

Facilitating Access to Mental and Behavioral Health Care Services

Laura J. Evans, Partner, Health Law National Service Line Leader

Shumaker, Charleston

levans@shumaker.com

Tandi Card, Senior Corporate Counsel

Dentsply Sirona, Charlotte

Tandi.Card@dentsplysirona.com

Kevin R. Horton, Associate, Health Law and Litigation Service Lines

Shumaker, Charleston

khorton@shumaker.com

Corporate Counsel are uniquely situated to make a difference by promoting access to mental and behavioral health care services for their organizations and lawyer colleagues.

We'll Discuss:

- 1) Demand for Mental and Behavioral Health Services**
- 2) Lawyers' Need for Mental and Behavioral Health Services**
- 3) Legal Framework Governing Access to Services**
- 4) Best Practices and Resources Available to You**

Overview

Demand for Mental and Behavioral Health Services

Let's Define Terms

- **Mental Health**

- *Relates to a person's emotions and thoughts*
 - E.g. depression, bipolar disorder, generalized anxiety disorder, schizophrenia.

- **Behavioral Health**

- *A behavior is the action an individual takes in response to an external or internal stimuli. Behavioral Health relates therefore to the treatment of a person's actions in response to emotions and thoughts.*
 - E.g. Substance Use Disorder, Eating Disorders, Addictive Behaviors, Self-Injury.

- **Mental Illness**

- *Any mental, behavioral or emotional disorder of sufficient duration to warrant diagnosis under the Diagnostic Statistical Manual.*

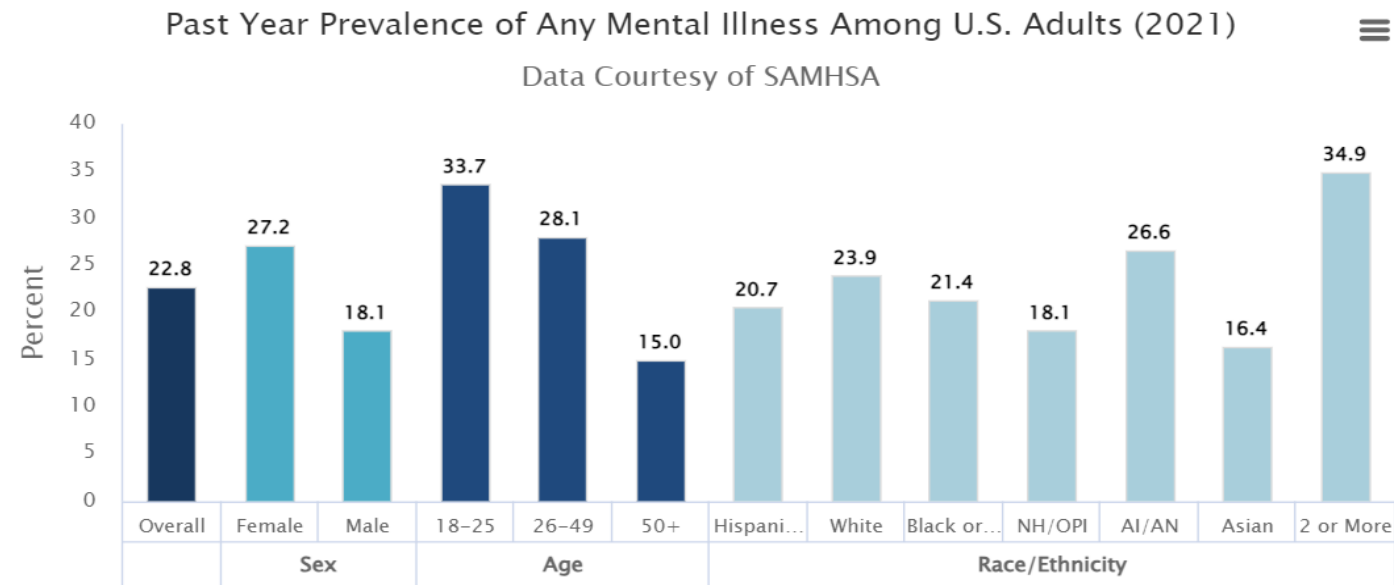
Nationwide Prevalence of Mental Illness

- **Prevalence of Mental Illness in the United States**

- From 2008 to 2019, the number of adults aged 18 or older with any mental illness increased from 39.8 million to 51.5 million, a nearly 30% increase. The pandemic further exacerbated mental health problems for all ages; among adults aged 18 or older who had serious thoughts of suicide in 2020, more than one-fifth (21%) listed COVID-19 as the reason for those thoughts.
- Current NIH estimates suggest that 57.8 million American adults (22.8% of all adults) have a mental illness.
- 5.5% of American adults had a “serious mental illness” in 2021, which is any mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activities.

