



Reducing Stigma

It is time for us, all of us, to look at Addictions and Mental Health issues and our attitudes to these problems.

A large national research project, undertaken by the American Bar Association (ABA) and the Hazelton Betty Ford Foundation, published in February 2016, has confirmed the alarmingly high rates of alcohol abuse and of depression and of anxiety among lawyers. *1.*

Especially disturbing is that only seven (7%) percent get help for their drinking problems and only thirty-seven (37%) percent receive help for their depression or their anxiety. In other words our colleagues are suffering and even dying unnecessarily.

The research project revealed that the largest impediment to getting help is that people “didn’t want others to know” and the closely related “confidentiality concerns”. That is, the Stigma they believe exists against people with alcohol and mental health problems.

We need to educate ourselves about the causes and effects of addictions, mental health problems and the invisible disabilities in general. We need to be able to recognize problems as they arise in ourselves and in other and be able to ask for help or offer help.

Often people are reluctant to ask a person who is obviously struggling if she/he is ok? Or needs help? I am currently thinking that this is as a result of our misunderstanding of the nature of the addictions, mental health issues and other invisible disabilities. We think these are signs of weakness and something to be ashamed of. We think people will, or should, pull out of it.



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I have had the privilege to work with a great many lawyers who are experiencing extreme distress. Many of them are suffering from addictions, including alcoholism, and drug dependency, and from mood disorders, including, depression and anxiety disorders. The causes, the behaviours, and the outcomes vary widely from person to person. These addictions and mood disorders are complex illnesses and have been recognized as illnesses just as much as cancer. The purpose of this paper is to expose the judgments that are often held about people with these afflictions.

No one would think, and certainly wouldn't say, that a person with cancer has a moral failing or weakness of character or should just pull out of it. Nor ought anyone think or say that about a person suffering from the ravages of addictions or mood disorders.

In fact, I think one of the reasons that, in the general population, lawyers rank at the top for the prevalence of mood disorders and addictions is that they have such strong characters. I frequently see individuals who are barely able to function. They come to me after suffering in that manner for a long time. They have persevered for such a long time because of their intelligence, motivation, commitment to do well, ambition, and determination. All these good characteristics actually work against a person who is predisposed to addiction or to a mood disorder.

When a person becomes ill it is appropriate for her or him to get help, to rest, to do what is necessary to get well. Yet there seems to be a widespread idea that addictions and mood disorders are a sign of weakness and that if a person had a strong enough will or a good enough character they could just snap out of it.

This idea kills people. The most wounded people I see have bought into this idea and have continued to push themselves until they just can't do it anymore. People around them have bought into this belief and have avoided confronting them, or worse yet, suggest that the person "buck up" or, some well-meaning people, try to "help" them get over it by doing their work.



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I say this strongly, this kills people. They don't go for the help they need, they don't do the proper things to help them recover and stay recovered. The very characteristics that they use to try to "get over it" are the characteristics that, used incorrectly and while ill, will kill them.

If you know a person who appears to have gone off course, and by that I mean you notice a negative change in attendance, performance and/or behaviour, let them know that you have noticed and that there is help available. Let them know that it is ok to be "off" sometimes. It takes a courageous person to ask for and accept help, if you think it is difficult to ask for help when you are feeling well, I want you to know that it seems overwhelming when a person is in serious distress.

If this negative change in attendance, productivity, or behaviour is affecting you negatively do not just accept it, tell the person. You are being helpful if you insist that the person get the help they need to remedy the situation. However, please be hard on the problem not on the person. All the individuals I have seen are doing their best, they want to do well, they don't want to let people down but they are stuck.

A large part of their problem is the lack of acceptance that they have an illness and that they can do something about the illness. When a person is ill with addiction or mood disorder (or cancer or other illnesses for that matter) to focus on "busking up" and performing better will usually exacerbate the problem. They do, however, need to focus on getting help for their problem and on doing the things that help people recover from these illnesses.

Information gathered from various LAP's around the U.S indicates that a high rate of complaints against lawyers, both insurance claims and discipline complaints, involve people with underlying disorders. A study by the Oregon Attorney Assistance Program has found that while the rate of claims against a group of attorneys before getting into recovery was very high, after they got into recovery the rate plummeted, to a rate even lower than the general rate for all lawyers. These are good lawyers who have



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developed illnesses and can, with proper help, do become very good lawyers again.

Let's not forget that addictions and mood disorders are serious and complex illnesses. They are not a reflection of some form of weakness or lack of moral fiber. It is important that we help each other and help each in other in the correct ways.

Please call us at the LAP Office and I will be pleased to provide you with information. I am also available to give a talk to your organization. Every lawyer counselor at LAPBC is a lawyer as well as a counsellor and every communication is Strictly Confidential.

Derek LaCroix QC

1. ***The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*** Krill, Patrick R. JD, LL.M.; Johnson, Ryan MA; Albert, Linda MSSW
http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx