

2016 ABA Mental Health / Substance Abuse Study Results and Implications

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Course Description

LAP programs across the country have known anecdotally for years that attorneys were at greater risk for depression, anxiety and alcohol problems than the general public and even other professionals. A recent national landmark ABA study on attorney mental health is the first to ever bring into sharp focus, with hard data and real numbers, what we are facing in our profession across a spectrum of issues. The findings were published in the peer-reviewed Journal of Addiction Medicine in February 2016. This program will provide participants an overview of the study, how it was conducted, and detailed research findings. In addition, the program will discuss specific recommendations for what to do when a lawyer suspects a colleague may need assistance as well as daily strategies every lawyer should implement to help foster resilience and promote wellness in order to enjoy a long career in law.

At the end of the program, participants will be able to:

- 1) Summarize the most important statistical findings from the study;
- 2) Identify signs and symptoms of some of the most common issues lawyers encounter;
- 3) Recognize when a colleague may need assistance and take steps to make a referral; and
- 4) Implement daily strategies to promote wellness.

Online Resources

North Carolina Lawyer Assistance Program, www.nclap.org

Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov/atod



Agenda (1 hour)

12:00pm	Statistical findings from the 2016 ABA study on mental health
12:30pm	Signs and symptoms of common issues lawyers encounter
12:40pm	Recognition and referral
12:50pm	Daily strategies to promote wellness
12:55pm	Questions
1:00pm	End

Presenters

Nicole Ellington

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Nicole “Nicki” Ellington is the Eastern Clinical Coordinator with the Lawyer Assistance Program and has been a counselor since 2005. She is a Licensed Professional Counselor (LPC) and Licensed Clinical Addictions Specialist (LCAS). Nicki received her MA in Counseling at Marymount University in Arlington, VA and her BA in Psychology at the University of New Hampshire in Durham, NH. She has served a wide variety of populations including adults and adolescents, couples, families, and active duty service members. She has helped clients suffering from both substance abuse and a wide variety of mental health disorders.

Nicki attended an intensive training at Duke University in Dialectical Behavioral Therapy, a type of cognitive behavioral therapy focusing on utilizing mindfulness, improving interpersonal relationships, being able to identify and process emotions effectively and having an overall balanced life. Her professional experience includes intensive in-home counseling, out-patient substance abuse and mental health counseling, out-patient counseling for the United States Army and working in private practice. Through her diverse range of clinical experiences, Nicki has been able to continuously discover and nurture her passion for providing therapeutic services in the community.

She is committed to assisting clients on their journey of self-discovery, working through life’s struggles and developing a life that’s worth living.



Presenters

Robynn Moraites

Director

NC Lawyer Assistance Program

704-892-5699

robynn@nclap.org

Robynn Moraites is a medical educator and a lawyer. She graduated from Florida State University, *magna cum laude*, with a BS degree. Her work as a medical educator at the University of Miami School of Medicine included running a public health program where she developed continuing education programs for medical professionals and organized events for targeted, hard-to-reach professional populations.

Robynn attended the University of North Carolina School of Law and in 2004 earned her JD with honors along with a master's degree in city and regional planning. Her first position after law school was with what is now McGuire Woods, formerly Helms Mulliss & Wicker, where she worked with the litigation and environmental practice groups. From there she transitioned to an in-house counsel position with Premier, Inc., a national health care company. Subsequently, she joined the firm of Bringewatt & Snover, where she developed a general commercial practice, specializing in municipal, education, and health care law. She left Bringewatt & Snover in 2011 as a partner to take the position of director of the North Carolina Lawyer Assistance Program.

Robynn is a member of the North Carolina Bar Association and the ABA. Previously, she was an active LAP volunteer. She enjoys volunteering time to organize and develop retreats and recovery conferences and has organized numerous such events over the years.





An Important Free Resource for Lawyers

One of the free resources available to you as a State Bar member is the **Lawyer Assistance Program (LAP)**. From time to time, lawyers encounter a personal issue that, left unaddressed, could impair his or her ability to practice law. Accordingly, the LAP was created by lawyers for lawyers to assure that free, confidential assistance is available for any problem or issue that is impairing or might lead to impairment.

Lawyers at Particular Risk

Of all professionals, lawyers are at the greatest risk for anxiety, depression, alcoholism, drug addiction, and even suicide. As many as one in four lawyers are affected. This means it is likely that you, an associate, a partner, or one of your best lawyer friends will encounter one of these issues. Whether you need to call the LAP for yourself or to refer a colleague, all communications are completely confidential.

Anxiety and Depression

Anxiety and depression often go hand-in-hand. These conditions can be incapacitating and can develop so gradually that a lawyer is often unaware of the cumulative effect on his or her mood, habits, and lifestyle. Each condition is highly treatable, especially in the early stages. Asking for help, however, runs counter to our legal training and instincts. Most lawyers enter the profession to help others and believe they themselves should not need help.

The good news is that all it takes is a phone call. The LAP works with lawyers exclusively. The LAP has been a trusted resource for thousands of lawyers in overcoming these conditions.

Alcohol and Other Substances

Often a lawyer will get depressed and self-medicate the depression with alcohol. Alcohol is a central nervous system depressant but acts like a stimulant in the first hour or two of consumption. The worse you feel, the more you drink initially to feel better, but the more you drink, the worse you feel. A vicious cycle begins. On the other hand, many alcoholic lawyers who have not had depression report that their drinking started normally at social events and increased slowly over time.

There is no perfect picture of the alcoholic or addicted lawyer. It may be surprising to learn that he or she probably graduated in the top one-third of the class. Also surprising, lawyers may find themselves in trouble with addiction due to the overuse or misuse of certain prescription medications that were originally prescribed to address a temporary condition. Use of these kinds of medications, combined with moderate amounts of alcohol, greatly increases the chances of severe impairment requiring treatment. The LAP knows the best treatment options available, guides lawyers through this entire process, and provides on-going support at every stage.



Confidentiality

All communications with the LAP are **strictly confidential** and subject to the attorney-client privilege. If you call to seek help for yourself, your inquiry is confidential. If you call as the spouse, child, law partner, or friend of a lawyer whom you suspect may need help, your communication is also treated confidentially and is never relayed without your permission to the lawyer for whom you are seeking help. The LAP has a committee of trained lawyer volunteers who have personally overcome these issues and are committed to helping other lawyers overcome them. If you call a LAP volunteer, your communication is also treated as confidential.

The LAP is completely separate from the disciplinary arm of the State Bar. If you disclose to LAP staff or to a LAP volunteer any misconduct or ethical violations, it is confidential and cannot be disclosed. See Rules 1.6(c) and 8.3(c) of the Rules of Professional Conduct and 2001 FEO 5. The LAP works because it provides an opportunity for a lawyer to get **safe, free, confidential** help before the consequences of any impairment become irreversible.

LAP recognizes alcoholism, addiction, and mental illness as diseases, not moral failures. The only stigma attached to these illnesses is the refusal to seek or accept help.

www.NCLAP.org

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info@nclap.org

*Know the signs. Make the call.
You could save a colleague's life.*



TAKE THE TEST FOR DEPRESSION

YES NO

- ☐ ☐ 1. Do you feel a deep sense of depression, sadness, or hopelessness most of the day?
- ☐ ☐ 2. Have you experienced diminished interest in most or all activities?
- ☐ ☐ 3. Have you experienced significant appetite or weight change when not dieting?
- ☐ ☐ 4. Have you experienced a significant change in sleeping patterns?
- ☐ ☐ 5. Do you feel unusually restless...or unusually sluggish?
- ☐ ☐ 6. Do you feel unduly fatigued?
- ☐ ☐ 7. Do you experience persistent feelings of hopelessness or inappropriate feelings of guilt?
- ☐ ☐ 8. Have you experienced a diminished ability to think or concentrate?
- ☐ ☐ 9. Do you have recurrent thoughts of death or suicide?

If you answer yes to five or more of these questions (including questions #1 or #2), and if the symptoms described have been present nearly every day for two weeks or more, you should consider speaking to a health care professional about treatment options for depression.