Nationwide Prevalence

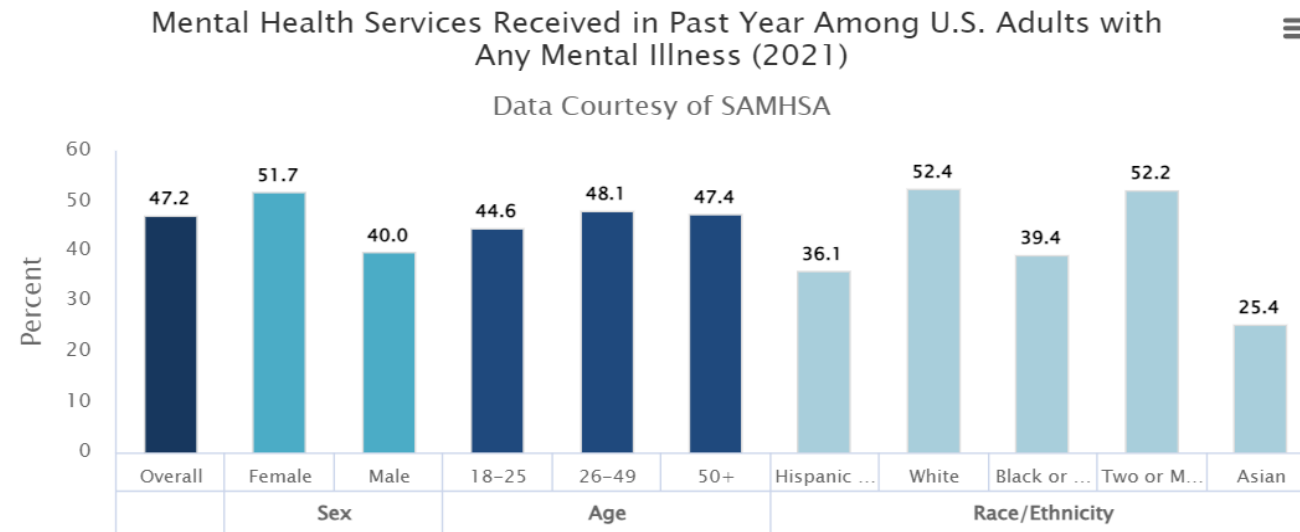
- Mental illness is most prevalent among young adults aged 18-25:



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. NH/OPI = Native Hawaiian / Other Pacific Islander | AI/AN = American Indian / Alaskan Native

Demand for Services

- 26.5 million American adults received mental health services in 2021.

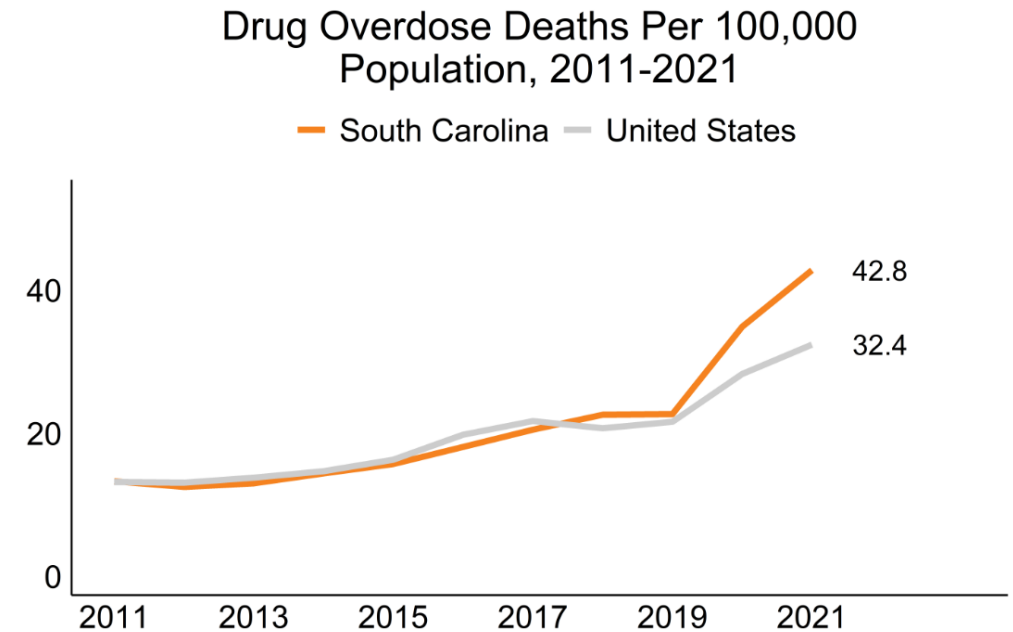


*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for Native Hawaiian / Other Pacific Islander and, American Indian / Alaskan Native groups are not reported in the above figure due to low precision of data collection in 2021.

Prevalence in South Carolina

- **Prevalence in South Carolina**

- 706,000 adults in South Carolina have a mental health condition.
- In a February 2023 survey, 33.1% of Adults in South Carolina report symptoms of anxiety or of a depressive disorder.
- South Carolina had a drastic uptick in excess overdose deaths as versus the national rate:

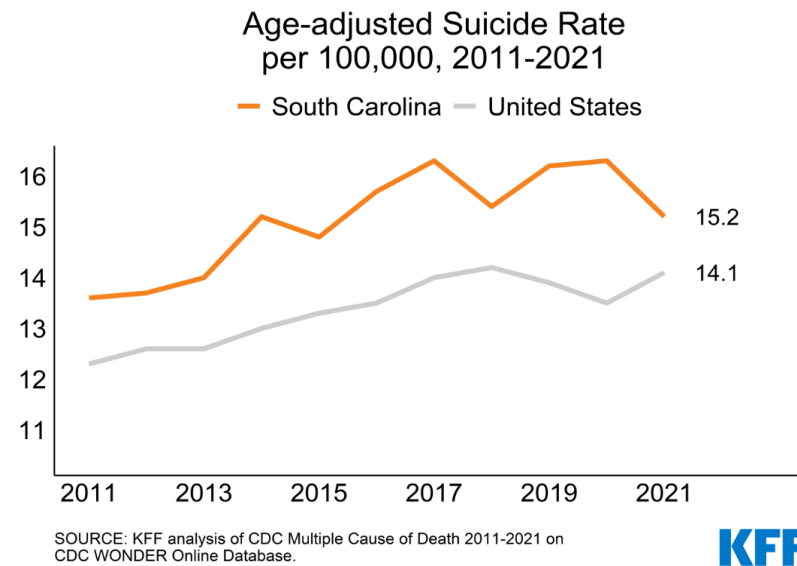


SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.



Suicide in South Carolina

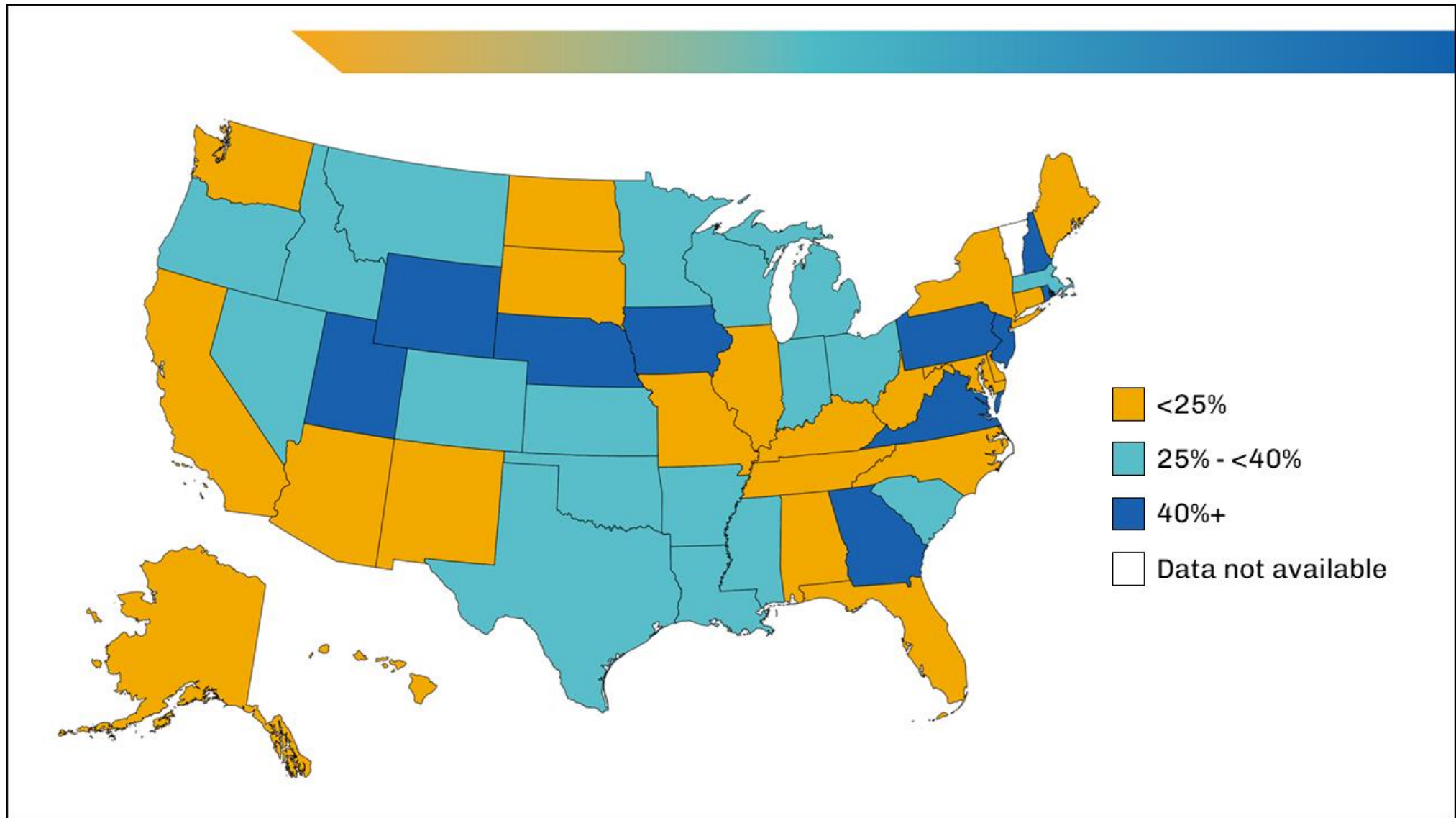
- South Carolina also has a higher suicide rate than the nation generally:



- Suicide is a leading cause of death among adults in South Carolina, clocking in as the second most common cause of death for adults aged 25-34, fourth most common for ages 35-44, and fifth most common for ages 45-54.

Challenges: Access to Services

- Access to mental health specialists:
 - Where 3% of individuals see out-of-network PCPs and 4% out-of-network specialists, 17% of patients see out-of-network mental health providers as of 2017.
- The role of primary care in mental health treatment:
 - By 2018, 16 % of primary care visits address mental health care.
 - Primary care physicians handle 40% of all visits for depression and anxiety and prescribe half of all antidepressants and anxiolytics.



