

CCCBA's Women's Section proudly presents...

**Is Being “Functional” Enough? Science & Story on
Reframing Alcohol**

**Amy Guldner, J.D., Reframing Alcohol
Natasha Chee, Law Offices of Natasha S. Chee**

AGENDA

COMPETENCE: Is Being “Functional” Enough? Am I OK?

Part 1: Is Being “Functional” Enough? Science & Story on Reframing Alcohol

Part 2: Am I OK? Recognizing Signs of Mental Health Impairment in Attorneys

How much is too much? This presentation will discuss the growing problem of alcohol in the legal profession, Amy’s personal story with alcohol, and the latest science on how alcohol impacts the brain and body. It will help attorneys identify patterns or behaviors that would impair their ability to perform their legal duties. It will also address ways attorneys can improve their mental, emotional, and physical abilities to practice law with greater competence. Additionally, Natasha will talk specifically about identifying and detecting whether an attorney may be suffering from mental illness such as anxiety and/or depression.



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LAWYER WELLNESS

More female than male lawyers are engaging in risky drinking, new study finds

BY STEPHANIE FRANCIS WARD ([HTTPS://WWW.ABAJOURNAL.COM/AUTHORS/20/](https://www.abajournal.com/authors/20/))

MAY 12, 2021, 1:00 PM CDT

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Image from Shutterstock (<https://www.shutterstock.com/image-photo/whiskey-drinks-on-wood-146663039>).

A study of 2,863 attorneys compiled during the pandemic found that depression symptoms, anxiety and stress were higher among female respondents, and a larger percentage of women than men were and engaging in risky or hazardous drinking.

Additionally, the study found that 25% of responding women—compared with 17% of the men—thought about leaving the profession due to mental health concerns.

A research article about the study, titled “Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed attorneys,” was published Wednesday by the Public Library of Science. Lawyers were surveyed through the California Lawyers Association and the D.C. Bar.

The study was conducted by Justin Anker, an assistant professor in the University of Minnesota’s department of psychiatry and behavioral sciences, and Patrick Krill, a lawyer who is also a licensed and board-certified alcohol and drug counselor. They also wrote the research article.

Women comprised 51% of the respondents, and approximately 67% of both male and female respondents reported working more than 40 hours per week.

Standardized patient health questionnaires assessed depression, anxiety and stress symptoms. Of the women, 5.2% had symptoms indicating moderately severe depression, compared with 4.2% of the men. In addition, 8.4% of the women and 4.5% of the men had severe anxiety. Also, 37.5% of the women and 30.1% of the men reported high effort-reward imbalances.

The Alcohol Use Disorders Identification Test-Consumption was used to assess whether respondents engaged in risky or hazardous drinking. Risky drinking is defined as drinking at a level that puts one at risk for medical or social problems, and hazardous drinking is considered to be drinking at a level that puts people more at risk for adverse health effects, Krill told the ABA Journal.

Of the female respondents, 55.9% screened positive for risky drinking, and 34% for hazardous drinking. For male respondents, 46.4% screened positive for risky drinking, and 25.4% for hazardous drinking.

Of the lawyers surveyed, 34.6% of the women and 29.2% of the men reported that their drinking has increased during the pandemic. The study also found that women who reported an increase were seven times more likely to engage in risky drinking, and the men were nearly four times more likely.

Krill told the Journal that for men, risky drinking is considered to be consuming more than 14 drinks per week or more than four during one occasion. Having more than 21 drinks per week is considered hazardous drinking. For women, he added, having more than seven drinks per week or more than three during one occasion is seen as risky drinking, and hazardous drinking is having 14 or more drinks per week.

Biological differences in body chemistry and structure lead most women to absorb more alcohol than men, and it takes longer for women to metabolize it, according to the Centers for Disease Control and Prevention ([https://www.cdc.gov/alcohol/fact-sheets/womens-](https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm#:~:text=Alcohol%20Affects%20Women%20Differently%20than,take%20longer%20to%20metabolize%20it)

[health.htm#:~:text=Alcohol%20Affects%20Women%20Differently%20than,take%20longer%20to%20metabolize%20it](https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm#:~:text=Alcohol%20Affects%20Women%20Differently%20than,take%20longer%20to%20metabolize%20it)).

