REPORT TO CoLAP FROM THE MENTAL HEALTH TASK FORCE

LAP Services Addressing Depression

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There is no doubt that lawyers and judges suffer from depression. Statistics from the general population indicate that during one's lifetime, 10% of us will experience depression with severity and duration varying from short term "situational" to longer term chronic clinical. Statistics vary. Some studies, surveys and anecdotal data indicate that lawyers may experience depressive episodes and depression at close to twice the rate of the population at large. Whether we think this is an accurate statistic, inflated, or underestimated is inconsequential. LAPs throughout North America simply need to look at their clients to know depression is a problem showing up in increasing number and frequency. Whether 1% or 50%, we need to stand ready to do what we can for the suffering attorney.

A recent COLAP survey indicates that depression, including bipolar disorder, is the primary mental health issue addressed by LAPs. The capacity for LAPs to address this problem varies widely. Program size ranges from volunteers or one salaried professional, to staffs with multiple employees functioning in multiple capacities and locations. Meeting the needs of attorneys who are suffering from depression or other mental health issues can be challenging on many levels. Staff size, training, and credentials, vary yet the "same problem" walks in the door. With different capacities to address this problem and provide some level of assistance, each LAP has its own approach to helping attorneys with depression. Geography, availability and access to local resources and availability of mutual-aid groups can also vary greatly. As can access to resources, both professional and mutual aid. Knowledge of the issues and comfort in dealing with depressed clients also differs from program to program.

To summarize, some of the issues or barriers to LAPs providing services to clients with depression include:

- staff size
- staff training and credentials
- knowledge of resources
- ability to develop new resources
- access to available resources
- funding
- physical location
- geography
- personal comfort level
- availability of educational materials
- peer resources

Despite program size, most LAPs report providing some level of service to lawyers who are seeking help with depression. At one end of the spectrum they provide problem identification and referral services along with telephone support. At the other end some LAPs report providing short-term treatment, professionally led support groups, assessment and mutual-aid support groups.

Utilizing current Prevention models, the Task Force has organized current LAP services targeting depression as falling under one of three categories: primary prevention (prevention), secondary prevention (intervention) and tertiary prevention (treatment). Strategies in each area target specific populations and utilize:

- Information dissemination
- education
- problem identification and referral
- intervention
- motivational interviewing
- treatment
- professionally led support groups
- mutual-aid support groups.

Using this paradigm, LAPs can identify current services as well as choose additional strategies that are feasible for their particular circumstances. Often, an additional strategy can be added, or a current one enhanced without taxing the program budget or staff. The open sharing of ideas and resources that is a long-held LAP tradition can facilitate an easy and seamless addition to program services.

Attachment "A" "Prevention Boundaries" shows the three levels of prevention services and the purpose, target population and strategies for each as defined by current Prevention technology. Attachment "B" details the strategies currently utilized by various LAPs within that same framework. Attachment "C" details the individual strategies and where to find resources to implement them. Every LAP program can enhance their current level of service addressing depression regardless of staffing, budget or other challenges. Even one small change, the addition of one more prevention strategy, can make a difference.

A fourth Attachment is being developed to indentify specific prevention, intervention and treatment services available for replication and the LAP to contact for additional information.

PREVENTION BOUNDARIES

Rufus Chaffee and Jack Pransky

Attachment A

	PREVENTION Primary Prevention	**INTERVENTION** Secondary Prevention	**TREATMENT** Tertiary Prevention
PURPOSE	**To promote:** • **Healthy individuals** • **Resistance to disease** • **Non-troubled behavior**	**To intervene at early sign of problems** **To stop disease** **To reduce crisis** **To change troubling behaviors**	**To rehabilitate** **To reconstruct** **To treat**
TARGET	**Everyone** **Nontroubled individuals** **Community conditions**	**"at-risk" individuals** **people in crisis** **"high-risk" groups**	**Troubled people** **Diseased people** **Clients**
STRATEGY	**Change environments** **Promote health** **Build skills** **Promote awareness** **Provide supports**	**Assess level of problem and recommend solutions** **Respond to and diffuse crisis;** **Short term** **Provide skills to change responses to situations** **Change situations one responds to**	**Treat symptoms:** • **Detoxification** • **Therapy** • **Residential** **Treat injuries and illness** **Provide skills to rehabilitate**