Percentage of Need Met in terms of Access to Mental Health Care Professionals

Access – South Carolina

South Carolina Data

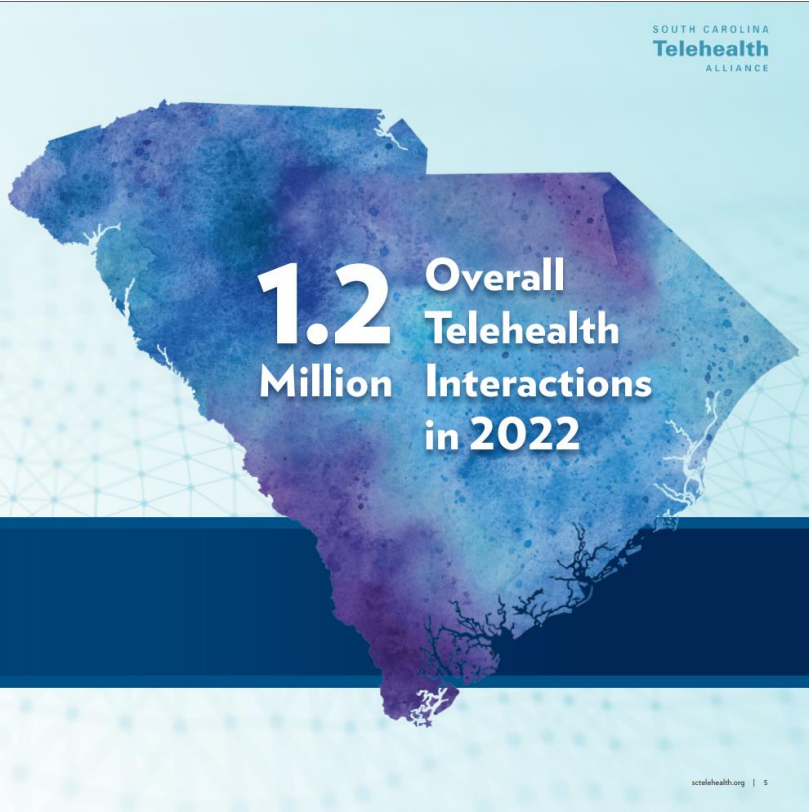
- According to the U.S. Department of Health and Human Services, South Carolina has a Mental Health Care Health Professional Shortage.
- This shortage leads to 33.6% of the need for Mental Health Care being unmet.

Access – South Carolina

Potential Responses? Expansion of Telehealth.

- During the pandemic, the Board of Medical Examiners suspended in-person requirements related to the establishment of telehealth-based physician-patient relationship.
- Telemedicine is likely here to stay in South Carolina:
 - See, e.g. South Carolina Telehealth Alliance, working to expand the role of telehealth in the delivery of health care to South Carolinians.
 - www.sctelehealth.org

Telehealth in South Carolina



Set my location


Patients & Guests MyChart Careers Giving Billing

PRISMA HEALTH

Find a Doctor Services Locations

Services / Virtual Care

Get quick, convenient care online using your mobile device or computer



What is Prisma Health Virtual Care?

Prisma Health Virtual Care allows you to get convenient care online.

E-Visit – \$30

Scheduled Video Visits

Urgent Care Virtual Visit

MUSC Health
Medical University of South Carolina

Search

Patients & Visitors Medical Services Locations Health Professionals Find a Doctor Launch MyChart

Health > Medical Services > Telehealth

Telehealth

- About
- Patients
- Providers
- Services
- Research
- News & Events

MUSC Health Center for Telehealth



Need to be seen now? [Click here for immediate Virtual Urgent Care \(including COVID-19 screenings\).](#)

Schedule a Video Visit: [Click here to schedule a future Video Visit with an MUSC primary care provider.](#)

Video Visit Help: [Click here for step-by-step guides intended to help patients connect to their virtual appointment from a phone or computer.](#)

Contact Us for Patient Support

General Scheduling

843-792-1414
8:30 a.m. to 5:00 p.m.
Monday through Friday

Virtual Urgent Care Scheduling

843-876-7227
7 a.m. to 7 p.m. daily

Get Care Now

Request a Tour

Welcome to the MUSC Center for Telehealth

The Center is one of only two National Telehealth Centers of Excellence in the country. The Center is also the headquarters of the South Carolina Telehealth Alliance (SCTA).

Using the latest in telehealth technologies, MUSC Health is connecting patients

Access is a Bottom-Line Issue for
Your Company and Legal
Department

Access is a Bottom-Line Issue

- Employees experiencing mental health issues often struggle to focus, stay motivated, and perform at their best. This can lead to decreased productivity and lower work output, directly impacting a company's bottom line and your department's productivity and effectiveness.
- Mental health challenges can result in increased absenteeism, where employees take more sick days or time off to cope with their condition. Additionally, even when employees are physically present, they may not be fully engaged or productive due to mental health issues. This is known as presenteeism and can result in reduced efficiency and output.

Access is a Bottom-Line Issue

- When employees' mental health is not adequately addressed or they do not feel supported by their organization, they may become dissatisfied, leading to higher turnover rates. Recruiting, onboarding, and training new employees are expensive processes that can negatively impact a company's financial resources.
- Mental health problems can contribute to increased healthcare costs for an organization. If employees' mental health issues go untreated or worsen, they may require more medical interventions, therapy sessions, or medication. These expenses can add up and impact on a company's financial bottom line.

Access is a Bottom-Line Issue

- Impaired mental health can impair concentration, decision-making, and cognitive abilities, increasing the likelihood of accidents, errors, or workplace incidents. These incidents can have financial consequences, such as increased insurance premiums, potential legal liabilities, and additional expenses for incident investigations.
- If employee mental health is not prioritized or stigmatized within a company, it can lead to a negative workplace culture. A toxic work environment can hamper collaboration, teamwork, and employee morale, ultimately impacting overall productivity and performance.

Access is a Bottom-Line Issue

- Mental health challenges can affect employee engagement and satisfaction. Employees who feel unsupported or undervalued in terms of their mental well-being may become disengaged and less committed to their work. This can result in reduced overall job satisfaction and overall performance.
- **Mental health issues cause more days of work loss and impairment than any other chronic health condition.**

Access is a Bottom-Line Issue

- Some relevant statistics include:
 - 62% of missed workdays are attributed to mental health (American Psychiatric Association)
 - The impact depression and anxiety has on the global economy can be measured in \$1 trillion in lost productivity each year (National Alliance on Mental Illness)
 - Untreated workplace mental illness costs the U.S. \$3.7 trillion each year (Health Canal)
 - Employees with unresolved depression experience a 35% reduction in productivity, contributing to a loss to the U.S. economy of \$210.5 billion a year in absenteeism, reduced productivity, and medical costs (American Psychiatric Association).

