

Why Lawyers Must Talk About Suicide

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WHY LAWYERS MUST TALK ABOUT SUICIDE

I. INTRODUCTION

If you have practiced law for very long, you have probably known an attorney who has died by suicide. In a legal world that cherishes confidentiality and often revolves around reputation, most lawyers don't talk about it. We have to change how we approach this problem. Here's why:

Lawyers have consistently been at or near the top of the list of all professionals in suicide rates.¹ We have been shown to be the most often depressed professionals out of 105 professions.² A recent study showed that lawyers are three times more likely than any other professional to suffer from depression.³ Attorneys have also been found to be at least twice as likely as the average person to die by suicide.⁴ Suicide is the third leading cause of death among attorneys after cancer and heart disease.⁵

In 2016, the American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation released a groundbreaking study of almost 13,000 employed attorneys. It showed that 45.7% of attorneys reported suffering from depression during their careers and 11.5% reported suicidal thoughts.⁶ Likewise, a 2015 law school wellness study of nearly 4,000 participating law students at 15 law schools across the country showed that 42% of law students reported needing help for emotional or mental health problems and 20.5% reported they had considered suicide in the past.⁷

For people who suffer from alcohol and substance use disorders, there is a six-fold increase in suicide rates.⁸ Considering the fact that 36% of lawyers meet criteria for having a substance use disorder,⁹ and taking into account the increased base line risks

¹ See William Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder*, 32 JOURNAL OF OCCUPATIONAL MEDICINE 11, Page 1079(1990).

² See William Eaton et al., *Occupations and the Prevalence of Major Depressive Disorder*, 32 JOURNAL OF OCCUPATIONAL MEDICINE 11, Page 1079(1990).

³ See Ted David, *Can Lawyers Learn to Be Happy?*, 57 No. 4 Prac. Law 29 (2011).

⁴ A 1992 OSHA report found that male lawyers in the US are two times more likely to die by suicide than men in the general population. See <http://www.lawpeopleblog.com/2008/09/the-depression-demon-coming-out-of-the-legal-closet/>.

⁵ See C. Stuart Mauney, *The Lawyers' Epidemic: Depression, Suicide and Substance Abuse*, <http://www.sbar.org/Portals/0/Outline%20for%20Lawyers%20Epidemic.pdf>

⁶ See Patrick Krill, Ryan Johnson, and Linda Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, Journal of Addiction Medicine, Feb. 2016, Vol. 10, Issue 1, pp. 46-52, <http://journals.lww.com/journaladdictionmedicine/Fu>

[lltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp](http://text/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp)

⁷ See Jerome M. Organ, David B. Jaffe, and Katherine M. Bender, *Helping Law Students Get the Help They Need: An Analysis of Data Regarding Law Students' Reluctance to Seek Help and Policy Recommendations for a Variety of Stakeholders*, The Bar Examiner, Dec. 2015, Vol. 4, Issue 4, http://www.ncbex.org/pdfviewer/?file=%2Fassets%2Fmedia_files%2FBar-Examiner%2Fissues%2F2015-December%2FBE-Dec2015-HelpingLawStudents.pdf

⁸ Center for Substance Abuse Treatment, *Substance Abuse and Suicide Prevention: Evidence and Implications—A White Paper*, DHHS Pub. No. SMA-08-4352, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2008, <https://store.samhsa.gov/shin/content/SMA08-4352/SMA08-4352.pdf>

⁹ See Patrick Krill, Ryan Johnson, and Linda Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, Journal of Addiction Medicine, Feb. 2016, Vol. 10, Issue 1, pp. 46-52, <http://journals.lww.com/journaladdictionmedicine/Fu>

noted earlier, attorneys are facing an astounding risk for suicide. Clearly, this is a subject which deserves very serious attention.

The good news is that learning about suicide prevention can make a major impact on the rates. **A recent study by the Air Force (2010) found that suicide prevention training included in all military training reduced the mean suicide rate within the population studied by an unprecedented 21%.¹⁰** For this reason, this paper will provide a concise discussion of what every lawyer needs to know about suicide prevention. If you don't get to use this information to help a colleague, you almost certainly will need it to help a friend, family member, or client some time in your life.

