

DEPRESSION

What do these famous people have in common?

Hans Christian Anderson, Rosanne Barr, Irving Berlin, Hector Berlioz, Robert Burns, Dick Cavett, Winston Churchill, Samuel Clemens, Joseph Conrad, Charles Dickens, Emily Dickinson, Kitty Dukakis, Patty Duke, t.s. elliot, William Faulkner, F. Scott Fitzgerald, Connie Francis, Paul Gaugin, Victor Hugo, Howard Hughes, Helen Hutchinson, Joan of Arc, Keats, Abraham Lincoln, Martin Luther, Kristie McNicoll, Boris Pasternak, Edgar Allen Poe, Cole Porter, Charlie Pride, Queen Elizabeth I, Rachmaninoff, Robert Louis Stevenson, Lord Tennyson, Tolstoy, Ted Turner, Mike Wallace, Walt Whitman, Robin Williams, Tennessee Williams

DEPRESSION is a life-changing and chronic condition that affects a person's

Mood
Physical Well Being
Psychological Outlook
Ability to Experience Joy and Hope

A treatable disease, depression is an illness, not a weakness of character.

CAUSATION four main factors in depression

Genetic
Psychological
Biological
Environmental

Risk for depressive illness increases with number of combining factors.

Indiana Judges and Lawyers Assistance Program (JLAP)

JLAP

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320 N. Meridian Street ■ Suite 606 ■ Indianapolis, IN 46204 ■ 317.833.0370 ■ Toll Free: 866.428.5527.
■ Fax: 317.833-0371 ■ www.ingov/judiciary.ijlap

Major Predictors of Suicidal Behavior

Current Plan

- **Specificity of plan**
- **Availability of means**
- **Lethality of method**

Previous History

- **Prior Suicide Attempt**
- **Family history of Attempted or Completed Suicides and/or Mental Illness**

Resources available

Suicide Warning Signs

- **Suffered a recent loss (death of friend or family member; divorce or separation; broken relationship; loss of job or retirement, money, home, status; health problems (important whether the loss is significant to them even if it would not be for most people)**
- **Substance abuse and/or dependence**
- **Mood Disorder (depression, bipolar, etc.)**
- **Expressions of hopelessness, powerlessness, worthlessness, shame, guilt, self-hatred, inadequacy**
- **Declining performance or interest in work**
- **Change in sleeping and eating patterns (either direction)**
- **Loss of interest in, and withdrawal from, friends, family and society**
- **Isolation**
- **Explicit statements of thoughts or feelings of suicide, death and/or dying**
- **Acquiring the means to commit suicide (buying gun, stockpiling medications)**
- **Making arrangements; drafting a will; getting one's affairs in order**
- **Giving away personal possessions**
- **Sudden religious interest or disinterest**
- **Acting reckless or engaging in risky behavior**
- **Changes in personality, including suddenly appearing happier, calmer**

- **Loss of hope**

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What Can I Do to Help Someone Who May Be Suicidal?

- **Know the risk factors**
- **Recognize depression**
- **Take any threat of suicide seriously**
- **Be willing to listen; be as nonjudgmental as you can**
- **If there is no explicit threat – ask; don't worry about being embarrassed because you were wrong**
- **If they are feeling suicidal, ask if they have a plan. See if they have the means or have thought about when to make an attempt.**
- **If they DO NOT have a plan they still need professional help. Encourage them to call JLAP or a mental health professional or call JLAP yourself.**
- **If the threat is immediate, do not leave them alone. Remove any firearms, drugs or sharp objects. Take whatever action is necessary to get them professional assistance immediately.**
- **Never agree to keep the fact that they are suicidal a secret.**
- ***At any stage, call JLAP.* We are here to help in any way, from guiding you through determining if a friend or colleague may be suicidal to helping get an acutely suicidal friend or colleague hospitalized.**

INTERVENTION

Do's

Remain calm
Help define problem
Rephrase thoughts
Focus on central issue
Stay close
Emphasize temporary nature of situation
helping

Don'ts

Don't sound shocked
Don't offer empty promises
Don't debate morality
Don't leave the person alone
Don't keep it a secret
Don't remain only person

Emphasis resources

Listen!

WARNING SIGNS FOR DEPRESSION

(Look for a change from the person's previous functioning.)

PHYSICAL COMPLAINTS	DIFFERENT FEELINGS	CHANGES IN BEHAVIOR AND/OR ATTITUDE
sleep disturbance (too much, too little, interrupted, or just different)	feeling empty	general slowing down (speech, motor skills, thought processes)
lack of energy	unable to enjoy anything	neglect of responsibilities (failure to return telephone calls, failure to meet deadlines at work, not opening or responding to mail, missing meetings or appointments)
loss of appetite or increased appetite	hopelessness	neglect of appearance
weight gain or loss	loss of sexual desire	poor memory
unexplained headaches or backaches	loss of warm feelings for family or friends	poor concentration
stomachaches, indigestion or changes in bowel habits	feelings of self-blame or guilt	loss of previous motivation
	loss of self-esteem	withdrawal from others
	suicidal thoughts or wishing to be dead	strained relationships
	deep sadness	irritability, "short fuse"
	anxiety	increased substance use/abuse
	restlessness	talk of suicide or death or suicidal actions
	irritability, loss of patience	

Remember, we all "do" depression differently. Look for changes in behavior.

Indiana Judges and Lawyers Assistance Program

Depression and Addiction in Lawyers - Sobering Information

Estimates of the frequency of substance abuse problems, including alcoholism, among lawyers range from three to thirty times that of the general population. About nine to ten percent of the general population in the United States is alcoholic, while empirical studies consistently show that about eighteen percent of lawyers and law students are alcoholic. Similarly, while three to nine percent in the general population in the United States is clinically depressed, as much as nineteen to twenty percent of practicing attorneys is [sic] depressed. A 1986 study found that only about ten percent of entering law students exhibited significant symptoms of psychological problems including depression, anxiety, hostility, paranoia, and obsessive-compulsive symptoms, but this percentage jumped dramatically to thirty-two percent by the end of the first year of law school. By the end of the third year of law school it was forty percent, and two years after graduation it was 17.9%. A 1995 study replicated these findings and found that problems did not significantly abate after the individual entered the practice of law. Depression, anxiety, social isolation and alienation, hostility, paranoid ideation, and obsessive-compulsive symptoms were more frequent in attorneys than in the general population. Thus, a greater than average percentage of attorneys (as a group) is [sic] psychologically impaired in some way. Further, it appears that while the problems often do not appear until the first year of law school, lawyers do not return to their pre-law school level of psychological health after graduation.

Daicoff, Susan the Georgetown Journal of Legal Ethics, Spring 1998

Because of this research and our own experience in Indiana, JLAP was created to provide all law students, lawyers and judges with the information, education, and resources they need to obtain assistance for themselves or a colleague. Please to not hesitate to call JLAP for assistance or education for yourself or a colleague.

All calls are confidential.