Mental Health in the Legal Profession – Background

- Lawyers are three times more likely to suffer from depression and that the rate of substance abuse is twice that of other professions.
- So what have we done about it?
 - In 2008, the SC bar established a task force to address depression, suicide, and substance abuse intended to complement the work of Lawyers Helping Lawyers.
 - In 2019, the SA/MH Credit became a standalone CLE requirement in response to a perception that substance abuse and mental health issue became epidemic within the legal community.

Mental Health in the Legal Profession – Substance Abuse

- **Substance Abuse**

- A 2016 study found 36.4 % of lawyer respondents had problematic scores on the AUDIT-C test.
 - Female lawyers had a greater disparity in their rates of problematic consumption versus the general population of females than their counterpart male lawyers versus the general population of males – *but* :
 - One third of Male lawyers reported problematic rates of alcohol consumption.
 - Lawyers taken together double the rate of problematic drinking among surgeons.
- Similarly, there is growing evidence of prescription and drug abuse among lawyers.

Mental Health in the Legal Profession - Suicide

Lawyers are six times more likely to die by suicide than the general population.

Suicide is the third leading cause of death among attorneys after cancer and heart disease.

Mental Health in the Legal Profession – Suicide, Substance Abuse, & Depression

Suicide bears strong correlation to depression and substance abuse.

- Substance Abuse
 - Those individuals with a substance abuse disorder are ten times more likely to commit suicide than the general population.
 - Alcoholism is a factor in 30% of suicides.
- Depression
 - NIH estimates that 15% of people with severe major depression die by suicide.
 - Depression more generally is a factor in many suicides; most suicidal people are depressed.

Mental Health in the Legal Profession - Burnout

Burnout: the canary in the coal mine?

- There is a growing clinical interest in and consensus regarding burnout.
- A 2022 study suggests that 19% of (French and French Canadian) lawyers experience burnout.
- Burnout bears strong correlation to depression and substance abuse among lawyers.
- A lawyer experiencing high levels of burnout is five times more likely to abuse drugs than his or her colleagues.

Burnout

Burnout is a

“three-dimensional state of physical, emotional and mental exhaustion due that is due to an overly long involvement in ‘emotionally demanding situations’.”

- 1) Emotional Exhaustion
- 2) Mental Exhaustion
- 3) Physical Exhaustion

Burnout

- Emotional exhaustion is the feeling of no longer being able to respond effectively to the demands of the social environment.
- Mental exhaustion refers to complaints related to a feeling of weakening concentration and 'mental fatigue';
- Physical exhaustion is a set of complaints related to one's physical state and ability to continue working.
 - Put otherwise, burnout is a sense of overwhelming exhaustion, cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.

Burnout

- Researchers theorize that:
 - The opposite of burnout is engagement.
 - Burnout is driven by high demands and low resources.
 - Studies examine workload and “decision latitude:”
 - Workload looks to demands and constraints imposed on an individual versus the time available to satisfy those demands.
 - Decision latitude looks to the individual’s ability to control his or her work.

Burnout

- By Practice Area:
 - A Utah study of 581 lawyers found burnout higher in civil litigation than in family law or transactional law.
- Contributing Factors -- Vicarious Trauma
 - Lawyers experience high levels of repeated secondary exposure to traumatic events.
 - Repeated exposure to difficult content may have a negative impact on functioning and overall mental health.

Burnout

Warning Signs:

- Physical
 - Insomnia, headaches, GI distress, heart palpitations, hypochondria, exhaustion, illness, teeth grinding
- Behavioral
 - Increased use of alcohol / drugs, anger / irritability, avoidance, indecision, feelings of hopelessness, relationship problems, and imposter syndrome.
- Emotional
 - Exhaustion, depression / anxiety, guilt, cynicism, hypersensitivity to emotional stimuli, numbing, reduced ability to empathize.

Law & Regulation

Legal Framework for Access

Framework Governing Access to Services - Legislation

- **Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”)**
 - Passed in 1996 for mental health coverage, it was expanded in 2008 to include substance abuse disorders, and was applied more broadly by the Affordable Care Act in 2010.
- Parity is the touchstone.
 - A health plan cannot provide less favorable benefits for the treatment of mental health or substance use disorders as to medical / surgical coverage.

Framework Governing Access to Services - Legislation

- **Affordable Care Act**

- Expanded the requirement that plans cover treatment for mental health and substance use disorder to individual and small-group health plans.
- Mental health and substance abuse treatment is among the ten minimum essential coverage requirements for all ACA-compliant health plans.
 - Studies suggest that the ACA was especially effective in expanding this coverage in smaller plans.

Framework Governing Access to Services - Regulation

- **Biden Administration’s “National Strategy” for Mental Health**

- The Administration is primarily focused on regulatory approaches to parity in group health plans.
 - In 2020, it pushed changes to MHPAEA that require health plans to conduct comprehensive analyses of mental health / substance abuse benefits versus medical-surgical benefits to ensure that they are meeting the parity requirement of MHPAEA.
 - Directed the Department of Labor to publish tools for employers to evaluate health plan compliance.
- The FCC implemented the nationwide rollout of 988, a nationwide phone number that connects callers to suicide and crisis hotlines.