Other explanations for these symptoms may need to be considered. Call the Lawyer Assistance Program.

Adapted from *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC. American Psychiatric Association: 1994.

TAKE THE TEST FOR ALCOHOLISM

YES NO

- ☐ ☐ 1. Do you get to work late or leave early due to drinking?
- ☐ ☐ 2. Is drinking disturbing your home life?
- ☐ ☐ 3. Do you drink because you are shy with other people?
- ☐ ☐ 4. Do you wonder if drinking is affecting your reputation?
- ☐ ☐ 5. Have you gotten into financial difficulties as a result of drinking?
- ☐ ☐ 6. Does drinking make you neglect your family or family activities?
- ☐ ☐ 7. Has your ambition decreased since drinking?
- ☐ ☐ 8. Do you often drink alone?
- ☐ ☐ 9. Does drinking determine the people you tend to be with?
- ☐ ☐ 10. Do you want a drink at a certain time of day?
- ☐ ☐ 11. Do you want a drink the next morning?
- ☐ ☐ 12. Does drinking cause you to have difficulty sleeping?
- ☐ ☐ 13. Do you drink to build up your confidence?
- ☐ ☐ 14. Have you ever been to a hospital or institution because of drinking?
- ☐ ☐ 15. Do family or friends ever question the amount you drink?

If your answer is yes to two or more of these questions you may have a problem. Call the Lawyer Assistance Program.

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Western Region

Cathy Killian 704.910.2310

Piedmont Region

Towanda Garner 919.719.9290

Eastern Region

Nicole Ellington 919.719.9267

BarCARES and LAP—Working in Harmony

BY ZEB BARNHARDT AND ROBYNN MORAITES

There is some confusion for some between the NC Lawyer Assistance Program (NC LAP) and BarCARES. We hope to clear up the confusion. Both programs assist

lawyers who need counseling, medications, or treatment for the full panoply of addictions and mental health issues. Both are confidential

programs. Both are also free of charge. But they operate very differently—each working as a superb complement to the other.

NC LAP is a program of the NC State Bar, and the BarCARES Program is sponsored by the NC Bar Association (NCBA). BarCARES provides referral for counseling services to lawyers who are either members of the NCBA or of local bar associations that have subscribed to the program. The program also serves district court judges, paralegals, and members of the Eastern Bankruptcy Institute. Members in qualifying districts are entitled to three free visits a year with a counselor in the BarCARES referral network. In many districts, a unique feature of BarCARES is that any of the three free annual visits may be used by a family member and are not limited to only the lawyer. Following the free visits offered within BarCARES, an attorney can generally continue work with the same counselor, if need be, using insurance benefits.

All BarCARES contact is made through HRC Behavioral Health & Psychiatry, PA, the organization that administers and arranges counseling provider services for the BarCARES program. BarCARES has a network of counselors and therapists across the state who specialize in treating a wide variety of mental health and addiction conditions, as well as work with normal stress and personal dilemmas that could interfere with lawyer performance and/or quality of life.

NC LAP provides services to all lawyers, judges (both federal and state), and law students in the state. While NC LAP has three full-time, licensed counselors on staff and provides some short-term or targeted direct counseling services, most of their work involves initial assessment, referral, and longer-term support and case management. First, NC LAP

provides an initial consult to determine what issues most need attention and assistance. NC LAP then refers lawyers to counseling services that are likely the best fit, or makes treatment recommendations based on the unique needs of the lawyer. NC LAP may pull from its network of over 200 lawyer and judge volunteers across the state who have overcome similar issues, and connect the lawyer with a peer support person or a lawyer discussion group. For lawyers who are recovering from any drug or alcohol problems, NC LAP supports them when they return from treatment for the first few years with mentor pairing, support groups, and case management. NC LAP also runs peer support and discussion groups across the state. These groups are not limited to lawyers recovering from alcohol or drug problems—lawyers dealing with stress,



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depression, and other issues also benefit. Many lawyers who engage with NC LAP long term eventually become volunteers. NC LAP provides ongoing training for its volunteers, and through its support groups and annual conferences, volunteers and clients become a tight-knit community across the state.

BarCARES and NC LAP work cooperatively and cross-refer. For example, if a lawyer contacts NC LAP and is located in a BarCARES district, in the event long-term counseling is recommended (and it almost always is), NC LAP will match the lawyer with the most suitable counselor in the BarCARES network, so that the first three visits each year are free. For example, NC LAP counselors know which counselors in the BarCARES network specialize in career counseling, divorce, depression, and the like. And NC LAP can pair client and therapist personalities and approaches—sometimes we need a

comforting ear, sometimes we need a kick in the rear. Getting that match right is important. Sometimes a lawyer has a unique issue that requires a specialized counselor. When NC LAP has requested that lawyers be paired with such specialists, BarCARES has agreed to bring those NC LAP-recommended counselors “in network” for the benefit of the lawyer. This has proved especially helpful in smaller, more rural districts. Similarly, if a lawyer has been seeing a counselor in the BarCARES network, and the counselor thinks the lawyer would benefit from additional support like speaking to peers who have overcome similar issues, or that the lawyer needs more comprehensive, engaged support than traditional therapy can provide, the BarCARES counselor will recommend that the lawyer contact NC LAP. Lawyers who are cross-referred in this way sign releases allowing the BarCARES and NC LAP counselors to

confer about what would be most helpful to the lawyer along the way. Lawyers who take advantage of these programs fare incredibly well and receive a network of support enjoyed by few.

Both programs are confidential and work together for the good of North Carolina’s legal community. Each program can be contacted independently. Few states have such comprehensive resources available to their lawyers and judges. We should count ourselves lucky. ■

Zeb Barnhardt practiced for 30 years in corporate and securities law. He was a member of the founding Board of Directors of BarCARES of North Carolina; chaired a task force to bring BarCARES and the NC LAP together to focus on common goals; and now serves as president of LAP Foundation of North Carolina, Inc.

Robynn Moraites is the director of the North Carolina Lawyer Assistance Program.

The Robin Williams in Each of Us

By Ronnie Ansley

When you look in the mirror, do you ever see Robin Williams staring back at you? Every attorney who has ever dealt with a client is in many ways like Robin Williams, in more ways than you may have considered. No, we are not funny all of the time, but we are relieving the pressures life can heap upon our clients, whether by their own doing or by someone else’s. Each of us is called upon to deal with the part of our population which, in many cases, cannot handle their own problems without the assistance of the professional who can say and do the things which will ease their situation, even if only for a short time.

When the audience arrives, the curtain goes up, and no matter what is going on in the life of the performer—whether Robin Williams or the attorney—the nerves must steady, the brain must switch on, and the words that come out must comfort, console, amuse, or otherwise ease the crowd. When information is conveyed that makes the audience/client uncomfortable, something must follow that will ease the crowd and make them feel as if they have not wasted their money on useless babble.

While a client is with the lawyer, the stage is lit and the performer is the most insightful person in the world. The client

believes the person they are with has insight and understanding they could only wish for. They turn their problems over to the lawyer and allow their problems to leave them. The problems are heaped upon the lawyer, who is left to deal with them—deal with them in a way that will make the client the good guy, no matter what the problem is. The client feels the attorney should make him or her laugh, cry, forget the problems, feel better—take the weight of the world off of his/her shoulders and put it on their own.

When the client leaves the venue, the attorneys, like Robin Williams, must study, work, review, prepare, practice, and spend countless hours getting ready for the next client/show/battle. The client is long gone, leaving the attorney to not only do the work and heavy lifting, but also the worrying about the client’s situation. Over time, bit by bit, the pressure begins to wear on the attorney and his/her mental attitude.

Comedians are always supposed to be funny, and attorneys are always supposed to be mentally strong, fighting for the client’s desired outcome, no matter what. We all know this is NOT correct nor a healthy way to live. However, too many of our colleagues buy into this way of thinking, which is detrimental to the attorney, the attorney’s family, the attorney’s business, and every part of the attorney’s per-

sonal and professional life. Left uncorrected, this type of thinking can be deadly. Far too often we lose brothers and sisters in our profession to depression, drug/alcohol abuse, or suicide.