II. IDENTIFYING THOSE AT RISK

The following is a list of some of the most common things one might notice about a person at risk for suicide:

- Expressions of hopelessness, powerlessness, worthlessness, shame, guilt, self-hatred, inadequacy
- Declining performance and interest in work
- Loss of interest in social activities, hobbies, relationships
- Withdrawing from friends, family, and society
- Threatening or talking about hurting or killing oneself

[lltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp](http://text/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.asp)

¹⁰ See Eric D. Caine, *Suicide Prevention Is A Winnable Battle*, 100 *AMERICAN JOURNAL OF PUBLIC HEALTH* S1 (2012).

¹¹ See Kessler RC, Borges G, Walters EE. Prevalence of and Risk Factors for Lifetime Suicide Attempts in the National Comorbidity Survey. *Arch Gen Psychiatry*. 1999;56(7):617-626; see also <http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention->

- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities - seemingly without thinking
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Feeling trapped - like there's no way out
- Increasing alcohol or drug use
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Saying things like:
 - "I can't go on anymore"
 - "I wish I could go to sleep and never wake up" or
 - "I just want out."
- Situational clues:
 - Loss of relationship (breakup or death)
 - Loss of job or income
 - Loss of reputation
 - Loss of freedom (jail, indictment) or
 - Loss of health (diagnosis of a life threatening disease).¹¹

III. HOW TO HELP: ASK!

The leading experts agree that the most important thing to know about suicide prevention is that, if you suspect that a person might be suicidal or having a mental health crisis, you should ASK ABOUT IT!¹²

[2012Toolkit_8-31.pdf](#) and <http://afsp.org/about-suicide/risk-factors-and-warning-signs/> and http://www.save.org/index.cfm?fuseaction=home.viewpage&page_id=705f4071-99a7-f3f5-e2a64a5a8beadd8.

¹² This paper uses guidance from leading suicide prevention training programs: the QPR method (Question, Persuade, and Refer), <http://www.qprinstitute.com/>; and the Texas Suicide Prevention's program: *ASK About Suicide to Save a Life*. *ASK About Suicide Video Training, Lessons and*

Preparing to Ask

Before beginning the suicide conversation with someone you care about, the following preparation steps may be useful:

- Be ready to listen.
- Give yourself ample time for what might unfold.
- Know that you won't have all the answers.
- Be prepared to hear about difficult struggles.
- Choose a place that is private and informal.¹³
- Be prepared to get help.¹⁴

Asking About Suicide Helps

Lawyers, despite their reputations, really don't want to hurt other people's feelings or embarrass them and certainly don't want to plant seeds of ideas about suicide. Rest assured: *suicide studies make clear that asking a person if he or she has considered suicide does not cause them to consider it nor does it increase the risk.*¹⁵ To the contrary, asking if a person has thought

about suicide can provide tremendous relief to a person suffering from suicidal ideations.

A 2014 review of 13 different suicide studies about whether discussing suicide increases the risk of suicide found that acknowledging and talking about suicide will, in fact, reduce rather than increase suicidal ideation, and may benefit long-term mental health.¹⁶ Again, *asking about suicide won't plant the seed and it may save a life.*¹⁷

Be Direct: Have You Considered Suicide?

Asking the person a question about suicide should be as straightforward as possible. For example, you should ask:

- “Have you considered suicide?” or
- “Have you thought about killing yourself?”

There are some ways *not* to ask the person of concern about suicide, such as leading in a negative tone. Don't say, “You haven't thought about suicide have you?” or “You would never kill yourself? That would be horrible!” Shaming mentally unhealthy people drives them back into isolation where they can't get help. Also, just asking subtle and indirect questions like, “Is everything

Powerpoint. Mental Health America of Texas, 01 Aug. 2012. This program is available at <http://www.texasuicideprevention.org/training/video-training-lessons-guides/ask-about-suicide-ask/>.