OSHA's Focus on Mental Health in the Workplace

- **OSHA Considers Workplace Stress a Safety Issue:**
 - OSHA says Workplace Stress Causes 120,000 U.S. deaths per year.
 - 65% of U.S. workers surveyed have characterized work as being a very significant or somewhat significant source of stress;
 - 83% of US workers suffer from work-related stress; and
 - 54% of workers report that work stress affects their home life.
 - OSHA contends that every \$1 spent on mental health, employers see \$4 in productivity gains.

OSHA's Focus on Mental Health in the Workplace - Resources

Supporting Mental Health in the Workplace

Checklist for Senior Managers



There has been a reported [rise in the number of people experiencing symptoms of anxiety and depressive disorders](#). This checklist provides recommendations for senior managers to help support mental health and alleviate stressors for workers.


Be a compassionate leader and establish a supportive tone.

- ☐ Tell staff you are committed to supporting their mental health and well-being. To reinforce your commitment, consider:
 - Issuing an organization-wide statement about the importance of addressing workplace stress and supporting worker mental health and well-being.
 - Identifying specific staff in your organization whom workers can contact with concerns about job-related stressors.
 - Promoting a judgement-free workplace by making it clear that workers can ask for help without facing negative consequences in the workplace.
- ☐ Raise awareness about workplace stressors and reduce the stigma surrounding mental health issues and substance use by:
 - Talking about the types of stress for the general population, specific stressors that relate to your workforce and sector, and mental health (e.g., high rates of depression and anxiety disorders, increased substance use).
 - Sharing [national statistics](#) so that workers know they are not alone if they are struggling with mental health or substance use issues.
 - Telling staff it's natural to feel stressed and encouraging them to seek help if needed.
- ☐ Be transparent. Ensure communication takes place regularly to help alleviate the stress of uncertainty and to defuse misinformation and rumors that might be circulating.
- ☐ Consider creating a mental health task force or committee that includes representatives from different levels of your organization (i.e., not only senior managers) to talk about existing and emerging workplace stressors and ways to reduce them.

Reducing workplace stress benefits **everyone** and can lead to improved morale, increased productivity, fewer sick days, better focus, fewer workplace injuries, an enhanced quality of life, and improved physical health (e.g., better sleep, lower blood pressure, stronger immune system). Moreover, the [World Health Organization](#) estimates that for every dollar U.S. employers spend treating common mental health issues, they receive \$4 back in improved health and productivity.

Supporting Mental Health in the Workplace

Getting Started Guide for Front-Line Supervisors



Front-line supervisors can make a difference when it comes to helping workers manage stress. This guide aims to help supervisors feel more comfortable and confident about talking to workers about workplace stress, mental health, and substance use.

- [Background](#)
- [Recommendations for Supervisors](#)
- [What to Say and Ways to Say It](#)
- [References](#)

Background

There has been a reported rise in the number of individuals experiencing anxiety and depressive disorders, as well as new or increased substance use, in the United States. Each person experiences varying levels of stress from different areas of their life, including stress experienced at work. Some common sources of work-related stress are:

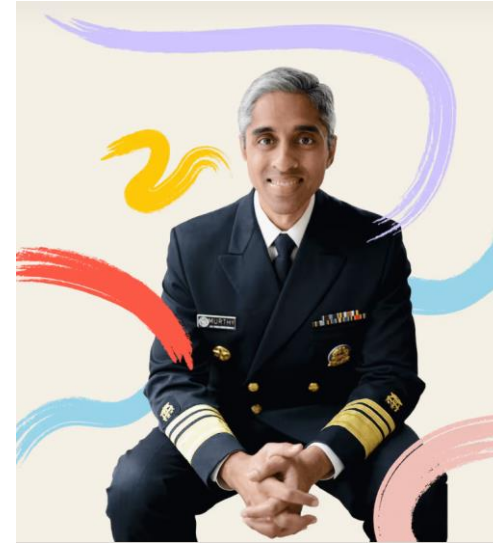
- Taking care of personal and family needs while working.
- Managing a different or increased workload.
- Lack of access to the tools and equipment that are needed to perform work safely.
- Fear or guilt about being perceived by employers or coworkers as not contributing enough to the day-to-day operations of the workplace.
- Uncertainty about the future of the workplace and/or employment.
- Learning new online tools and dealing with technical difficulties.
- Adapting to a different workspace and/or work schedule.

Supervisors can help by:

- **Identifying what factors are making it harder for workers to get their jobs done** and determining if adjustments can be made to lessen the burden.
- **Showing empathy** and telling workers 1) they are not alone. 2) you recognize the stress they are

DHHS' Focus on Mental Health

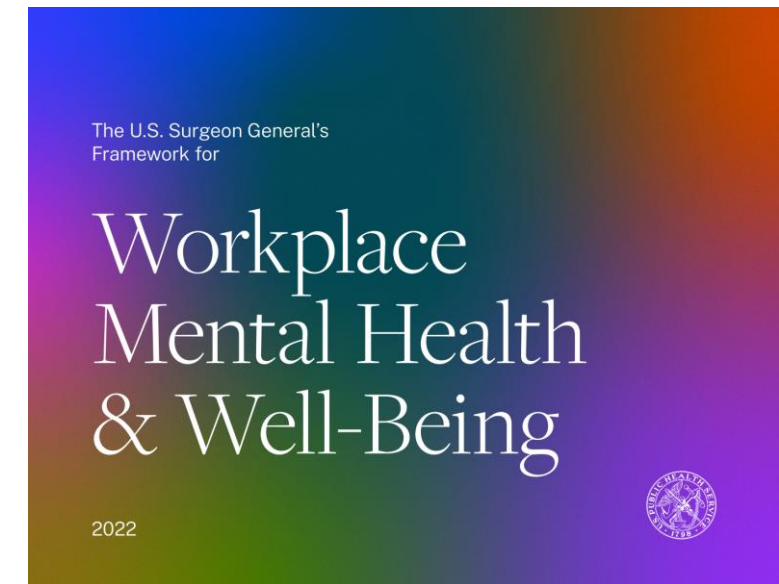
- Office of the U.S. Surgeon General's current Priorities include:
 - Health Worker Burnout
 - Youth Mental Health
 - Workplace Well-Being