LAP PREVENTION SERVICES

Attachment B

	PREVENTION Primary Prevention	**INTERVENTION** Secondary Prevention	**TREATMENT** Tertiary Prevention
PURPOSE	**To promote:** • **Healthy individuals** • **Resistance to disease** • **Non-troubled behavior**	**To intervene at early sign of problems** **To stop disease, To reduce crisis** **To change troubling behaviors**	**To rehabilitate** **To reconstruct** **To treat**
TARGET	**Everyone, including non-troubled individuals**	**"at-risk" individuals** **people in crisis** **"high-risk" groups**	**Troubled people** **Diseased people** **Clients**
STRATEGY USED BY LAPs	• **Promote health** • **Build skills** • **Promote awareness** • **Provide supports** **Through—** • **Informational pamphlets** • **web-site info and links** • **Info included in presentations and CLEs** • **Referral to community resources** • **Promotional materials** • **Alternative activities** • **Drug-free workplace policy/training**	• **Assess level of problem and recommend solutions** • **Respond to and diffuse crisis;** **(Short term)** • **Provide skills to change responses to situations** • **Change situations one responds to** **Through –** • **On-line assessment links** • **In person assessment** • **Phone assessment** • **Crisis intervention counseling** • **Educational programs** • **Interventions** • **Peer to Peer** • **Referral to help** • **Support groups** • **Skill groups** • **Stress management** • **Counseling**	• **Treat symptoms:** • **Detoxification** • **Therapy** • **Residential** • **Treat injuries and illness** • **Provide skills to rehabilitate** **Through—** • **Monitoring** • **Aftercare support** • **Mutual-aid support groups**

PRIMARY PREVENTION

Attachment C

Information Dissemination

*Information dissemination is the simplest prevention strategy to incorporate. Educating the legal profession (entire population, not just those with problems) is a primary prevention strategy aimed at increasing awareness and knowledge. Links on your website to information, articles, research, self-tests and resources has **no cost** involved. Several organizations provide printed materials, brochures, articles that can be available in your "waiting room"---real or virtual), handed out at an event, sent to a caller, etc..*

Several LAPs have a program brochure that is depression specific. Highlights has past articles (that you can link to or print) as does GP Solo. A quick search can have your website well populated with information and a safe place to start and perhaps move on to a local resource.

It may be basic but it is the foundation of prevention efforts.

(strategies from Attachment B)

- **Informational pamphlets**
- **Info included in presentations and CLEs**
- **Referral to community resources**
- **Alternative activities**
- **Web-site info and links**
- **Promotional materials**
- **Workplace policy/training**

Links for Websites and Printed Educational Materials:

(Quantities can be ordered from certain providers, as well as downloadable PDFs of brochures and articles.)

- **National Institute of Mental Health Information Line**

Offers free brochures on depression and anxiety. Sponsored by National Institute of Mental Health.

Voice: 1-800-421-4211 Website: http://www.nimh.nih.gov

http://infocenter.nimh.nih.gov/index.cfm

- **National Alliance on Mental Illness**

Articles, brochures, other resources

http://www.nami.org/Template.cfm?Section=By_Illness

Printable fact sheets:
http://www.nami.org/Content/NavigationMenu/Mental_Illnesses/Depression/Mental_Illnesses_What_is_Depression.htm

- **Self-Help Group Clearinghouse**

National listing of self-help groups covering hundreds of problems

http://www.mentalhelp.net/selfhelp/

- **Lawyers With Depression Website**

Articles, information, website links, blog

http://www.lawyerswithdepression.com/

- **Other printable brochures:**

http://www.depressionsupportgroup.com/brochure.html

There are many great articles on counseling, medical and legal websites. A quick search can easily add to this list.

Another resource for printed materials may be through your local Department of Health, Division of Mental Health Services, Counseling Centers, and even the local library Reference section.

Prevention Education

The Prevention Education strategy provides a "two-way communication " experience, often in the format of a presentation to a group.
Many LAPs have presentations, materials and powerpoints already developed you can "borrow." Check with your local mental health providers/clinics, universities, medical professionals to see if they provide community education programs and partner with them to provide a program for your audience. Some may be receiving grant funds that require them to do so.

- **Substance Abuse Mental Health Services Administration**

Free materials, Monographs and some powerpoint presentations regarding depression, mental health issues, co-occurring disorders. Public domain ---you will have to edit the slides but they are a great place to start.

http://www.samhsa.gov/index.aspx

- **NIMH (National Insititute on Mental Health)-- YouTube** videos

addressing depression. They are short and a good "insert" or program starter. Also on YOUTUBE are more scientific views (the brain) as well as personal stories.
Examples:

http://www.youtube.com/watch?v=mlNCavst2EU
http://www.youtube.com/watch?v=7h6Hwn9loVk&feature=channel

SECONDARY PREVENTION / INTERVENTION

Problem Identification and Referral

This is a service most LAPs offer. Levels of problem identification range from applying active listening skills to utilizing screening or assessment tools. Although not a substitute for proper training, there is ample information available that addresses building basic listening skills for helpers. Often, nothing more is needed because no "diagnosis" is being made—just an identification of a problem, support, encouragement and referral to local professional help. Local mental health centers, addiction treatment programs, prevention programs, etc., may offer basic listening and counseling skills for little to no cost.

Self-assessments are available on several sites and may serve as a basis for a conversation to establish rapport. Obviously these should not be relied upon for diagnostic purposes but they can be a conversation starter or a prompt to someone to call LAP offices.

Several screening instruments (valid and reliable) are also available and can be easily incorporated into a LAPs toolbox. The Beck Depression Inventory is one of the most widely used.