¹³ See *RUOK? Conversation Tips (RUOK? Is an Australian legal initiative to talk to fellow attorneys about their mental health)* at

<http://www.lookdeeper.org.au/item/conversation-tips>

¹⁴ The National Suicide Prevention Lifeline (1-800-273-TALK (8255) is ready to provide guidance and further help resources are discussed below at page 7.

¹⁵ See T. Dazzi, R. Gribble, S. Wessely and N. T. Fear (2014). *Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?*. *Psychological Medicine*, 44, pp 3361-3363. Retrieved from

<https://mhfa.com.au/sites/default/files/Asking%20about%20suicide%20does%20no%20harm%20Dazzi%2>

[Oet%20al%202014.pdf](#); see also Leitner M, Barr W, Hobby L. Effectiveness of interventions to prevent suicide and suicidal behavior: a systematic review. Edinburgh, UK: Scottish Government Social Research; 2008; Szanto K, Kalmar S, Hendin H, Rihmer Z, Mann JJ. A suicide prevention program in a region with a very high suicide rate. *Arch Gen Psychiatry*. 2007;64:914–20; Mehlum L, Schwebs R. Suicide prevention in the military: recent experiences in the Norwegian army. In: Program and abstracts of the 33rd International Congress on Military Medicine; June 25–30, 2000; Helsinki, Finland. Wyman PA, Brown CH, Inman J, Cross W, Schmeelk-Cone K, Guo J, Pena JB. Randomized trial of a gatekeeper program for suicide prevention: 1-year impact on secondary school staff 2008. *J Consult Clin Psychol*. 2008;76(1):104–15.

¹⁶ See *id.*

¹⁷ See *id.*

okay?” or “Can I help you in any way?” is okay, but it is more likely to solicit answers like, “I’m fine.” Asking directly about suicide is shown to be more beneficial.¹⁸

In addition, the experts suggest that the following tools can help make a person more comfortable discussing the issue of suicide:

- Normalizing: “Lawyers lead all professions in depression rates. Many lawyers get so hopeless they consider suicide. Have you ever have thoughts of suicide?”
- Avoiding Shame: “When a person, even a lawyer, gets in enough pain, suicide can really become alluring. Have you ever thought about it?”
- Gentle Assumption: “During your legal career, how many times have you been depressed and how many times have you thought of suicide?”
- Symptom Amplification: “How often would you say you have thought of suicide, 30 times per day?”¹⁹

Clinicians use a large number of tools to extract details from clients who conceal them, but the above are suggested powerful and frequently used tools that most lawyers also use in their trial practice.

IV. “YEAH, I HAVE CONSIDERED SUICIDE.” NOW WHAT?

After asking your colleague if she has considered killing herself, you are shocked and at a loss to find out that she *has* been thinking about it. What now?

First, as a matter of practicality, there are a few “Don’ts” to follow:

- Don’t be judgmental.
- Don’t dare him or her to do it.
- Don’t act shocked because it will put distance between you.
- Don’t debate whether suicide is right or wrong or advise someone that he or she has “so much to live for” or that “it will be better tomorrow.”
- Don’t try to shame the person with the horrors suicide would cause. Likely, the person has already considered these things and judgment or pressure to change perspective could result in non-engagement and avoidance of talking further.
- Don’t swear yourself to secrecy -- with suicide, mental health professionals have to know when someone is a risk to self or others.

Next, find out if the person has a plan or the means to fulfill a plan for suicide. The following mnemonic, “PLAID PALS,” provides helpful guidance for appropriate questions regarding the information one should find out:

- Plan – Do they have one?
- Lethality – Is it lethal? Can they die?
- Availability – Do they have the means to carry it out?
- Illness – Do they have a mental or physical illness?
- Depression – Chronic or specific incident(s)?
- Previous attempts – How many? How recent?