Dr. Vivek H. Murthy

OSG - Mental Health in the Workplace

Surgeon General's Framework for Workplace Mental Health & Wellbeing



DOJ Focus on Mental Health as a Civil Rights Issue

DOJ investigated South Carolina's use of assisted living facilities in 2022.

DOJ's Civil Rights Division determined that South Carolina violates Title II of the ADA by "segregating" and "unnecessarily institutionalizing" individuals with serious mental illness.



U.S. Department of Justice
Civil Rights Division

*Assistant Attorney General
950 Pennsylvania Ave, NW - RFK
Washington, DC 20530*

July 6, 2023

Elizabeth B. Hutto
General Counsel, South Carolina Department of Mental Health
2414 Bull Street, P.O. Box 485
Columbia, SC 29202

Byron Roberts
General Counsel, South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Re: Notice Regarding Investigation of South Carolina's Use of Community Residential Care Facilities to Serve Adults with Serious Mental Illness

Dear Sir and Madam:

The Department of Justice has completed its investigation into whether the State of South Carolina unnecessarily institutionalizes adults with serious mental illness in Community Residential Care Facilities by failing to provide them services in the most integrated setting appropriate. The investigation was conducted under Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12131-12134.

After carefully reviewing the evidence, we conclude that there is reasonable cause to believe that the State of South Carolina violates Title II of the ADA by failing to provide services to adults with serious mental illness in the most integrated setting appropriate to their needs. Consistent with the ADA's regulations, this Report includes our findings of fact and conclusions of law, and the measures that we believe will remedy the alleged violations.

The Role of Corporate Counsel

Time to Move Beyond EAP? Best Practices and
Potential Responses

Best Practices and Potential Responses

- **The Threshold. Is your health plan compliant with MHPAEA?**
 - See U.S. Department of Labor tool for evaluating health plan compliance with MHPAEA
 - <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

Best Practices and Potential Responses

- **The Standard: Employee Assistance Programs**
 - 81% of companies with 200 or more employees offer EAP programs (in 2022).
 - EAPs provide work-based interventions for stress management, grief and bereavement, and balancing work and family life.
 - Some concentrate specifically on substance abuse.
 - Services commonly include employee education, individual assessment, referrals to treatment, and short-term counseling.
 - In 2022, large companies saw a 48% increase in share of employees seeking mental health services.
 - **Caveat:** studies suggest that EAP efficacy may be varied without addressing underlying corporate culture.

Best Practices and Potential Responses

Beyond EAP?

Offerings beyond traditional EAP include the following:

- **Self-Care Apps**
 - In 2022, 44% of large companies offered self-care apps to employees
- **Online Mindfulness Sessions**
 - Free and open to all company employees.
 - Some hosted by third parties and others by members from HR or ERG representatives.
- **Employee Resource Groups (ERGs)**

Best Practices and Potential Responses – Beyond EAP

- **7 Cups**
 - <https://www.7cups.com/>
 - Online counseling, support, chat rooms/chat groups/forums.
 - Services vary based upon employer offering
- **Omada Health**
 - <https://www.omadahealth.com/>
 - Primarily focused on physical health based but includes screenings for depression and anxiety and builds in support based on those screenings
- **Sleep Training for New Parents**
 - Free and open to all company employees

Best Practices and Potential Responses – Beyond EAP

- **Family Support**
 - Includes access to discounted child/elder care resources
- **Access to a Health Advocate**
- **Work/Life Balance Webinars and Sessions**
 - Free and open to all company employees.
- **Lyra Health**
 - <https://www.lyrahealth.com/>
 - Helps provide evidence-based mental health support to employees, including personalized care options

Best Practices and Potential Responses – Beyond EAP

- **Financial Support for Wellness Offerings**
- **Weight Loss Support Programs**
- **meQ (meQuilibrium)**
 - <https://www.mequilibrium.com/>
 - Resources on mental health including resources around education and income not guaranteeing resilience.

Best Practices and Potential Responses - Burnout

- Experts suggest a two-phase model, focused on self-care and also on organizational practice.
- Self-Care: Develop a Warning System
 - Physical: monitor your body for tension; practice techniques to ease tension:
 - Effective sleep maintenance;
 - Monitor food and drink;
 - Move / exercise.

Best Practices and Potential Responses - Burnout

- Self-Care: Develop a Warning System
 - Psychological: look for what 'recharges' you, e.g. relaxation time, contact with nature, creative expression, religious practice, and learn to challenge negative thoughts.
 - Social: identify five people, including two at work, who are highly supportive; learn to check in with colleagues.
 - Professional: commit to setting time boundaries at work; assess what you can and cannot change; pay attention to the joys and achievements of your work; create a comfortable environment at work.

