

Suicide Prevention

Raising Awareness, Generating Hope

By Tish Vincent

I remember the heat that July day in northern Michigan. Grand Traverse Bay was deep blue as I drove my 23-month-old toddler to the emergency room, her six- and nine-year-old brothers in tow. She had communicated quite clearly to me that she had stuffed a popcorn kernel up her nose, and I could not get it out. I was frightened and saw this as an emergency, but as I carried my little girl into the ER with my sons holding hands beside me, we entered a scene of chaos and pain. The staff was dealing with a horrible accident. One of the ER physicians had been brought in by ambulance after crashing his car into a tree at a high rate of speed. The sense of grief and helplessness in the rooms and hallways was palpable. Once the accident victim was declared dead, the nurses and doctors cried and wandered about dazed.

The staff talked amongst themselves within earshot of those of us in the waiting area. They said the doctor had been difficult to work with because of his emotional problems. Others expressed their frustrations, but were devastated by his death. This man, this healer, this physician who worked every day of his life in the presence of other healers, had taken his life without reaching out to anyone for help. They felt certain his accident was a suicide.

In time, my daughter was seen, the popcorn kernel extracted, and we returned home. That day lives on in my mind, though, specifically the human suffering I witnessed and the questions it raised. How do we educate others about depression, mental illness, substance abuse, and suicide in a manner that allows professionals to turn to someone else and admit they need help?

Helpless

Suicide is a topic that is uncomfortable to discuss or even think about. We fear our own despair and sometimes turn away from

the despair of others. The helplessness and hopelessness that a person contemplating suicide feels can be infectious. If someone we know, love, or are close to confides his or her suicidal thoughts, ideas, or intent, we feel overwhelmed. We don't know what to say or do.

Earlier this year, I had the opportunity to attend a presentation on fighting depression and suicide by Katherine Bender of the Dave Nee Foundation¹ at Wayne State University School of Law and Michigan State University School of Law. Presenting on the issues of depression and suicide can be a daunting task. You stand in front of a roomful of people who are there because they or someone they love has been struggling with depression or suicide, and teach about an illness that occurs for attorneys at three times the rate for the general population. The room falls silent and people listen with rapt attention; their discomfort is visible at times and the questions they ask can be illuminating.

I encourage readers to visit the Dave Nee Foundation website at <http://www.daveneefoundation.com>. You will see photos of a handsome young man with a smile on his face at parties and on the steps of what appears to be his law school. His friends and family share memories of him. Dave, who earned his undergraduate degree at Princeton, had graduated from Fordham Law School in 2005 and was studying for the New York bar exam. Testimonials on the website describe Dave as a pleasant young man with plenty of friends, a successful academic career, and a bright future. About a month before the bar exam, Dave Nee took his own life. His family and friends created this foundation in his name in an effort to educate law students about depression and the risk of suicide.

The directors of lawyers' assistance programs across the nation are working to get this information to law students, attorneys, and judges.²

Hopeless

According to the Centers for Disease Control and Prevention, "[a] combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they may or may not be direct causes."³

Risk factors include:

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., the belief that suicide is a noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation—a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts⁴

A few risk factors that stand out when considering depression in legal professionals are isolation, stigma, and barriers to treatment. The practice of law is often isolating. Time pressures and case requirements occupy much of our time. Feeling the need to be the helper and the expert, we unwittingly move inward and away from reaching out to others. Legal professionals endure years of competition and, at times, incivility

from peers. They fear showing weakness because it may cause them to fall behind in competition with peers and be viewed by potential clients as inferior to attorneys who display strength.

Attorneys may face barriers to mental health treatment. Lawyers' assistance program directors throughout the country are aware of the numbers of attorneys who struggle financially. They are loath to admit this to peers, and I doubt it is discussed at local bar association events. However, many solo and small-firm practitioners have been hit hard by the financial events of the last six years. One of the first cuts is health insurance. When illness hits, meager savings can be wiped out. We get weekly calls from individuals seeking help who have no savings, income that does not meet obligations, and no health insurance. The SBM Lawyers and Judges Assistance Program offers free telephone consultations, and LJAP staff members do their best to put attorneys in touch with possible resources.