A study published in the January/February 2016 Journal of Addiction Medicine conducted by the Hazelden Betty Ford Foundation and the ABA Commission on Lawyer Assistance Programs also examined lawyers, mental health and substance abuse. It surveyed 12,825 lawyers and found that 15.5% of the female respondents and 25.1% of the male respondents screened positive for “problematic drinking.”

The term, as defined by the Alcohol Use Disorders Identification Test, describes the condition of people who screen positive for hazardous use, harmful use or alcohol use disorder. Krill was also a co-author of the study, which is titled “The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys.”

(https://www.americanbar.org/groups/lawyer_assistance/research/colap_hazelden_lawyer_study/)

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<https://becomeeuphoric.com/dry-bootcamp-waitlist-for-lawyers/>

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- based on AA/NA
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ReframingAlcohol.com



www.reframingalcohol.com

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- <https://thisnakedmind.com/coach/amy-guldner/>
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BOOKS

- This Naked Mind
- Euphoric: Ditch Alcohol
- Alcohol Explained
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 - LAW23 promo code for discount
 - Lawyer only groups coming soon
 - <https://becomeeuphoric.co/dry-bootcamp-waitlist-for-lawyers/>
- This Naked Mind
 - Path - 365 day program
- The Other Bar (www.otherbar.org)
 - Lawyers, judges, law students
 - Based on AA/NA, 12 step
 - Weekly zoom & in person meetings

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Scoring the AUDIT

The AUDIT has **10** questions and the possible responses to each question are scored **0, 1, 2, 3 or 4**, with the exception of questions **9** and **10** which have possible responses of **0, 2** and **4**.

The range of possible scores is from 0 to 40 where 0 indicates an abstainer who has never had any problems from alcohol. A score of **1 to 7** suggests low-risk consumption according to World Health Organization (WHO) guidelines. Scores from **8 to 14** suggest hazardous or harmful alcohol consumption and a score of **15 or more** indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).

INTERACTIVE AUDIT SCREEN

<https://auditscreen.org/check-your-drinking/>

RESEARCH ARTICLE

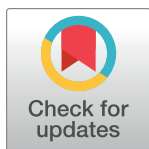
Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed attorneys

Justin Anker^{1‡}, Patrick R. Krill^{2‡*}

1 Department of Psychiatry, University of Minnesota, Minneapolis, MN, United States of America, **2** Krill Strategies, LLC, Minneapolis, MN, United States of America

‡ These authors are joint senior authors on this work

* Patrick@prkrill.com



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Data Availability Statement: Data cannot be shared publicly because they involve human research participants and contain potentially sensitive information related to mental health and substance use. Researchers who meet the criteria for access to confidential data may send requests to the California Lawyers Association: ellen.miller@calawyers.org and the D.C. Bar: DPerme@dcbar.org.

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Abstract

Rates of mental illness and heavy alcohol use are exceedingly high in the legal profession, while attrition among women has also been a longstanding problem. Work overcommitment, work-family conflict, permissiveness toward alcohol in the workplace, and the likelihood of promotion are all implicated but have yet to be systematically investigated. Data were collected from 2,863 lawyers randomly sampled from the California Lawyers Association and D.C. Bar to address this knowledge gap. Findings indicated that the prevalence and severity of depression, anxiety, stress, and risky/hazardous drinking were significantly higher among women. Further, one-quarter of all women contemplated leaving the profession due to mental health concerns, compared to 17% of men. Logistic models were conducted to identify workplace factors predictive of stress, risky drinking, and contemplating leaving the profession. Overcommitment and permissiveness toward alcohol at work were associated with the highest likelihood of stress and risky drinking (relative to all other predictors) for both men and women. However, women and men differed with respect to predictors of leaving the profession due to stress or mental health. For women, work-family conflict was associated with the highest likelihood of leaving, while overcommitment was the number one predictor of leaving for men. Mental health and gender disparities are significant problems in the legal profession, clearly requiring considerable and sustained attention.