If you or someone you know is suffering, feeling alone, or is at the end of the rope, please know YOU ARE NOT ALONE. Talk to a friend or colleague, talk to a counselor, or contact the BarCARES Program or the NC Lawyer Assistance Program. We are very fortunate in NC to have some of the best resources in the country when it comes to lawyers’ mental health.

We all need somewhere and someone to turn to, to lean on, and to rely upon when we have reached the end of our rope. You have options. You have friends. You are not alone. Reaching out for assistance is a sign of strength, not weakness. We lost Robin Williams far too soon. You are an important part of our legal family, the legal community, and we need you healthy and happy for many years to come. ■

Ronnie Ansley practices primarily in the areas of criminal & juvenile law, from traffic tickets to murder cases. Ronnie also works with parents of defiant children and offers consulting services to fellow attorneys helping them develop a “theory of the case” for upcoming criminal and civil trials.

What's All the Buzz About?

BY ROBYNN MORAITE S

A recent national ABA study on attorney mental health and drinking has been getting a lot of buzz. Pun intended. Based on some small, historic studies and anecdotally, to be sure, we have known for years that attorneys are at greater risk for depression, anxiety, and alcohol problems than the general public and even other professionals. This landmark study, however, is the first to ever bring into sharp focus, with hard data and real numbers, what we are facing in our profession across a spectrum of mental health issues. The study was conducted by the Hazelden Betty Ford Foundation and the American Bar Association Commission on Lawyer Assistance Programs. The findings were published in the peer-reviewed *Journal of Addiction Medicine* in February 2016.

Over 15,000 attorneys participated in the national study, and the dataset was culled to retain only currently licensed and employed attorneys. Responses from attorneys who were retired, unemployed, working outside of the legal profession, suspended, or otherwise on any form of inactive status were eliminated, leaving approximately 12,800 responses. Demographics were diverse in both gender and race and captured a robust range of practice settings, practice areas, years in practice, and positions held. This is the most comprehensive data ever collected regarding attorney mental health, and the single largest dataset.

Drinking: 21% Drinking at Harmful or Dependent Levels and 36% Drinking at Problematic Levels

Study participants completed a ten-question instrument known as the Alcohol Use Disorders Identification Test (AUDIT-10), which screens for different levels of

problematic alcohol use, including hazardous use, harmful use, and possible alcohol dependence. The test asks about quantity and frequency of use and includes questions as to whether an individual has experienced consequences from drinking. The study found that 21% scored at levels consistent with harmful use including possible alcohol dependence. Males scored higher at 25%, compared to 16% for women. When examining responses purely for quantity and frequency of use (known as the AUDIT-3), the study found an astonishing 36% of respondents drinking at problematic levels. While there is no hard and fast line to define “problematic” levels, problematic drinking behaviors can include drinking at lunch or regularly binge drinking. Binge drinking is typically defined as consuming enough to have a blood alcohol content level of 0.08. That’s about four drinks for women and five drinks for men in a two hour timeframe. When the same AUDIT-3 screening measure was used in a comprehensive survey of physicians, 15% of physicians reported use at this level—less than half of the number of attorneys reporting such use. It appears that more than one in three attorneys are crossing the line from social drinking to using alcohol as a coping mechanism.

Shocking Reversal of Earlier Findings: Today's Younger Lawyers at Far Greater Risk

In a significant reversal of a conclusion reached by the last documented, statistically valid study—a 1990 study out of Washington State—the study found that younger lawyers struggle the most with alcohol abuse. Respondents identified as 30 years or younger had a 32% rate of problem drinking, almost one in three, higher than any other age group. This finding directly contradicts the Washington study that found the longer an

attorney practiced, the greater the risk of developing problems with alcohol. That data reversal is very significant, signaling major changes in the profession in the last 20 to 30 years. And with job prospects at an all-time low, and student debt at an all-time high, these younger lawyers who are most in need of treatment are least able to afford it. The LAP Foundation of NC, Inc. is working to bridge that gap. Please see page 20 for the story.

Depression, Stress, and Anxiety: 28% Report Concerns with Depression

Depression and anxiety often go hand in hand. The study found that 28% of attorneys, more than one in four, struggle with some level of depression, representing almost a ten percent increase from the 1990 Washington study. Males reported at a higher rate than females for depression. Nineteen percent reported mild or high levels of anxiety, with females reporting at a higher rate than males. Interestingly, when examining the full span of one’s career, approximately 61% and 46% reported experiencing concerns with anxiety and depression, respectively, at some point in their career. Respondents also reported experiencing unreasonably high levels of stress (23%), social anxiety (16%), attention deficit hyperactivity disorder (12.5%), panic disorder (8%), and bipolar disorder (2.4%). More than 11% reported suicidal thoughts during their career. Three percent reported self-injurious behavior, and 0.7% reported at least one suicide attempt during the course of their career.

Like the findings associated with alcohol use, mental health conditions were higher in younger, less experienced attorneys and generally decreased as age and years of experience increased. The study also revealed significantly higher levels of anxiety, depression, and stress among those with problematic alcohol use, meaning mental health concerns often co-

occurred with an alcohol use disorder.

Barriers to Seeking Help – No Surprises

As part of the study, participants were asked to identify the biggest barriers to seeking treatment or assistance. Categorically, fear of being “found out” or stigmatized was the overwhelming first choice response. Regarding alcohol use, 67.5% said they didn’t want others to find out, and 64% identified privacy and confidentiality as a major barrier. The responses for mental health concerns for these same two reasons were 55% and 47%, respectively. Additional reasons included concerns about losing their law license, not knowing who to ask for help, and not having insurance or money for treatment.

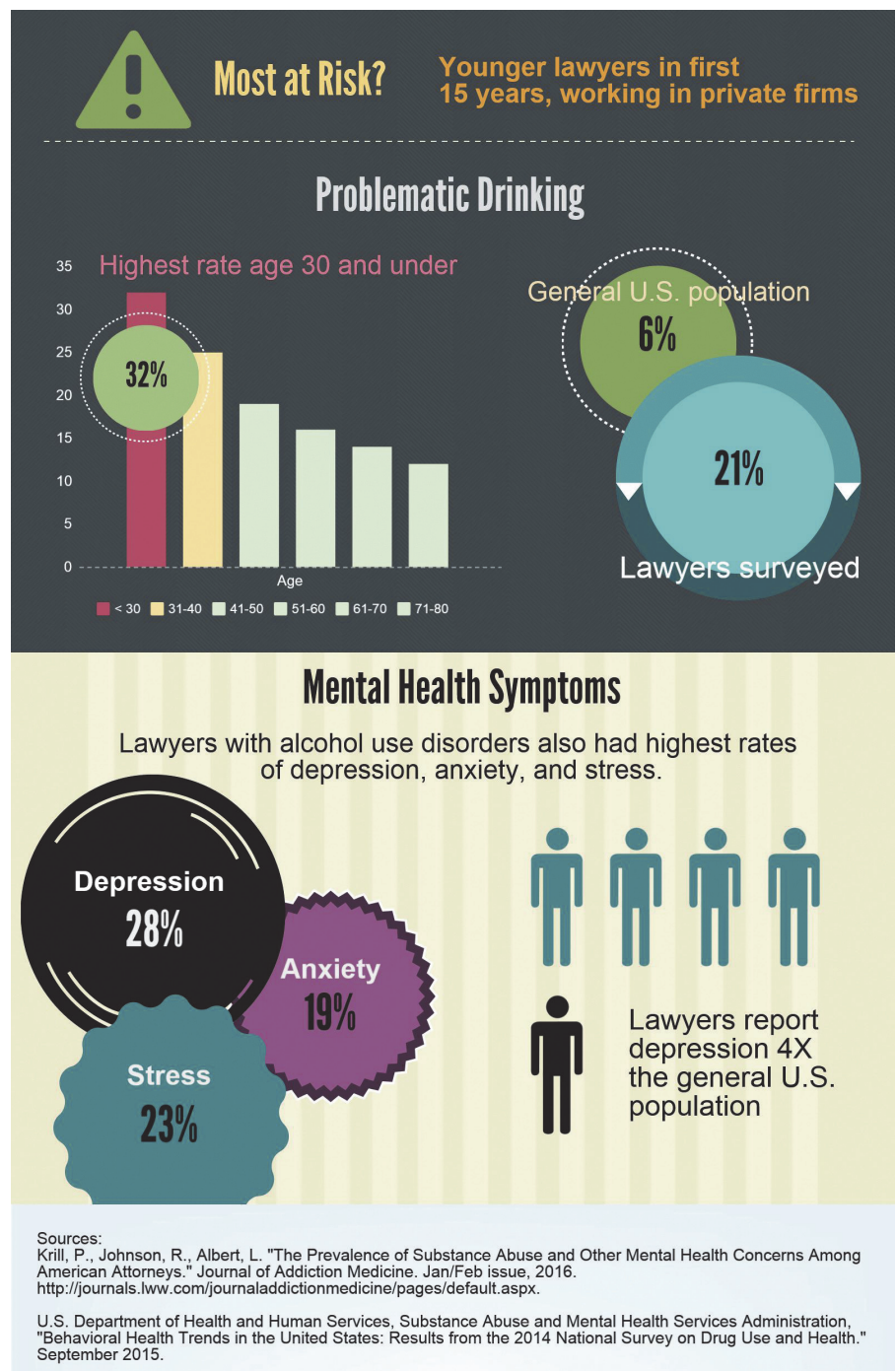
A surprising 84% indicated awareness and knowledge of lawyer assistance programs (LAPs), but only 40% would be likely to utilize the services of a LAP with privacy and confidentiality concerns again cited as the major barrier to seeking help through LAP programs.