¹⁸ *Id.*

¹⁹ See Shea, S. C.(2002). *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors.*

Wiley & Sons, Inc., Retrieved from <http://www.speakingofsuicide.com/2013/05/15/uncovering-suicidal-thoughts/>

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- Alone – Are they alone? Do they have a support system? Are they alone right now?
- Loss – Have they suffered a loss? (Death, job, relationship, self-esteem?)
- Substance abuse (or use) – Drugs, alcohol, medicine? Current? Chronic?²⁰

Again, when seeking this further information, being direct and nonjudgmental is most effective. The following tips may be helpful in this regard:

- Take what they say seriously.
- Don't interrupt or rush the conversation.
- If they need time to think, try and sit patiently in silence.
- Encourage them to explain.
- If they get angry or upset, stay calm and don't take it personally.
- Let them know you are asking because you are concerned.²¹

V. **GET HELP!**

Once you know someone is a high risk for suicide, you must take action to get help. If the person *does* have a plan for suicide, try to secure any available means located in the home, office, or vehicle (lock firearms, pills, etc.), if it is safe to do so, and stay with any person at high risk until you can get help as described below:

- Call 911 and ask for a mental health deputy or police officer to come to his or her location to escort them to help;

- Call your local mental health crisis hotline and follow their guidance (Texas Local Mental Health Authority (LMHA) Crisis Hotline), which can be found at: <http://www.dshs.state.tx.us/mhsa/lmha-list/default.shtm> ;
- Call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) (This is a free, 24-hour hotline, with a person available to anyone in suicidal crisis or emotional distress; confidential online chat is also available at www.suicidepreventionlifeline.org or, through the Crisis Text Line, you can contact a crisis counselor by texting "go" to 741-741.);
- Call his or her family doctor and tell them the person is suicidal and ask for a referral for help; and/or
- Take the person to the emergency room.

If *you* are having thoughts of suicide, please do the following immediately:

- Call 911 and tell the operator you are suicidal and need help;
- Call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255);
- Check yourself into the emergency room;
- Call your local crisis agency which can be found at: <http://www.dshs.state.tx.us/mhsa/lmha-list/default.shtm> ;
- Tell someone who can help you to find help immediately; and

²⁰ See San Francisco Suicide Prevention Risk Assessment Tools at <http://www.sfsuicide.org/prevention-strategies/warning-signs/p-l-a-i-d-p-a-l-s/> .

²¹ See *RUOK? Conversation Tips (RUOK? Is an Australian legal initiative to talk to fellow attorneys about their mental health)* at <http://www.lookdeeper.org.au/item/conversation-tips>

- Stay away from things that might hurt you.²²

If the person does *not* have a plan for suicide but has thought about it or is otherwise suffering from a mental health crisis, it is important to refer the person as soon as possible to a mental health professional. The Texas Lawyers' Assistance Program (TLAP) is available at 1-800-343-TLAP (8527) at any time to help an attorney or those concerned for one to find an appropriate area psychotherapist, psychiatrist, or medical doctor. In addition to TLAP, here are some resources to find mental health professionals in your area online:

- Substance Abuse and Mental Health Services Administration (SAMHSA)'s Treatment Finder: <https://findtreatment.samhsa.gov/>
- HelpPro Suicide Prevention Therapist Finder (in association with the National Suicide Prevention Lifeline: <http://www.helppro.com/>
- Psychology Today: <https://www.psychologytoday.com/>
- GoodTherapy.org: <http://www.goodtherapy.org/>

If you have any questions or want to discuss a thought or concern, please contact TLAP at 1-800-343-TLAP (8527), or learn more about suicide prevention at one of the following excellent resources:

- The American Association of Suicidology: <http://www.suicidology.org/>
- The American Foundation for Suicide Prevention: <http://afsp.org/>

²² See SAVE at http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705F9F6A-F141-B5EB-C8A6B86CA0B2001E

- The Dave Nee Foundation: <http://www.daveneefoundation.org/>
- The Suicide Prevention Resources Center: <http://www.sprc.org/>
- The Texas Suicide Prevention Council: <http://www.texasuicideprevention.org/>

VI. SURVIVORS OF SUICIDE

There are currently over 41,000 deaths by suicide annually in the United States and it is estimated that for every suicide there are 6 close family or friends that are left as survivors of the tragedy and who are in need of healing and help.²³ Based on this estimate, over 6,115,000 Americans became survivors of suicide in the last 25 years. Because of the toll of the trauma on the entire system of family and friends, it is important to note that TLAP (1-800-343-TLAP) is available to provide support to a broad spectrum of those affected by a suicide in the legal world and can help with locating appropriate resources in any community.