Introduction

The United States legal profession is in the midst of a cultural reckoning related to the mental health and well-being of its members. Recent national reports indicate that lawyers suffer from exceedingly high rates of depression, anxiety, and substance misuse [1,2]. For example, in a large nationwide study of 12,825 licensed, currently practicing attorneys, 28% reported symptoms of depression, 23% indicated having mild to extremely severe stress, and 20.6% engaged in problematic drinking [1]. However, this problem extends beyond the individual lawyer and

Patrick Krill contributed his time to this project on a pro-bono basis. There was no other funding for this study.

Competing interests: Patrick Krill has a commercial affiliation (through self-employment with Krill Strategies, LLC) but contributed his time to this project on a pro-bono basis. Krill has previously served on the Advisory Board for the American Bar Association Commission on Lawyer Assistance Programs (2017-2020), served as a consultant to the State Bar of California (2017-2018), and currently serves as Board Vice President of Research for the Institute for Well-being in Law, a 501(c)(3) nonprofit organization focused on advocacy, research, education, and technical and resource support for the legal profession. There are no patents, products in development or marketed products associated with this research to declare. This does not alter our adherence to PLOS ONE policies on sharing data and materials.

has the potential to impact not only clients but also the legal system more broadly. As a result, institutions and stakeholders have cast a critical eye on practices that contribute to poor mental health, including many of the attitudes and behaviors often considered synonymous with success in the legal profession, such as long hours and work overcommitment. There is a growing consensus that more needs to be done to improve the situation, and a movement has emerged to position mental health as a visible strategic priority for the legal profession. This has included the formation of national and state task forces (e.g., The National Task Force on Lawyer Well-Being), hundreds of large employers signing an ABA-sponsored pledge to reduce mental health and addiction problems (American Bar Association Well-Being Pledge), and a proliferation of media coverage [3,4].

As the extent of mental health problems is brought to light, it is also becoming apparent that these problems may not affect men and women equally. Reports have indicated that levels of anxiety and problematic drinking may be higher among women in the legal profession. Moreover, a very noticeable and serious gender disparity exists related to attorney attrition, with some reports estimating attrition rates for women to be 150% higher than men [5].

While the recent efforts to improve lawyer mental health have been a clear step in the right direction, what has not materialized is significant empirical evidence into the nature, scope, and causes of the mental health and substance use challenges lawyers face, as well as the gender disparities associated with each. The present study aims to address these vitally important objectives by identifying work-related factors predictive of three key challenges currently facing the legal profession: stress, substance misuse, and attrition. We focused on perceived stress as a primary psychopathology construct given the well-established role of stress as both a cause and consequence of depression and anxiety, which are exceedingly high among lawyers. Similarly, risky drinking was examined given the growing prevalence and severity of alcohol misuse within the legal profession. Finally, we focused on lawyer attrition, given that an exodus of highly skilled attorneys is occurring at an alarming rate, especially among women. We investigated the following work-related factors as predictors of these problems: overcommitment to work, an imbalance between effort and reward, work-family conflict, and workplace permissiveness toward alcohol.

By spotlighting these previously unexamined aspects of the attorney experience, our hope is to provide a foundation and catalyst for additional improvement of the legal profession.

Methods

Participants

Recruitment and random selection. The study design and protocol were reviewed by the University of Minnesota Institutional Review Board and deemed exempt from approval. An Exemption Determination was issued on March 20, 2020. Recruitment was coordinated in collaboration with the California Lawyers Association (“CLA”), a nonprofit, voluntary organization that includes the Sections of the State Bar of California and the California Young Lawyers Association, and the D.C. Bar, the largest unified bar in the United States and an organization which provides oversight structure to maintain ethical standards and Rules of Professional Conduct. An advertisement was included in newsletters sent by the D.C. Bar and CLA to their respective member lists and posted on their organization’s website. The advertisement provided a summary of the study, indicated that the survey was anonymous and that members would be randomly invited to participate in the study via email. Participants were randomly selected from a list of unique de-identified I.D.s supplied by the CLA and D.C. Bar. Each list contained approximately 98,000 IDs (196,000 total IDs). 40,000 IDs were randomly selected from each list (80,000 total) using the random sample function in the statistical platform R [6].