Help and Hope

The data is far more extensive than can be outlined in this short article. There are telling findings about drug use, including use of prescription stimulants. Rates of depression, anxiety, and problematic drinking were also correlated to practice setting, with large firms and bar associations ranking highest. We can slice the data and analyze it extensively for years to come. But the key takeaway is that we now have hard data showing that one in three-to-four of us are at real risk and are not likely to seek out assistance.

Only 7% of participants reported that they obtained treatment for alcohol or drug use, and only 22% of those respondents went through programs tailored to legal professionals. Participants who sought help from programs tailored specifically for legal professionals had significantly better outcomes and lower (healthier) scores than those who sought treatment elsewhere. This suggests that programs with a unique understanding of lawyers and their work can better address the problems.

When I first took this job as director of our NC LAP, I met a lawyer in a spin class. She was sitting on the bike next to me and recognized me because my photo had appeared in a local bar newsletter. She said, “I hope I never have to call you or have need for your program’s services.” I thought about her com-



ment for a moment and said, “Our volunteers are some of the happiest, most balanced, most resilient lawyers—people—you could ever hope to meet. They don’t come to us that way. But if they follow our suggestions, they become so. And they even like being lawyers again.” She said, “Wow. That’s cool. I never thought about it like that.” Because we are confidential, most lawyers never see the miracles of healing and regeneration that take place every day in the transformed lives of those

who are willing to pocket their pride and simply ask for help. There is help and there is hope, and plenty of it. ■

Robynn Moraites is the executive director of the North Carolina Lawyer Assistance Program.

Infographic reprinted with permission from the February 2016 Wisconsin Lawyer article, “Landmark Study: US Lawyers Face High Rates of Problem Drinking and Mental Health Issues,” published by the State Bar of Wisconsin.



ABA & Hazelden Betty Ford Landmark National Study

*Study Results and Implications for
Attorneys and the Legal Profession*

Nicole "Nicki" Ellington, LPC, LCAS
and

Robynn Moraites, Esq.
North Carolina Lawyer Assistance Program

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Presenters



Nicki Ellington
Eastern Clinical Coordinator



Robynn Moraites
Director

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Timeline & Background

- 1990 – Limited study conducted in Washington state; 1200 lawyers surveyed; results showed rates higher than the general public
 - depression (19%)
 - problem drinkers (18%)
- Limited studies have also demonstrated a strong link between substance abuse and malpractice/discipline.
 - 60% of malpractice claims and disciplinary cases involved substance abuse;
 - 85% of trust fund violations

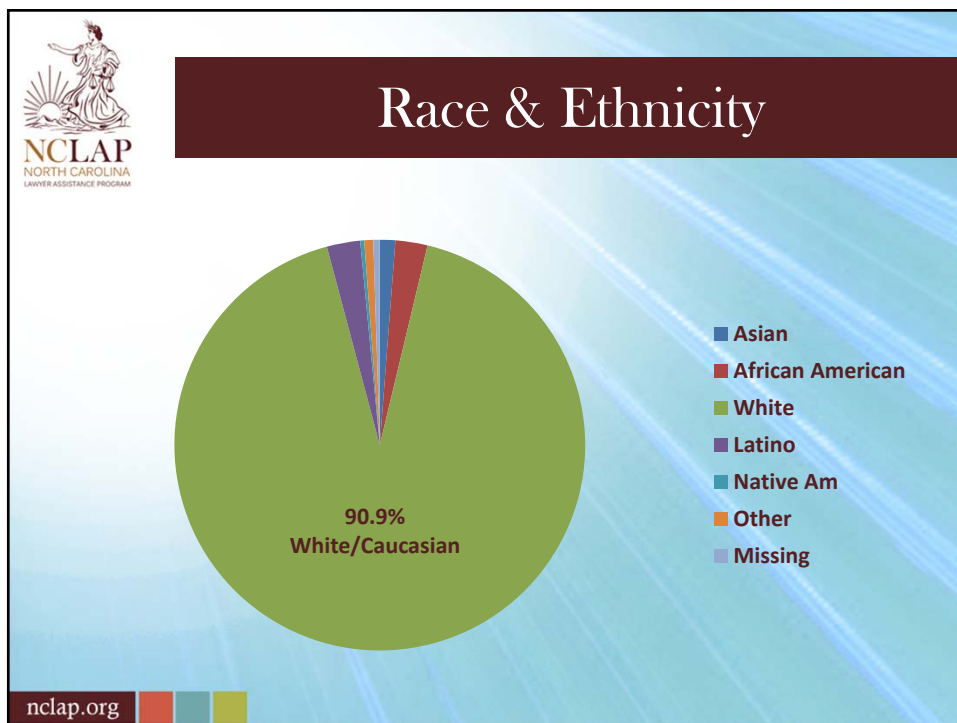
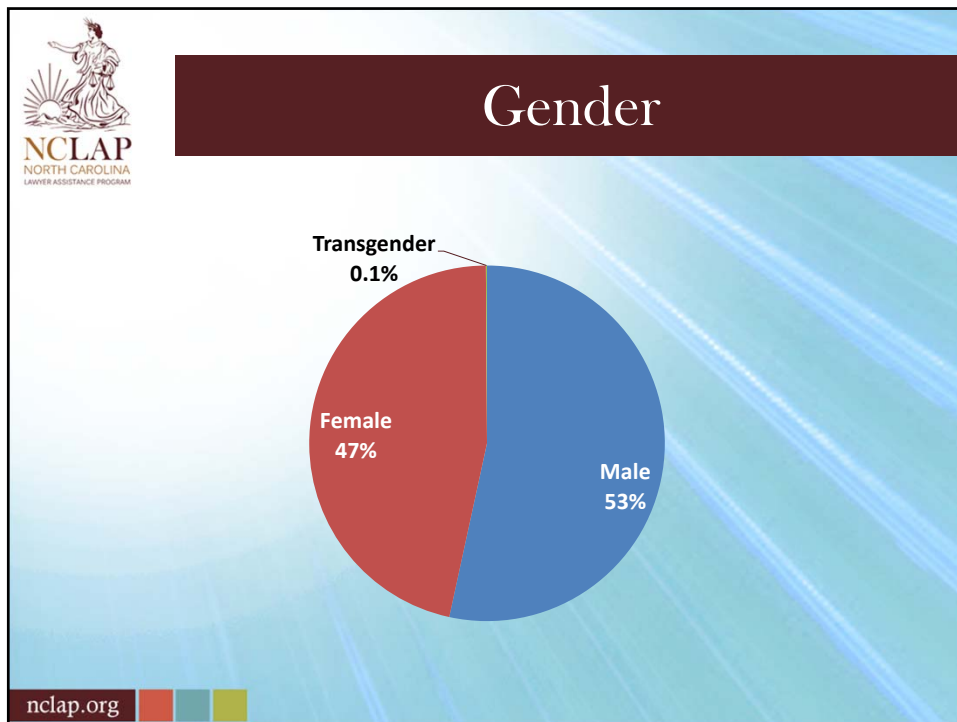
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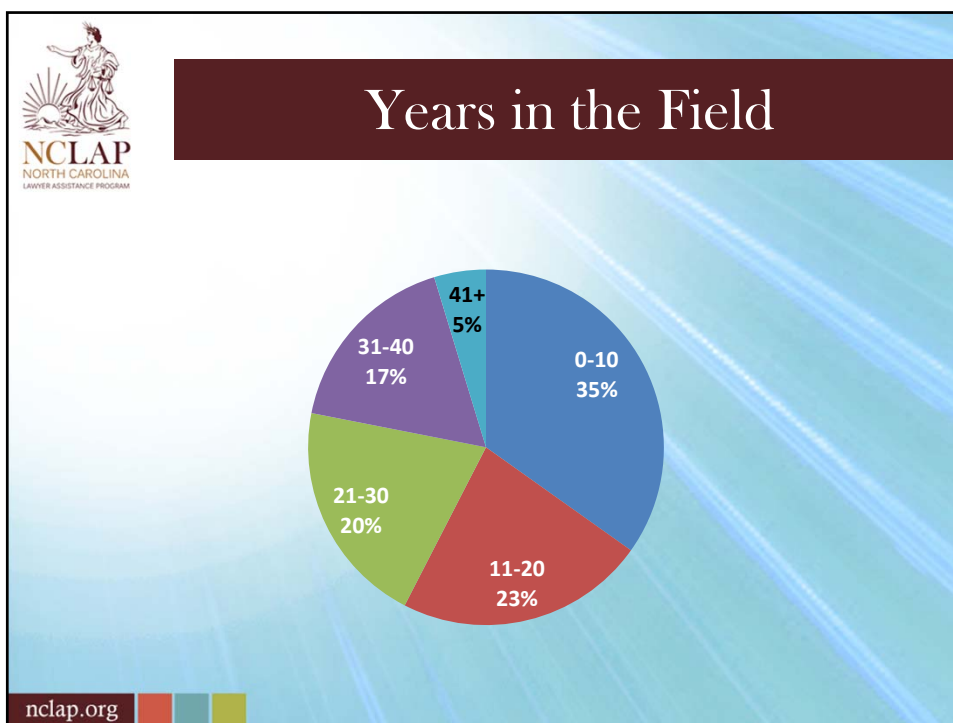