Survivors frequently struggle with comprehending why the suicide occurred and considerations about whether they could have done something to prevent the suicide or help their loved one. They commonly suffer extraordinary grief, guilt, despair, anxiety, remorse, and ruminating thoughts. A spouse or close law partner may feel that others blame them for tragedy.

Why Suicide Happens

Part of the challenge that attorneys face when it comes to the issue of suicide is the lack of understanding of why it happens.

²³ See Center for Disease Control and Prevention at <http://www.cdc.gov/nchs/fastats/suicide.htm> and <http://www.taps.org/magazine/print.aspx?id=6915>.

Ninety percent of suicides are the result of an underlying mental illness and substance abuse problem at the time of their death.²⁴ The brain is like any other organ, and when it is not well for a long period of time, it can lead a person to consider and sometimes die by suicide. People do not attempt suicide to “prove something” or to “get sympathy.”²⁵ Most people who die by suicide were not seeking death, but rather the end of a seemingly hopeless pain and suffering.²⁶

Help for Survivors

In order for these survivors to overcome, to the extent possible, the trauma of losing a loved one to suicide, therapy, group support, self-help literature, and open communication are some of the many recommended strategies to bring about healing. For an abundance of resources for survivors, please check with your local mental health authority to find out about survivor groups in your area which you may find at <http://www.dshs.state.tx.us/mhsa/lmha-list/default.shtm> or go to page 34 of Texas Suicide Prevention toolkit which you can access here: http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-2012Toolkit_8-31.pdf.

VII. A LAWYER’S PERSONAL STORY

As we have learned from studies, knowing about suicide and how to help a colleague is critically important. This is illustrated particularly well by one famous lawyer’s powerful story about his brush with

suicide, a story that shows how suicide prevention can work:

Some may recall a little-known member of the Illinois bar, a lawyer who suffered from suicidal depressions as a young man. After losing his true love to an early death, he became so despondent he told others he felt like killing himself. Recognizing his despair, his friends and colleagues in the bar rallied to his support, took away his pistols and knives, spent time with him, and even locked him up to protect him from himself. Thus did Abraham Lincoln survive his suicidal crisis and learn to live with and gain insights from the depressions that revisited him throughout his life. If one life lost to suicide is too many, imagine the cost of not preventing the suicide of our next Abraham Lincoln, who may, right now, be attending law school.²⁷

By understanding how to recognize that something is wrong with a colleague or a loved one, by asking questions and talking with that person, and by getting help, we can make a huge difference to those attorneys undergoing high stress, suffering from an underlying mental illness, substance use disorder, or at risk for suicide. That help may lead them back to their true selves and enable them to make the invaluable contributions to the world that many lawyers have made.

Nelson Mandela, Mahatma Gandhi, and 25 out of the 44 U.S. Presidents were all lawyers. Lawyers have great potential to change the world. But, as Thurgood Marshall

²⁴ See *SAVE: Q&A Why do people kill themselves?* http://www.save.org/index.cfm?fuseaction=home.viewpage&page_id=705c8cb8-9321-f1bd-867e811b1b404c94.

²⁵ *Id.*

²⁶ *Id.*

²⁷ See Simpson, S., & Quinnett, P. (2008). Preventing Suicide – A Challenge to the Legal Profession. *GP Solo*, 25(7), 60-61 (Story used with express permission).

suggested, lawyers didn't get where they are by pulling themselves up by their bootstraps. They got help. In Gandhi's words, "[t]he future depends on what you do today," so if you or a lawyer, law student, or judge you know needs help, GET HELP. Call TLAP for guidance and support at 1(800)343-TLAP(8527).

