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How to Practice Family Law and Not Go Crazy

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Practicing Family Law without Going Crazy: A Lawyer Mental Health Primer

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How to Practice Family Law and Not Go Crazy

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PowerPoint – Practicing Family Law without Going Crazy: A Lawyer Mental Health Primer

INTRODUCTION

I am not a psychologist or a research scientist. I have prepared this paper to provide an overview of mental health issues facing lawyers, according to lawyer mental health research. I believe that lawyers' intellectuality makes a research-based presentation appropriate, but this is a big topic and this paper by no means fully canvasses the topic. As lawyers, we tend to be fact-based and skeptical about matters that cannot be proven. I want to present the evidence of lawyer distress because it is compelling. But my primary objective is to show that there are potential solutions that we can all work on both as individuals and as a profession.

Please consider this paper in the context in which it was prepared—as an introduction to what current research tells us about mental health and accompanied by suggestions both from research and lawyer experience about how we can preserve and protect our mental health as we practice in challenging areas.

PART 1: OVERVIEW OF LAWYER MENTAL HEALTH

As a group, lawyers are not doing well in terms of mental health. Our rate of clinical depression is about 3.5 times the average rate in the general population. Our rate of substance abuse is about 2 times that of the general population.

It makes sense, then that lawyer and law student mental health is a major research topic. We are being studied.

Part of the reason we are being studied is our high rate of mental health issues and substance abuse. It is not simply linked to being well-educated or in a demanding profession. Our rates of mental distress and substance abuse exceed that of the medical profession.

But there is one good result from the fact that we are being studied—there is a lot of information about what is causing problems for us and how we can, both as individuals and as part of a profession, to do better.

Our personalities, law school experience, and law practice expose us to risk of mental health challenges. And we are generally reluctant to ask for help for fear of other people finding out. We have to act like we are invincible—gladiators in suits, to borrow a phrase from pop culture—and hide our vulnerabilities, even from ourselves. This is not a viable long-term strategy.

Describing treatment modalities for mental health challenges is beyond the scope of this paper. Any lawyer who is concerned that he or she is encountering mental health challenges should speak to his or her family doctor or arrange a confidential consultation with an Assist psychologist.

Assist's psychologists say that the earlier someone comes in, the easier it is to treat them. Please don't wait until you are in serious distress to seek help. It is okay to go in and talk about how you are doing and whether you just don't feel like yourself. Many people, including lawyers, choose to see a counsellor for regular check-ins.

You can also call Assist if you are concerned about how to support another lawyer who appears to be struggling. We can coach you through having a conversation with that person to refer them to help. We have an online course on our website, designed by LESA, to guide you through having these difficult conversations.

In this paper, you will find references to research in Canada, the United States, the UK and Australia. Canada has a relatively low lawyer population compared to the UK and the US. The analysis from these countries, particularly the US, seems to support the trends and outcomes we see in Canada.

As you read this paper, please think about lawyer mental health in a new context. As office workers, including law firm staff, transitioned to desktop computers, many keyboarding staff developed carpal tunnel syndrome, a physiological condition that required time off work, better ergonomic setups and sometime surgery. Employers needed to adapt.

Many lawyers experience anxiety, depression and other mental health conditions. Sometimes they need time off or adjustments to their work conditions, but with these accommodations, they can continue to practice law safely and effectively. Just as we did not throw out our staff with debilitating wrist pain, we do not need to discard lawyers who are struggling with internal pain; we can accept that what we do exposes us to risk, recognize that some of us may need different tools to address these risks and then be part of the support mechanism they need to remain healthy in the workplace.