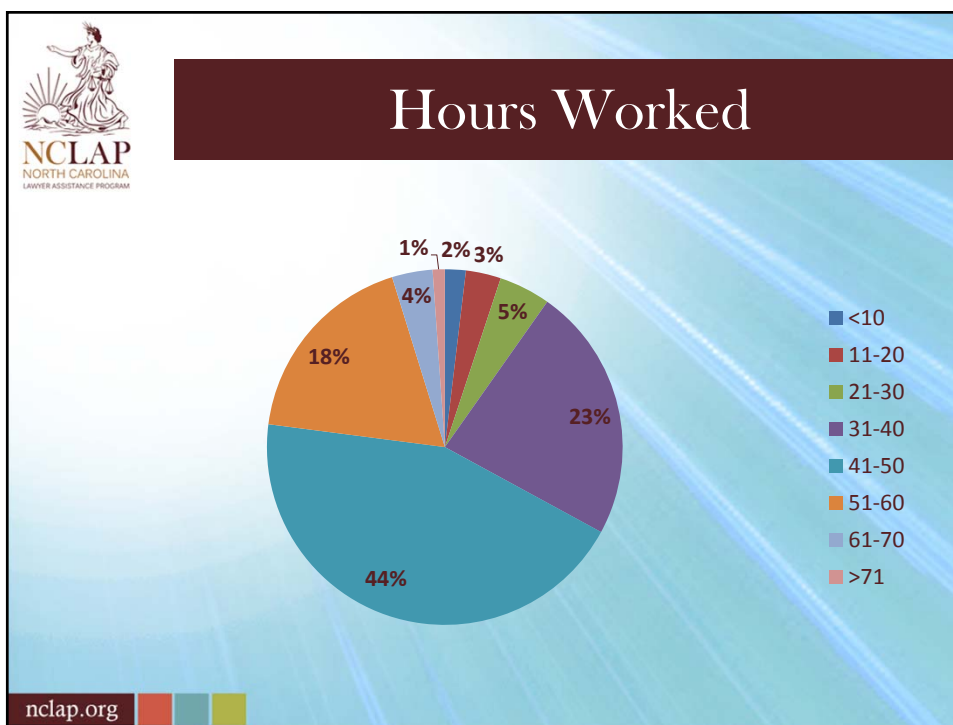
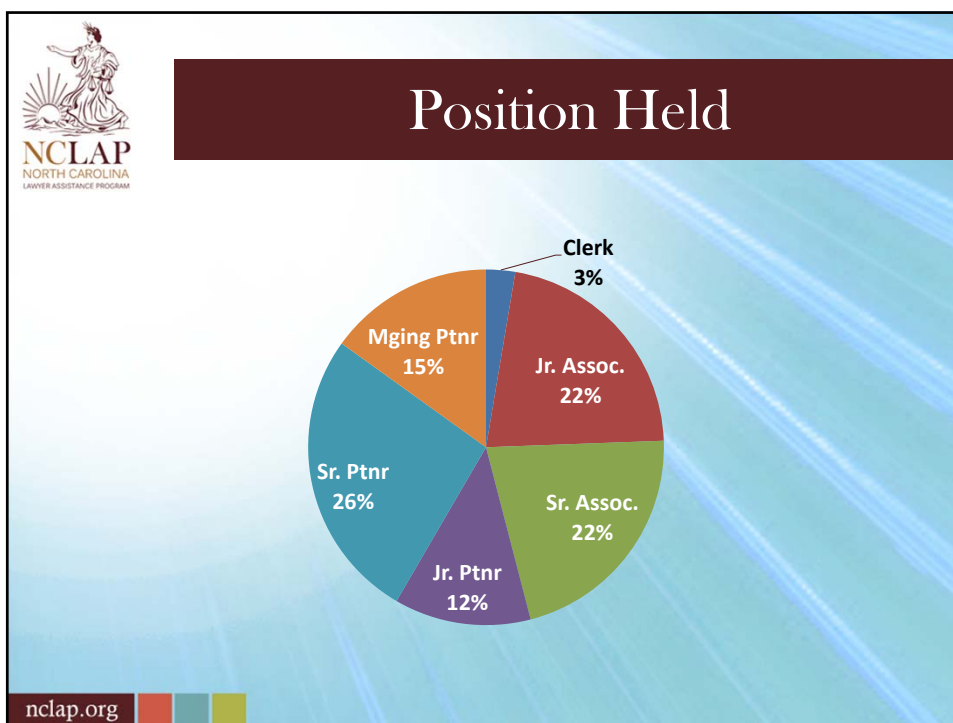
Let's Look at the Data