VIII. MORE ABOUT TLAP -- A SAFE PLACE TO GET HELP

As you know, practicing law can be an awesome adventure, a wonderful walk, a paralyzing fear factory, a sea of depressing doldrums, or all of the above in the same week, depending on your circumstances, lifestyle and perspective. Research shows that perspective and mental wellbeing are paramount to lawyer happiness.²⁸ Mark Twain once said, "There has been much tragedy in my life; at least half of it actually happened." This sort of disconnection between perspective and reality is common for attorneys. TLAP is a powerful tool for lawyers, law students, and judges to restore or keep wellness to have a hopeful and happy life practicing law.

Background

TLAP began in 1989 as a program directed toward helping attorneys suffering from alcoholism. While that role remains important for TLAP (attorneys have twice the rate of alcoholism as the general population), the mission is now much broader.

Currently, approximately half of all assistance provided by TLAP is directed toward attorneys suffering from anxiety, depression, or burnout. Additionally, TLAP helps lawyers, law students, and judges suffering problems such as prescription and

other drug use, cognitive impairment, eating disorders, gambling addictions, codependency, and many other serious issues. These problems²⁹ are very treatable, and TLAP's staff of experienced attorneys can connect a person-in-need to a variety of life-changing resources.

TLAP is a Safe Place to Get Help

It is essential to emphasize and repeat this for those who may be worried: TLAP is a safe place to get help. It is confidential and its staff can be trusted. TLAP's confidentiality was established under Section 476 of the Texas Health & Safety Code. Under this statute, all communications by any person with the program (including staff, committee members, and volunteers), and all records received or maintained by the program, are strictly protected from disclosure. TLAP doesn't report lawyers to discipline!

Call TLAP to Get a Colleague Help

While the majority of calls to TLAP are self-referrals, other referrals come from partners, associates, office staff, judges, court personnel, clients, family members, and friends. TLAP is respectful and discreet in its efforts to help impaired lawyers who are referred, and TLAP *never* discloses the identity of a caller trying to get help for an attorney of concern.

Furthermore, calling TLAP about a fellow lawyer in need is a friendly way to help an attorney with a problem without getting that attorney into disciplinary trouble. Texas Health & Safety Code Section 467.005(b) states that "[a] person who is required by law to report an impaired professional to a licensing or disciplinary

²⁸ See Lawrence S. Krieger and Kennon M. Sheldon, *What Makes Lawyers Happy? Transcending the Anecdotes with Data from 6200 Lawyers*. 83 *GEO. WASH. U. L. REV.* 554 (2015).

²⁹ See www.texasbar.com/TLAP for resources for most of these problems.

authority satisfies that requirement if the person reports the professional to an approved peer assistance program.” Further, Section 467.008 provides that any person who “in good faith reports information or takes action in connection with a peer assistance program is immune from civil liability for reporting the information or taking the action.” *Id.*

What TLAP Offers

Once a lawyer, law student, or judge is connected to TLAP, the resources which can be provided directly to that person include:

- direct peer support from TLAP staff attorneys;
- self-help information;
- connection to a trained peer support attorney who has overcome the particular problem at hand and who has signed a confidentiality agreement;
- information about attorney-only support groups such as LCL (Lawyers Concerned for Lawyers – weekly meetings for alcohol, drug, depression, and other issues) and monthly Wellness Groups (professional speakers on various wellness topics in a lecture format) which take place in major cities across the state;
- referrals to lawyer-friendly and experienced therapists, medical professionals, and treatment centers; and
- assistance with financial resources needed to get help, such as the Sheeran-Crowley Memorial Trust which is available to help attorneys in

financial need with the costs of mental health or substance abuse care.

In addition to helping attorneys by self-referrals or third-party referrals, TLAP staff attorneys bring presentations to groups and organizations across the state to educate attorneys, judges, and law students about a variety of topics, including anxiety, burnout, depression, suicide prevention, alcohol and drug abuse, handling the declining lawyer, tips for general wellness, and more. In fact, TLAP will customize a CLE presentation for your local bar association.

Finally, TLAP provides an abundance of information about wellness on its website. The site offers online articles, stories, blogs, podcasts, and videos regarding wellness, mental health, depression, alcohol and drugs, cognitive impairments, grief, anger and many other issues. Check the site out for yourself at www.texasbar.com/TLAP.