Referral sources can be a challenge in light of health insurance issues, economy, waiting lists, quality and compatibility with the legal profession. Each LAP should develop a list of local, county and state resources as well as with private practitioners. Often other clients can be a source for referrals to programs and practitioners, as can current, trusted resources.

Mutual-aid (self-help) groups in the community are also a resource not to be overlooked. Developing relationships with individuals involved with those programs can also provide insights into overlooked options.

Local and National Crisis lines and referral services can also be posted to your website or added as a number on your voicemail for off-hours.

(strategies from Attachment B)

- **On-line assessment links**
- **Phone assessment**
- **Educational programs**
- **Peer to Peer**
- **Support groups**
- **Stress management**
- **In person assessment**
- **Crisis intervention counseling**
- **Interventions**
- **Referral to help**
- **Skill groups**

- **Printed training materials**:

Basic Counselling Skills: A Helper's Manual, Dr Richard Nelson-Jones

http://www.mindtools.com/CommSkll/ActiveListening.htm

http://www.basic-counseling-skills.com/

- **Self-assessment tools:**

http://www.mayoclinic.com/health/depression/MH00103_D

http://depression.about.com/cs/diagnosis/l/bldepscreenquiz.htm

http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=973&cn=5

- **Screening Instruments:** Beck Depression Inventory

www.orlandocvi.com/documents/BeckDepressionInventory1.pdf

- **Self Help**—*(serves as Primary, Secondary(intervention) and Tertiary (aftercare) strategy*

Self-Help Clearinghouse

http://www.mentalhelp.net/selfhelp/

Recovery, Inc.

Similar to 12 step based groups, self-supporting, sharing is more structured. Recovery International Method is a system of cognitive-behavioral self-help techniques for controlling behavior and changing attitudes. Neuropsychiatrist and University of Illinois Professor of Psychiatry Abraham Low, MD, developed these self-help techniques.

http://www.lowselfhelpsystems.org/index.asp

Depressed Anonymous 12 Step based support groups

http://www.depressedanon.com/

Emotions Anonymous 12 Step based support groups

www.emotionsanonymous.org/

- **Referral to Treatment**

Mental Health America

Crisis Number 1-800-273-TALK

Substance Abuse Mental Health Services Administration (SAMHSA)

National mental health treatment program locator

http://store.samhsa.gov/mhlocator

For Services in Your State check the CDC website

http://www.cdc.gov/mentalhealth/state_orgs.htm

Intervention

Beyond initial assessment services, short term counseling and facilitated support groups are the only two services offered at any LAP. LAPs do not provide treatment services and, by definition, intervention is the first step into treatment. Formal intervention with substance abuse issues is a service offered by some LAPs. Those with trained staff may also provide limited interventions on mental health problems.

Some LAPs provide professionally led support groups and/or peer led support groups for depression. Some are staffed by LAP employees, other programs contract out.

Peer to peer telephone support is also offered and may serve as an intervention by default.

- **Mutual aid support groups –discussed in Primary Prevention section**

- **Education and Support Groups—attorney specific**

Some LAPs sponsor lawyer-specific support groups, most notably for depression. Some are also gender specific. Some groups are facilitated by LAP staff, others are peer led or contracted out and professionally led.

- **Peer Contacts and Support**

Peer support through volunteers is another method of delivering support to attorneys with depression. Because of geography, this may be by telephone or in person and delivered by LAP staff or trained volunteers. Several LAPs have developed Volunteer Training programs and learning modules that can be "borrowed" by and adapted to any LAP. There may be volunteer training available through mental health associations or other local organizations.

TERTIARY PREVENTION / TREATMENT

Treatment is not a LAP service. Several programs provide related/overlapping services but not primary treatment. LAPs who monitor substance abuse clients may also monitor treatment compliance for mental health issues. Support groups are a common means of aftercare, whether peer led or professionally led. Monitoring is not done by all LAPs but can provide a support to treatment/aftercare in some cases.

(strategies from Attachment B)

- **Monitoring**
- **Aftercare support**
- **Mutual-aid support groups**

- **Support Groups and Aftercare Support**

Aftercare follows some type of primary care and is usually set up by the treatment provider as part of discharge planning. LAPs who have individual or group support services can be helpful by inclusion into an aftercare plan. On-going outreach to providers is often necessary to ensure the connection.

Self-Help Clearinghouse

National listing of self-help groups covering hundreds of problems

http://www.mentalhelp.net/selfhelp/

Recovery, Inc.

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http://www.lowselfhelpsystems.org/index.asp

Depressed Anonymous 12 Step based support groups

http://www.depressedanon.com/

Emotions Anonymous 12 Step based support groups

www.emotionsanonymous.org/

Lawyer Specific Support Groups

As mentioned in Intervention Services, some LAPs sponsor lawyer-specific support groups, most notably for depression. Some are also gender specific. Some groups are facilitated by LAP staff, others are peer led or contracted out and professionally led.

Community Based Mental Health Support Groups

Through local mental health providers, support groups (non-lawyer specific) may be available. County or state-funded programs are often low cost and may be an option for some. Residential programs may run mental health groups and sometime welcome members who have completed treatment elsewhere.