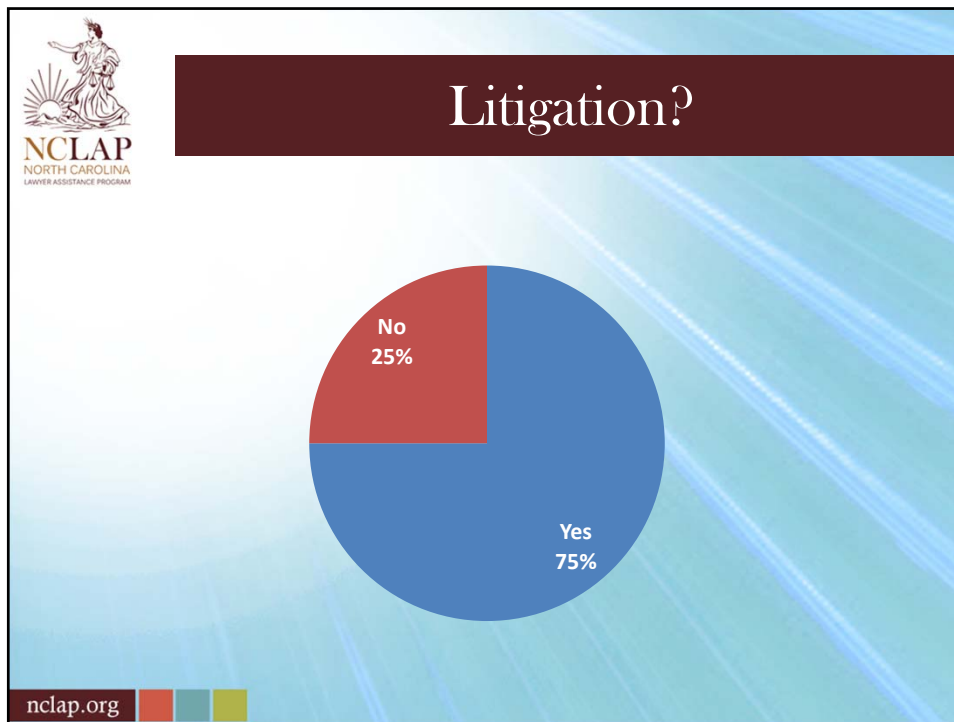
- **Originally 15,000+ responses** – selection criteria for participation was being a licensed lawyer and currently employed
 - Responses removed from data set for those who were
 - Retired
 - Inactive
 - Suspended
 - Unemployed, etc.
- **12,825 responses analyzed** – these are currently licensed employed attorneys & judges

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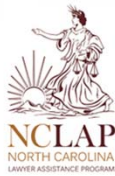






A slide titled "Alcohol & Drug Findings" is displayed. It features the NCLAP logo in the top left corner and the website "nclap.org" in the bottom left corner. The slide contains three bullet points detailing findings related to alcohol and drug use.

- **20.6%** scored at a level considered "harmful" drinking w/ possible dependence/disorder
 - Out of total sample (12,825) only 11,278 filled out the AUDIT
 - Compared to 11.8% of a broad, highly educated workforce similarly screened
 - More males (25.1%) than females (15.5%)
- **36.4%** scored at a level considered problematic based only on amount and frequency of use
 - More females than males
 - Physicians scored 15% using same measure
- **20.9%** intermediate drug use, 3% substantial drug use and .01% severe drug use
 - Smaller sample reported on drug use, 3,419 responses



Alcohol & Drug Findings

- 22.6% felt their use of alcohol or substances was a problem sometime during their lives...of **THAT** group:
 - 27.6% reported problematic use prior to law school
 - 14.2% reported problematic use started during law school
 - 43.7 % reported problematic use started within the first 15 years following law school
 - 14.5% reported problematic use started more than 15 years after law school.

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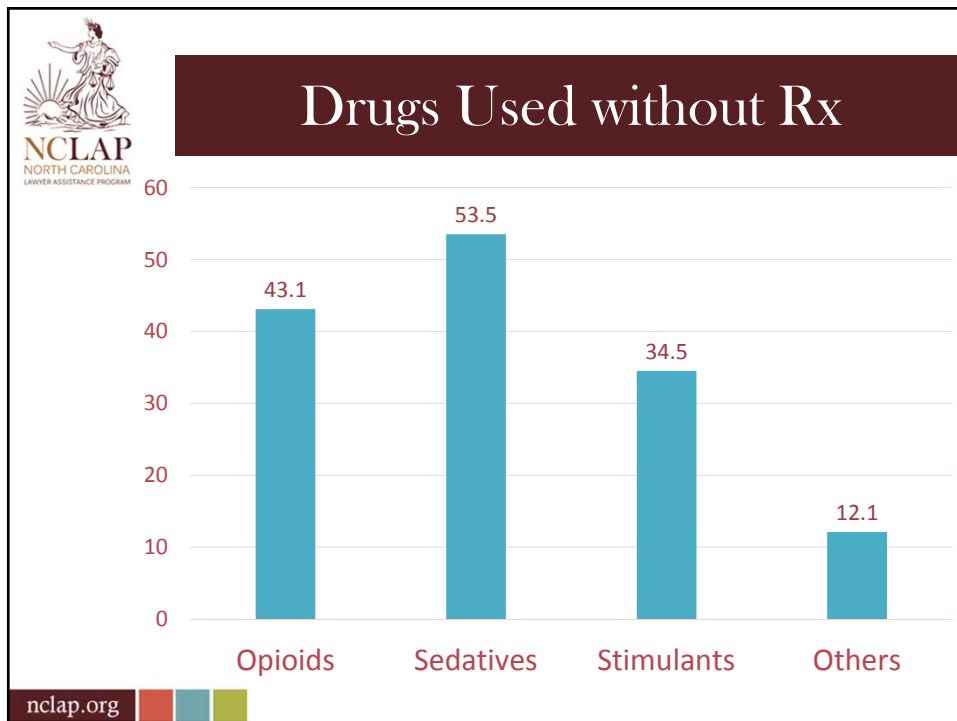
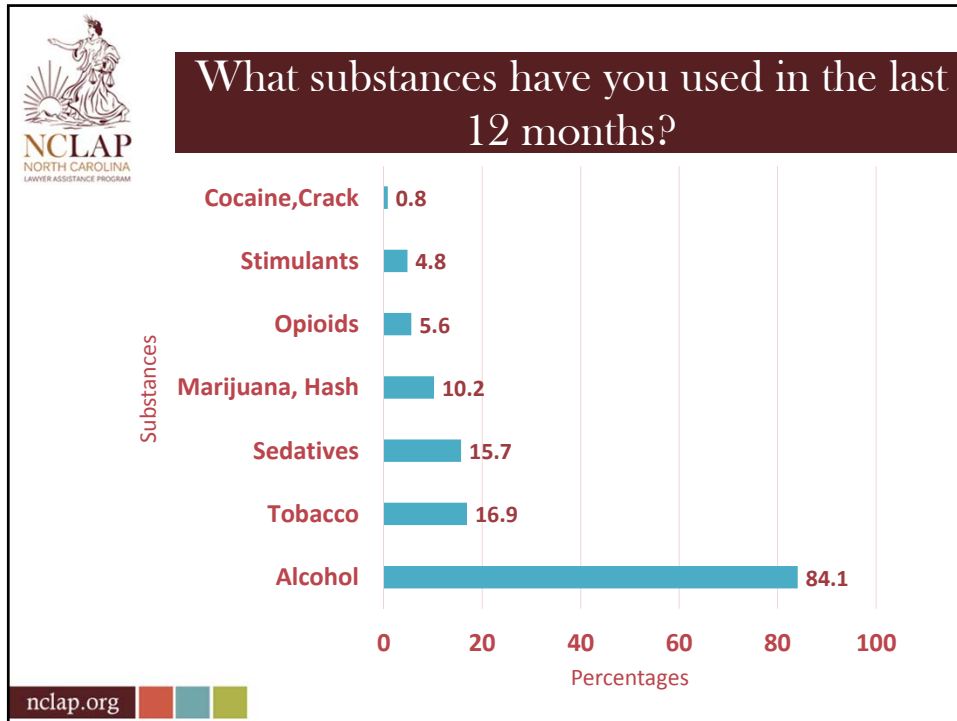


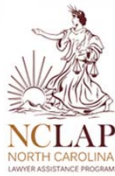
Regression Analysis-predictive validity of age, position and years in the field

- Age 30 and under = higher scores: more hazardous drinking
- Less years working in the field = higher problems with alcohol
- This result is exactly the opposite of the 1990 study.