IX. FINANCIAL HELP: THE SHEERAN-CROWLEY MEMORIAL TRUST

It is funny how society assumes lawyers are all rich. A 2014 CNN report indicated that, while law school debt averaged \$141,000, the average starting U.S. income for attorneys was \$62,000.³⁰ Considering the financial strain many lawyers face and the significant impairment of an attorney struggling with a mental health or substance use problem, you might see how plenty of lawyers cannot afford to get help.

For this reason, in 1995, a small group of generous Texas lawyers created The Patrick D. Sheeran & Michael J. Crowley

³⁰ See Ben Brody, *Go to Law School. Rack Up Debt. Make \$62,000.* CNN (July 15, 2014),

<http://money.cnn.com/2014/07/15/pf/jobs/lawyer-salaries/>.

Memorial Trust. These lawyers knew that about 20% of members of the bar suffer from alcohol or drug problems and that about the same percentage suffer from mental health issues such as depression, anxiety, and burnout. They also knew that, if untreated, these problems would eventually devastate a lawyer's practice and life. With proper treatment and care, however, many of these lawyers can be restored to an outstanding law practice and a healthy life.

The Trust provides financial assistance to Texas lawyers, law students, and judges who need and want professional help for substance abuse, depression and other mental health issues. To be approved, the applicant must be receiving services from TLAP and must demonstrate a genuine financial need.

Once an individual's application for assistance is approved by the Trustees, grants are made payable directly to the care provider(s). To help protect the corpus of the Trust and to give applicants a significant stake in their own recovery, all applicants are asked to make a moral commitment to repay the grant. Beneficiaries can receive up to \$2,000 for outpatient counseling, medical care, and medication, \$3,000 for intensive outpatient treatment and medication, and \$8,000 for inpatient treatment.

The Trust is the only one of its kind in Texas that serves both substance abuse and mental health needs. It has been funded contributions from lawyers and organizations, including the State Bar of

Texas, the Texas Center for Legal Ethics, and the Texas Bar College. The Trust is administered by TLAP staff and controlled by a volunteer Board of Trustees who are also members of Texas Lawyers Concerned for Lawyers, Inc., a non-profit corporation that works closely with TLAP.

If you need assistance, or if you would like to help other attorneys in need by contributing to this trust, please contact TLAP at 1-800-343-TLAP (8527)! Also, for more information about the trust or about how to make contributions, see the form attached in the appendix or click here: [Sheeran-Crowley Memorial Trust Web Page](#).

X. CONCLUSION: CALL TLAP!

A call to TLAP will connect you to a staff attorney around the clock. A recent study indicated that the number one reason law students in need of help would not seek it was the fear of bad professional consequences (63% indicated this fear) such as losing a job, not being able to take the bar, etc.³¹ There is **no professional** consequence for calling TLAP, but there will be a *personal* consequence for failing to do so if you need help!

Lawyers suffering from mental health and substance use disorders must take action to get better. If you or a lawyer, law student, or judge you know needs help, TLAP is available to provide guidance and support at 1(800)343-TLAP(8527). If you don't want to call TLAP, please call someone!

³¹ See Jerome M. Organ, David B. Jaffe, and Katherine M. Bender, *Helping Law Students Get the Help They Need: An Analysis of Data Regarding Law Students' Reluctance to Seek Help and Policy Recommendations for a Variety of Stakeholders*, The Bar Examiner, Dec.

2015, Vol. 4, Issue 4, http://www.ncbex.org/pdfviewer/?file=%2Fassets%2Fmedia_files%2FBar-Examiner%2Fissues%2F2015-December%2FBE-Dec2015-HelpingLawStudents.pdf

APPENDIX 1:

MORE ABOUT THE SHEERAN – CROWLEY MEMORIAL TRUST AND DONATION FORM

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust

www.SheeranCrowley.org

Trustees: Mike G. Lee, Dallas; Dicky Grigg, Austin; Bob Nebb, Lubbock

In 1995, a small group of Texas lawyers created The Patrick D. Sheeran & Michael J. Crowley Memorial Trust. They were compelled to do so by the grim knowledge that approximately 15-20% of Texas lawyers suffered from mental illnesses such as substance abuse and depression and that these illnesses, if left untreated, directly impacted a lawyer's practice in myriad negative ways. They also knew that, with proper treatment and mental health care, a lawyer could be restored to a productive life and the ethical practice of law.

