdepression.com—"created for lawyers with depression by a lawyer with depression"
- www.nami.org—National Alliance on Mental Illness and the nation's largest grassroots mental health organization; many useful links to other resources
- www.pbs.org/wgbh/takeonestep/depression-resources—watch an excellent documentary on depression, many useful Web site links, information on depression, its causes and symptoms, and a list of print resources
- www.depressionisreal.org
- www.lsba.org—information about depression and suicide among lawyers; important statistics and information about suicide

The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness, J. Mark G. Williams, et.al. using meditation to treat and prevent depression

Undoing Perpetual Stress: the Missing Connection Between Depression and 21st Century Illness, Richard O'Connor

Feeling Good, David D. Burns, using cognitive behavior therapy to treat depression without drugs

hour. A lawyer who needs to reduce his work load, or modify it in some way is not an asset in a firm whose work ethic still revolves around how much an individual bills. Second, if you are seen as less than highly productive you are most certainly expendable. And, finally, many believe serious illness, especially mental illness, makes one permanently "damaged goods."

Solo practitioners in rural areas face an unique set of problems. Their practice is often a lonely way to live. And if depression hits, it can be devastating. The most important thing is for lawyers to seek help. Lukasik points out. "Lawyers must regard this as a life or death issue. Untreated, it will get worse." The cost of ignoring depression is losing relationships, losing your practice, becoming addicted to drugs or alcohol as a form of self-medication, and even death.

Lukasik's advice is to know the symptoms of depression and seek treatment when you need it. "There is hope with treatment and hope comes with taking steps. While there may not be a cure, you will feel better."

California LAP

The California Lawyer Assistance Program is literally a phone call away, Richard Carlton, deputy director, points out. About 800 lawyers a year are using the service. There are no available statistics to track how many lawyers in California seek treatment on their own. At present, Carlton estimates that about 25 percent of the calls concern substance abuse issues and 40 percent concern depression issues.

When a lawyer calls LAP, he or she will speak with a case manager who does a telephone intake to determine what the next steps should be. LAP offers short-term counseling for the lawyer in the lawyer's own community and will help the lawyer find a suitable counselor. While LAP sponsors support groups in the more urban areas, there is an existing support group in Chico. "We will start a new support group with just two people," Carlton adds.

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The main phone number for LAP is 877-LAP 4 HELP. Someone is available to talk to 24/7 at 800-341-0572.

Depression: the illness

Depression is a biological disorder, an illness. You cannot "get over it" or "get past it" without appropriate treatment. That treatment varies for each individual but will likely include the help of a psychiatrist who can prescribe appropriate medication and the help of a psychologist who will provide "talk" therapy.

Most who suffer from depression find that a support group is critical. There are actually two support groups. The first is family and friends who are also affected by the illness. Their support can help you make the decisions you need to make to feel better. The second is your peer support group, lawyers who suffer from depression. In this group you can find the comfort and understanding that will make you realize you are not alone. Whether there are lifestyle changes you decide to make, are highly individual matters.

Resources

One of the benefits of this age of the Internet is how many resources are at your fingertips. If you are suffering from depression or know someone who is, visit www.lawyerswithdepression.com, Dan Lukasik's wonderful and informative site; www.nami.org, (National Alliance on Mental Illness and the largest grass roots mental health organization); and www.pbs.org to access the program, "Depression, Out of the Shadows" and the resources listed on that site.

The future

It is time for us, as a profession, to take care of ourselves. Depression is a treatable illness; it is not an individual failing. For some attorneys, getting better may well mean finding another way to make a living. Some will be able to modify their practice of law so they can maintain a healthy lifestyle. As I write this, it occurs to me (tongue in cheek) that plaintiffs' lawyers in particular should harness their talents and dish out to those who refuse to offer help and support to those members of their firms who suffer from depression, a little of their own medicine. It's called a lawsuit. Maybe then, depression can come out of the closet for good.

But it remains up to each individual lawyer to take good care of him or herself. If you think you might be suffering from depression, talk to your doctor. Begin treatment. And if you know someone who is suffering from depression, offer your help and support. It may make all the difference in the life of someone you care about.

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