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Mental Health Finding

- 28% cited issues with depression (out of 11,516 surveys completed)
- Males had higher levels of depression than females
 - *Same inverse relationship*
 - Rates decreases as age increased
 - Junior positions had higher rates



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Anxiety & Stress

- 19% cited issues with anxiety (out of 11,516 surveys completed)
 - Females higher than males
- 23% cited issues of unmanageable stress
- *Same inverse relationship*
- Those who cited high problems with substances also cited high problems with depression & anxiety

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It Works!



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Past Mental Health Concerns During Legal Career

- Anxiety - 61%
- Depression - 45.7%
- Social Anxiety - 16.1%
- ADHD – 12.5%
- Panic Disorder - 8.0%
- Bipolar Disorder - 2.4%

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Suicidal Thoughts and Self Harm

- 11.5% reported suicidal thoughts during their career
- 2.9% reported self injurious behaviors
- 0.7% reported at least one suicide attempt

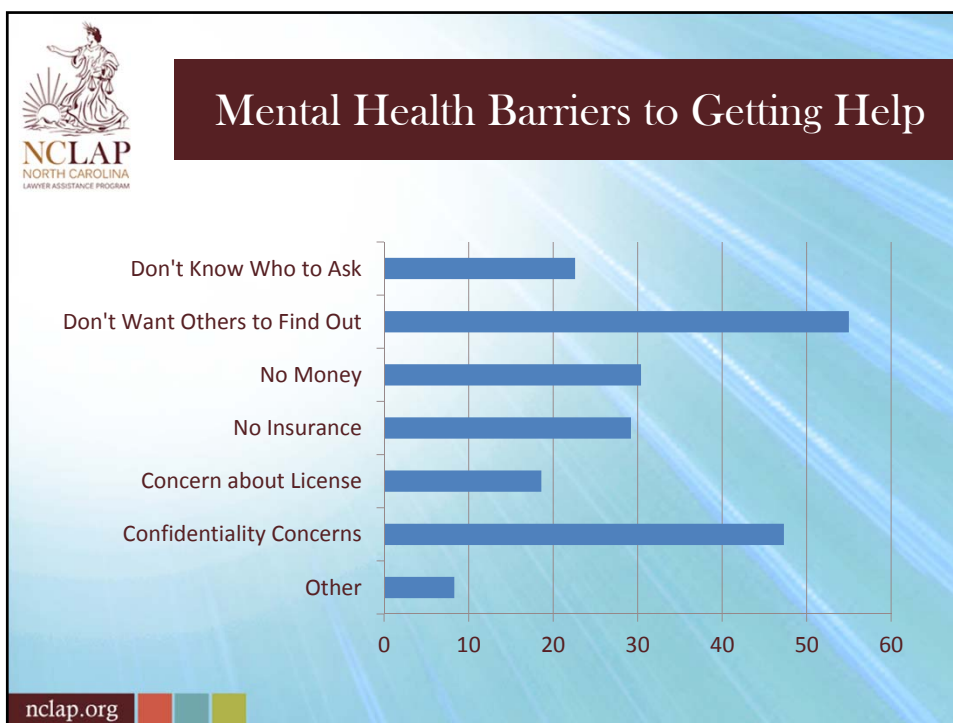
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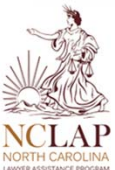


Substance Use Barriers to Getting Help




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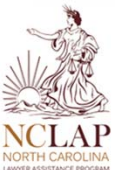
 **Seeking Help - Common Barriers**

- Stigma: Not wanting others to find out they needed help
- Concerns regarding privacy or confidentiality

No one can know



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Stereotypical Alcoholic/Addict