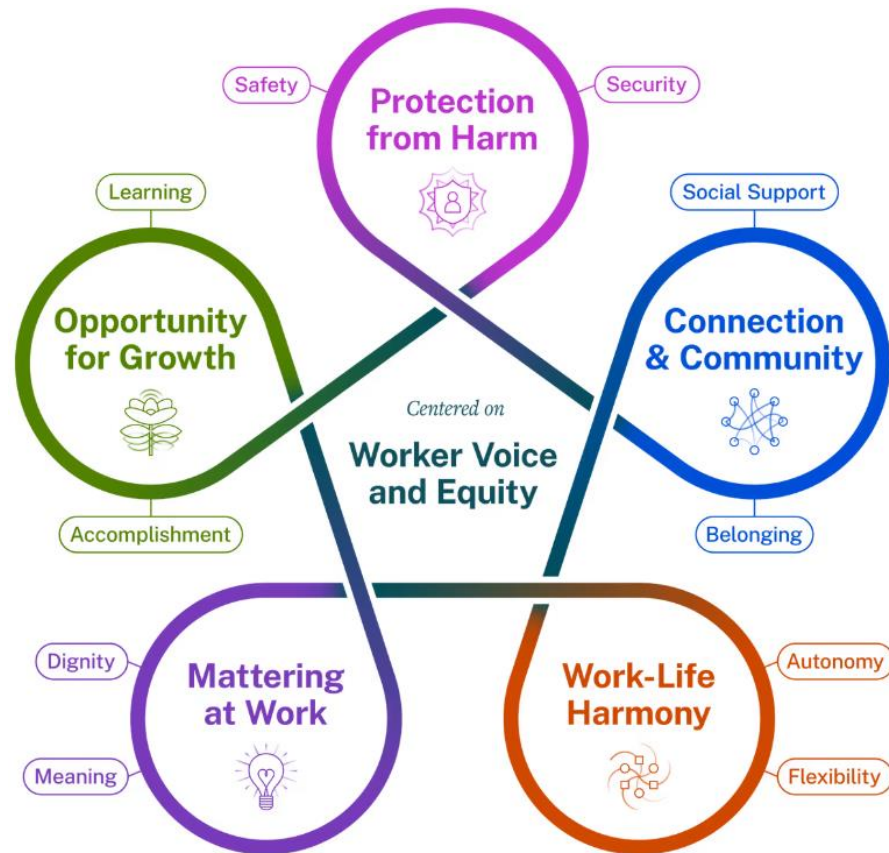
Best Practices and Potential Responses - Burnout

- Organizational Approaches to Burnout
 - Examine Managerial Behavior
 - Communication. Effective managers reach out to employees.
 - Equitable distribution of workload.
 - Protection of time away from work.
 - Recognition of successes.

Best Practices and Potential Responses - Burnout

- Organizational Approaches to Burnout – Interventions
 - Policies for recognizing successes with care packages, thank you notes, and holiday meals.
 - Peer support groups / ERGs
 - Educational sessions regarding stress, trauma, grief, anxiety, resilience.
 - Making resources plainly available.
 - For example, one organization studied by SAMHSA implemented a central website with information regarding tools and information for managing stress, fear, anxiety, trauma, loss, and parenting, and strategies for promoting well-being, including mindfulness, relaxation methods, and cultivating gratitude.

Best Practices and Potential Responses - Burnout



- Protection from Harm.
- Connection and Community.
- Work-Life Harmony.
- Mattering at Work.
- Opportunity for Growth.

Resources

For Anyone

Dial 988

All calls to 988, nationwide, are routed to suicide and crisis lifelines, including one specific for veterans.

Mobile Crisis – 1-833-364-2274

Mobile Crisis provides on-site emergency mental health screening, assessment, and referral, 24/7 statewide.

National Suicide Prevention Lifeline -- 1.800.273.8255 (TALK)

Drug and Alcohol Abuse Services – 803-986-5555

SCDAODAS connects individuals with local treatment providers.

For Organizations

Substance Abuse and Mental Health Services Administration

SAMHSA publishes reports and model guidance addressing many of our topics here today, all freely available online: www.samhsa.gov

Office of the Surgeon General, U.S. Department of Health and Human Services

OSG publishes guidance and best practices for employers and is focusing on mental health in the workplace: <https://www.hhs.gov/surgeongeneral/index.html>

Occupational Safety and Health Administration

OSHA has a set of up-to-date resources, including checklists, factsheets, and sample surveys designed for use by employers: <https://www.osha.gov/workplace-stress/employer-guidance>

For South Carolina Lawyers

Free counseling services

LifeFocus Counseling Services provides five free hours of anonymous confidential intervention counseling for attorneys experiencing emotional or stress-related issues. Call (866) 726-5252 for referral to a local counselor 24 hours a day.

Lawyers Helping Lawyers

Lawyers Helping Lawyers (LHL) provides programs and services to assist members of the legal profession in South Carolina who suffer from problems of substance abuse or depression, which affect their professional and/or personal life. Members of the Lawyers Helping Lawyers Committee comprise a support network of recovering judges and lawyers who assist in carrying the recovery message. LHL provides referral services, peer support, monitoring services, and education.

For South Carolina Lawyers

Lawyers Helping Lawyers is not a 12-step program. It often recommends participation in programs such as Alcoholics Anonymous, Narcotics Anonymous or other recovery programs as major resources for a lawyer's or judge's recovery. LHL is not a treatment program, counseling center, employment agency, legal referral center or employee assistance program; however, all of these services can be accessed through LHL resources and referrals.

Call the Lawyers Helping Lawyers toll-free helpline at **(866) 545-9590**.

Beth Padgett

Director, Lawyers Helping Lawyers
(803) 240-6526 (cell, preferred)
(803) 576-3801

South Carolina Bar

950 Taylor Street
Columbia, South Carolina 29201
(803) 799-6653 (Phone)
www.scbar.org