Mental health treatment is often misunderstood. People hesitate to get professional help because they believe others will judge them. In truth, accessing treatment indicates that a person has the courage to admit to another human being that he or she is struggling. Mental health providers are highly trained to offer empathy and understanding to their clients. We spend years learning how to listen actively, understand, and support individuals seeking help in finding their solution.

Helpful

The Centers for Disease Control list the following protective factors that buffer individuals from depression and suicide:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to clinical interventions and support for seeking help
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation⁵

When individuals struggle with feelings of depression, it is imperative that they go to

someone they trust and speak openly about how they feel. The act of sharing the depression and the despair that accompanies it can slightly diminish the depression. The confidant can help identify options and assistance that the depressed person cannot see.

When worried about someone else's depression, it is important to realize that the depressed person may need to speak to someone but is so paralyzed by the inertia of depression that he or she cannot reach out. This is the time to set social courtesy aside and calmly, warmly, and firmly ask if the person is depressed. Statements such as "I am concerned about you," "You have seemed down lately and are not saying much," and "Would you talk to me about it or let me help you find someone you can talk to who has the training to help you?" show concern and offer help without sounding judgmental.

Depressed individuals struggle with helplessness, and their loved ones must tolerate intense helplessness as well. Even with the best efforts to reach out, intervene, and direct people to treatment, sometimes the worst still happens.

Surviving the Loss of a Loved One to Suicide

When confronted with the sudden and unexpected loss of a loved one, people are in shock for some time. Those who are grieving the death of a loved one by suicide or suspected suicide may second-guess themselves and feel guilty. Losing someone this way can necessitate therapy for the survivors so they can express their pain, hurt, grief, and sense of loss. Talking helps; it allows those who are grieving to express their memories, feelings, and dismay.

Suicide Awareness Voices of Education (SAVE)⁶ advises survivors of a loved one's suicide that it is okay to grieve, cry, and laugh. Grief is painful, physically and emotionally. The force of this pain cannot be adequately described, and individuals can be embarrassed to admit the force and scope of their pain to others. When grieving, it is common to cry. Tears can make normally composed, mature adults feel out of control, but crying is actually healing for the pain of grief and a normal, healthy, human reaction in instances of extreme loss. Grieving and crying can take survivors to a place where they can enjoy positive memories of their loved ones. They can

laugh at shared amusements and linger on happy memories.

Lastly, it is critical that survivors who have lost someone to suicide remember that the final act is something over which the survivors had no control.

Conclusion

The most important thing we can offer one another regarding depression and suicide is open discussion of their realities. These troubles exist. They are medical and psychological illnesses. Trained professionals are there to help. Often, intervention enables sufferers to establish helpful patterns that address the symptoms of the illness and result in improvement. A certain percentage of people with these illnesses will have a fatal outcome; we must accept this and work to deal with the aftermath in the healthiest possible way by reaching out for help with managing grief and educating those who still struggle.

For legal professionals in Michigan, help is a phone call or an e-mail away. Reach out to LJAP and we will respond quickly. A listening ear is waiting for your call at (800) 996-5522. For more information about LJAP's services, visit <http://www.michbar.org/generalinfo/ljap/>. ■



Tish Vincent, MSW, JD, LMSW, ACSW, CAADC is a licensed clinical social worker with expertise in the treatment of substance use and mental health disorders. She is also a licensed attorney with experience in health law and alternative dispute resolution. Vincent is the program administrator for the State Bar of Michigan Lawyers and Judges Assistance Program.

ENDNOTES

1. Dave Nee Foundation <<http://www.daveneefoundation.com/>>. All websites cited in this article were accessed June 17, 2013.
2. Clark, *How to save a life*, 18 Ga B J 4 (December 2012), available at <<http://www.gabar.org/newsandpublications/georgiabarjournal/loader.cfm?csModule=security/getfile&pageid=20920>>.
3. Centers for Disease Control and Prevention, *Suicide: Risk and Protective Factors* <<http://www.cdc.gov/ViolencePrevention/suicide//riskprotectivefactors.html>>.
4. *Id.*
5. *Id.*
6. Suicide Awareness Voices of Education <<http://www.save.org/index.cfm?&r=1>>.