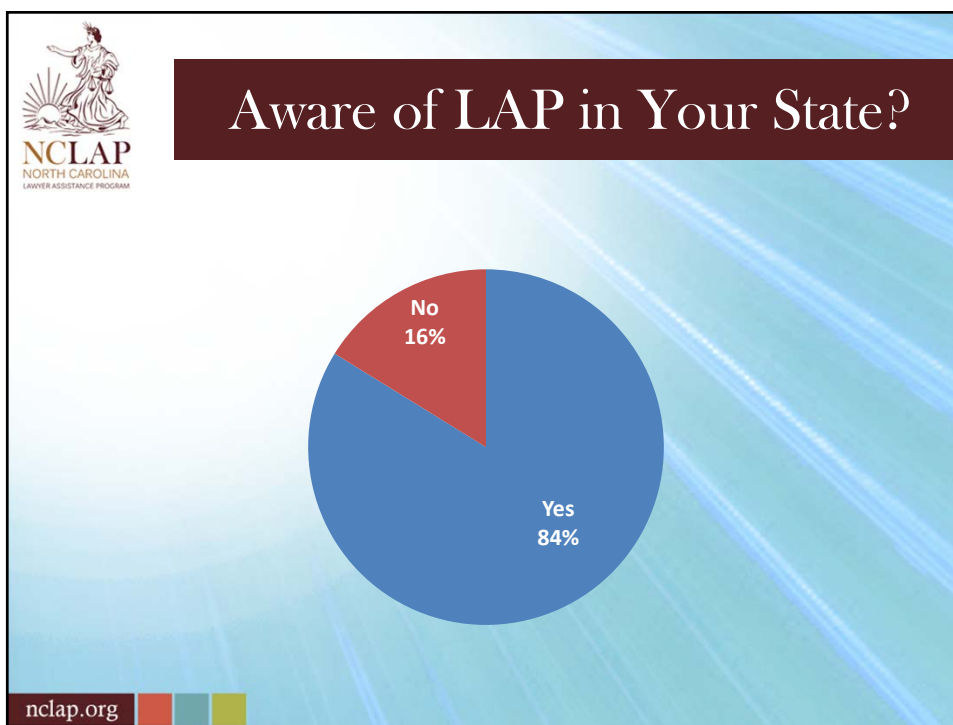
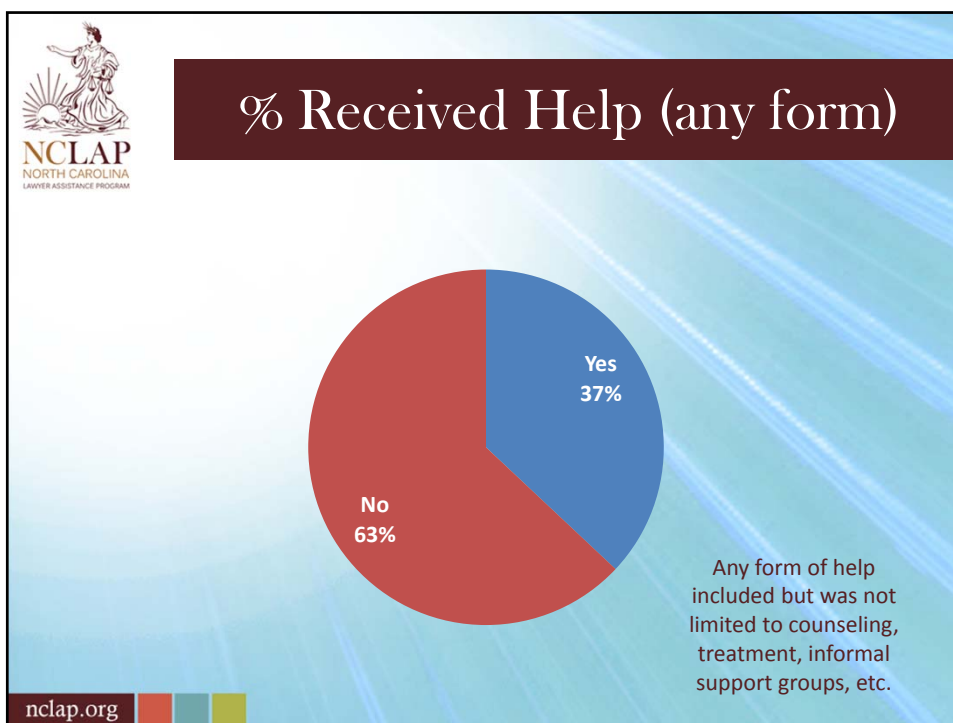
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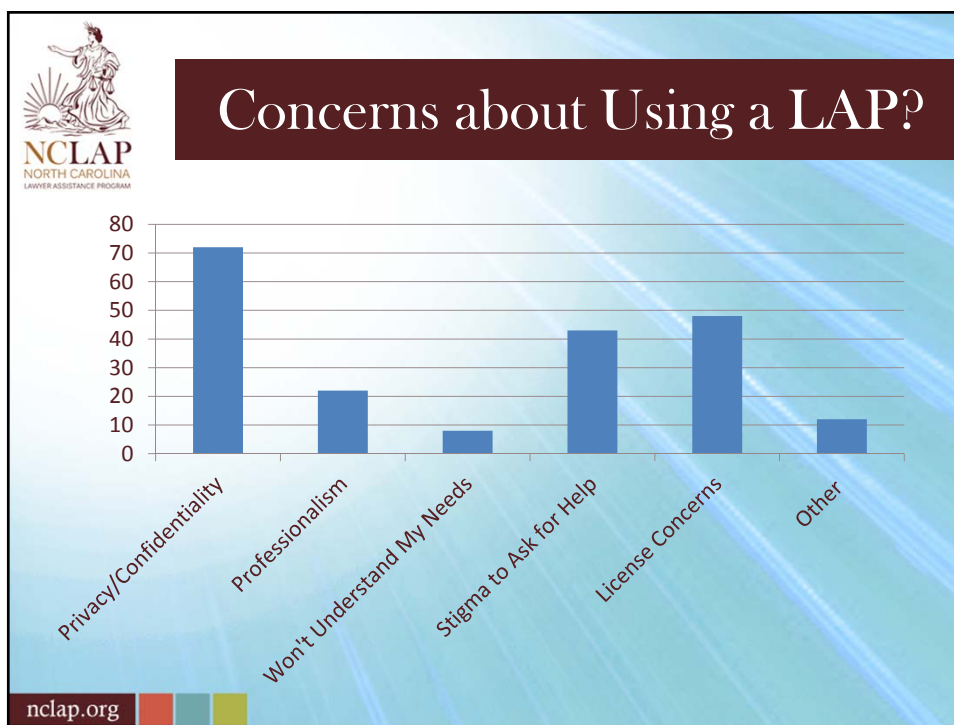
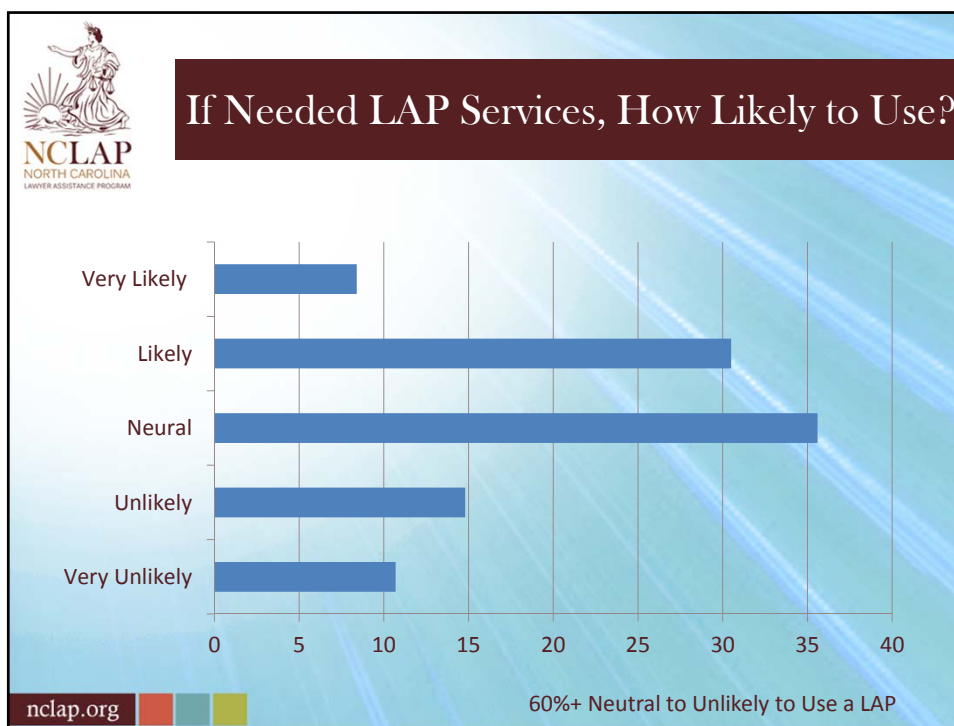
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In Real Life



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Common Misconceptions

- “Lawyer Smith drank again and got suspended.”
 - Drinking is not an ethical violation – not “punishable”

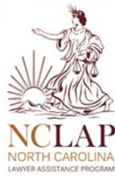
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Common Misconceptions

- “The LAP reported Lawyer Jones to the discipline arm of the State Bar.”
 - LAP volunteers were sent to visit Lawyer Jones and 3 days later he got a letter from the grievance committee
 - Hitting everyone’s radar at the same time

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Common Misconceptions

- “Lawyer Frank is in the news again – this time he was in a stand off with the police! Why won’t the LAP help him?!”
 - Confidentiality (maybe we offered and he declined)
 - Carrot and stick (LAP has no authority to “discipline”)
 - Some issues are greater than our ability to deal with

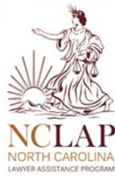
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Common Misconceptions

- “The State Bar office of counsel does not care about anything but punishing lawyers.”
 - State Bar office of counsel referral to LAP (as of 2016, of 603 active cases, 34 cases were referred by bar staff (5%) and 9 referred by the grievance committee (1%))
 - Most of our referrals are self, family or friend referred

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Common Misconceptions

- “My colleague will be stigmatized if I refer.”
 - “We knew Joe was circling the drain for a while. Now he has a grievance, so we decided to call.”
 - Be proactive. No one will know your referred but you.

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Summary of Findings

Alcohol

- 20.6% Dependent
- 36.4% Problematic based on qty. & freq.

Drug Use/Abuse

- 76% Low Rates of Use
- 20.9% Intermediate
- 3.0% Substantial Abuse
- .01% Severe Abuse

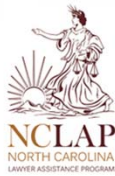
Mental Health

- 28% Depression
- 19% Anxiety
- 23% Severe Stress

Correlation for both

- Those who scored higher on the AUDIT for alcohol use also scored higher for mental health issues; interrelated and causally connected.

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What have we learned?

- Attorneys in the US have significantly higher rates of problematic drinking and mental health problems than the general population. According to the Substance Abuse and Mental Health Services Administration 6.6% of adult Americans experienced a major depressive episode in 2014 and 6.4 had an alcohol use disorder.*
- Younger, less experienced lawyers working in small firms or bar associations have higher levels of distress symptoms than their older, more experienced peers.

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*See <http://www.samhsa.gov/atod/alcohol>

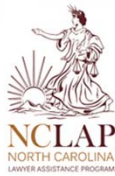


What have we learned?

- Lawyers don't seek help for their behavioral health problems because they fear someone will find out and it will discredit them and possibly affect their license.
- Law School research seems to demonstrate similar themes with higher levels of distress symptoms than the general population and limited help seeking behaviors.*

* Organ, Jaffe and Bender, Helping Law Students Get the Help They Need. 2015

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What have we learned?

- This research is a call for action!




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Specific Recommendations

- Mandatory law school classes
- Mentoring programs
- Profession-wide health and wellness summits
- Law Firm partnerships with LAP to ensure confidentiality and anonymity

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Any Questions?

- Thank you!

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Thank you!

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