

Removing the Stigma Associated with Mental Illness

Written by Suzana K. Koch and Kate B. Wexler, both with Brouse McDowell, LPA

Robin Williams. Mindy McReady.

Ernest Hemingway. Kurt Cobain.

Marilyn Monroe. Vincent Van Gogh.

Sigmund Freud. Sylvia Plath. L'Wren Scott. Virginia Woolf. These are just a few names of celebrities who have committed suicide.

Suicide has become one of the most common killers of Americans between the ages of 15 and 45. In 2011 (the most recent year for which data are available), 39,518 suicides were reported, making suicide the 10th leading cause of death for Americans. In that year, someone in the country died by suicide every 13.3 minutes.¹

The most important risk factor for suicide is mental illness, especially depression or bipolar disorder (also known as manic-depressive illness). When depression is accompanied by alcohol or drug abuse, which it commonly is, the risk of suicide increases perilously.²

Psychiatrist Kay Redfield Jamison, a professor at Georgetown University, herself a sufferer from depression, had this to say about suicide in her seminal book on the subject, "Night Falls Fast."

When people are suicidal, their thinking is paralyzed, their options appear spare or nonexistent, their mood is despairing, and hopelessness permeates their entire mental domain. The future cannot be separated from the present, and the present is painful beyond solace.³

About 10 percent of this country's population currently suffers from depression. Lawyers have twice the rate of depression of the general population, and women experience twice the rate of depression as men, regardless of race or ethnic background. Depression is not a mood or a character flaw. It is often the result of a chemical imbalance in the brain - nothing different from imbalances in the body that result in



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diabetes, high blood pressure or high cholesterol- all the result of a complex interplay of lifestyle and genetics.

Like these other disorders of the body, treatment is available with psychological counseling, antidepressant medications or a combination of the two⁴. So, if it's treatable, why the persistent and alarming rise in the rate of suicide?

Unlike other imbalances, depression is different in two critical ways that each prevents sufferers from reaching out for help. One is the hopelessness that is a symptom of depression itself. The second is the social stigma that comes with a diagnosis of clinical depression. That is not a diagnosis anyone wants a future employer or insurance underwriter to see in medical records, or wants to share with friends and family to garner support and encouragement. The stigma associated with a mental illness or addiction acts as a barrier to treatment.

The National Alliance on Mental Illness tells us that mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life, let alone the stressful demands of the practice of law. Combining a healthy diet with enough sleep and exercise, while sound advice for all of us generally, may not be enough to treat the underlying chemical or biological conditions causing mental illness.

The challenge this article presents is for you to re-think mental illness as essentially biological in nature. This article does not suggest that mental illness is easily treatable, but by educating ourselves, we can collectively remove an obstacle to treatment if we remove the societal stigma. It is important that we, as lawyers, undertake this challenge as studies have shown that our profession can exacerbate mental illness and addiction issues.

One study of law students found they suffered from depression at the same rate as the general population before entering law school. Just two months into the school year, however, their negative symptom levels had increased dramatically. By the spring of their first year, 32 percent of the same law students were depressed. By the spring of their third year, the number had risen to 40 percent. Two years after graduation, 17 percent of the students – about twice the rate of depression experienced by the general population – were still depressed.⁵

G. Andrew H. Benjamin, J.D., Ph.D., the lead researcher stated:

After nearly 40 years of compelling evidence about the prevalence of the severity of depression for the legal profession of law, more meaningful systematic changes must be implemented throughout the professional acculturation process of law students and lawyers.⁶

Further evidence of the effect of mental illness on our profession as a whole is the finding that the vast majority (70 percent) of attorney discipline cases is determined to be as a result of a mental illness, an addiction, or a combination of the two.⁷

Learning about mental illness is the first step in the meaningful systematic change that we need to be healthier, to be better lawyers, and to save lives.

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Removing the Stigma (*Cont. from page 3*)

If you feel that you may suffer from depression, mental illness, or addiction, please call the Ohio Lawyers Assistance Program (OLAP) at 1-800-348-4343 (available 24/7) or email at info@OhioLAP.org.

Additional sources for help are the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) which is also available 24/7; the National Helpline for Lawyers at 1-866-LAW-LAPS; and the National Helpline for Judges Helping Judges at 1-800-219-6474.

May you be well, and help others to be well, too! ■

About the authors:

Suzana Koch negotiates resolutions to complex, inter-disciplinary commercial issues in loan restructurings and commercial reorganizations, and she represents clients in court when litigation is unavoidable.

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- 1 Facts and Figures, AMERICAN FOUNDATION FOR SUICIDE PREVENTION (last visited Sept. 12, 2014) <https://www.afsp.org/understanding-suicide/facts-and-figures>
- 2 Kay Redfield Jamison, To Know Suicide: Depression Can be Treated, but It Takes Competence, N.Y. TIMES (Aug. 15, 2014) available at http://www.nytimes.com/2014/08/16/opinion/depression-can-be-treated-but-it-takes-competence.html?module=Search&mabReward=relbias%3Ar%2C%7B%221%22%3A%22RI%3A5%22%7D&_r=0
- 3 Kay Redfield Jamison, NIGHT FALLS FAST quoted in Dan Lukasik, The Death of Robin Williams, Depression and Suicide, LAWYERS WITH DEPRESSION (Aug. 13, 2014) <http://www.lawyerswithdepression.com/articles/death-robin-williams-depression-suicide/>
- 4 Daniel K. Hall-Flavin, Depression (major depressive disorder), MAYO CLINIC (Mar. 05, 2014) <http://www.mayoclinic.org/diseases-conditions/depression/expert-answers/clinical-depression/faq-20057770>
- 5 Dan Lukasik, Law School Depression, LAWYERS WITH DEPRESSION (last visited Sept. 12, 2014) <http://www.lawyerswithdepression.com/law-school-depression/#XWOzTzw4gWsHG5Kc.99>
- 6 Id.
- 7 Substance Abuse and Depression in Women Lawyers, CROSSROADS FOR WOMEN (Jan. 23, 2014) <http://www.crossroadsme.org/blog/?p=95>