The Trust is specifically designed to provide financial assistance to Texas attorneys who need and want treatment for substance abuse, depression and other mental health issues. It serves those whose illnesses have impacted their financial situation and reduced their ability to pay or maintain insurance for necessary mental health care.

All applicants must be receiving services from the Texas Lawyers' Assistance Program and must demonstrate financial need. Once an individual's application for assistance is approved by the Trustees, grants are made payable only to the treatment or provider, after services have been rendered. To help protect the corpus of the Trust and to give applicants a significant stake in their own recovery, all applicants are asked to make a moral commitment to repay the grant. No applicant may be allowed additional grants unless previous grants have been repaid.

The Trust is the only one of its kind in Texas that serves both substance abuse and mental health needs and is currently funded solely by contributions from lawyers. Since 2000, the Trust has raised just over \$68,000. Since 2006, the Trust has granted an average of \$10,000 per year to lawyers in need of mental health services who could not otherwise afford them, but the need is much greater.

Mental health care is expensive: a psychiatrist charges an average of \$300 per hour and a master's level psychotherapist charges \$100 per hour. A three month supply of medication to treat depression may cost up to \$300. A typical out-patient eight week substance abuse treatment costs \$5000, and in-patient substance abuse treatment for one month starts around \$12,000. The good news is that lawyers who follow a recommended course of treatment usually respond well and often return to practice relatively quickly. Your generous donation could provide a month of therapy; a three month supply of medication; an out-patient course of treatment; a one month course of in-patient treatment or even more. There are no administrative fees or costs, and volunteer Trustees serve pro bono, to insure that all contributions provide truly valuable and much needed assistance.

In 2010, *The Texas Bar Journal* published the story of a lawyer who received funds from the Trust. Success speaks more eloquently than any fundraiser's plea:

“Approximately two years ago I found myself in a deep dark place from which I could see no hope for the future. The Sheeran Crowley Trust provided that hope.... I decided that rehab was appropriate for my situation. The next hurdle was financial.... I was totally surprised that there was some financial assistance available to help with the cost of treatment. I never expected financial assistance via a trust specifically set up to help lawyers like me.... Without the Sheeran Crowley Trust I don't know where I would be today. They provided the financial backing to get me the help that I needed. I learned the rest was up to me. I've remained sober since my release from rehab and I have my law practice back. It's been almost two years now. Thank God for TLAP. Thank God for the Sheeran Crowley Trust.”

The Trust is named in honor of the first Director of the State Bar of Texas' Lawyers' Assistance Program, Patrick D. Sheeran, and Michael J. Crowley, one of the founders of TLAP, who, during their lives, helped many attorneys to achieve recovery from alcohol, drugs, depression and other mental health issues. The Trust is supported by the Texas Lawyers' Assistance Program and administered by a volunteer Board of Trustees who are also members of Texas Lawyers Concerned for Lawyers, Inc., a non-profit corporation that works closely with TLAP.

The Trust needs your help through your tax deductible contributions. For more information, please contact Bree Buchanan at 800-343-8527 or simply send a check made payable to the Trust, along with a copy of the accompanying form to: The Sheeran-Crowley Trust, c/o Bree Buchanan, P. O. Box 12487, Austin, Texas 78711.

Yes, I want to make a difference! Please accept my donation to

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust.

_____ \$100	_____ \$5000
_____ \$300	_____ \$12,000
_____ \$1000	_____ Other

- I prefer to remain anonymous.
- This gift is in memory / honor of: _____.
- I have remembered the Trust in my will.
- I have purchased a life insurance policy naming The Patrick D. Sheeran & Michael J. Crowley Memorial Trust as beneficiary.

The Patrick D. Sheeran & Michael J. Crowley Memorial Trust is a 501(c)(3) charitable organization.

Thank you for your generous contribution!