An email notification was sent to randomly selected D.C. Bar and CLA members on behalf of the researchers. Seven days following the email notification, study candidates received an email containing a link to a REDCap (Research Electronic Data Capture) survey. Clicking on the link directed participants to the survey's informed consent page.

Materials

Descriptive variables. *Demographics and work-related variables.* Information regarding age, race, relationship status, and whether respondents had children were collected. Additionally, information on the following work-related variables was collected from participants: the average number of hours worked per week, current position in the legal profession, and whether the current position involved litigation.

Mental health variables. Participants were asked if they had ever had a diagnosis of alcohol use disorder and whether they were a current, former, or lifetime abstainer of alcohol and drugs. Participants completed the Patient Health Questionnaire-9 (PHQ-9) [7] and Generalized Anxiety Disorder-7 (GAD-7) [8] to assess the prevalence and severity of symptoms of depression and anxiety, respectively. For the PHQ-9, participant scores were grouped across the following 5 categories: None/Minimal (0–4), Mild (5–9), Moderate (10–14), Moderately Severe (15–19), and Severe (20–27). For the GAD-7, scores were grouped across the following 4 categories: None/Minimal (0–4), Mild (5–9), Moderate (10–14), and Severe (15–21). The total score on the Perceived Stress Scale (PSS) was used to assess how unpredictable, uncontrollable, and overloaded respondents found their lives. Scores on the PSS were grouped into Low (0–13), Moderate (14–26), and Severe (27–40) categories for analyses comparing. Scores on the Alcohol Use Disorders Identification Test (AUDIT-C) were used to assess risky drinking (women ≥ 3 ; men ≥ 4) and high-risk/hazardous drinking (women ≥ 4 ; men ≥ 5).

Predictor variables. Predictors of stress, substance misuse, and attrition were selected based on well-known aspects of the legal profession and were assumed to contribute to each outcome being examined. Those predictors included overcommitment to work, an imbalance between effort and reward, work-family conflict, and workplace permissiveness toward alcohol. We also examined the extent to which prospects of career growth in the form of promotion were associated with lower rates of stress, alcohol misuse, and thoughts of leaving the profession. Predictive modeling was conducted separately for women and men since gender disparities in the relationship between mental health and attrition have yet to be investigated despite a growing consensus of their existence.

Effort-reward imbalance, overcommitment, and promotion. The Effort-Reward Imbalance (ERI) Questionnaire [9] is comprised of 16 items and is used to determine if ERI and overcommitment are present in the workplace. The instrument consists of 16 items that measure effort, reward, and overcommitment on a four-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). The Effort-Reward Imbalance (ERI) ratio, Overcommitment, and Promotion subscales of the ERI Questionnaire were used to assess the imbalance between effort (meeting job demands) and reward, exhaustion, and being overwhelmed by work demands and the perceived prospects of promotion. With respect to the ERI ratio scale, a score above one reflects imbalance in the form of greater effort needed for reward, while a score below one reflects less effort needed for reward.

Workplace permissiveness toward alcohol (Your Workplace). Five items from the Your Workplace questionnaire were used to assess the frequency of alcohol-related work activities in the participants' workplace [10] e.g., "How many times in the last six months of your last position in the legal profession have some of your co-workers gone drinking off the job?" with the following response options: 1) never, 2) only once in the last six months, 3) 2–5 times in

the last six months, 4) about once every 2 weeks, 5) about once a week, and 6) 2–4 times a week.

Work-family conflict. The degree to which work interfered with family life was assessed using three items from the Work-Family Conflict (WFC) subscale from the short version of the Copenhagen Psychosocial Questionnaire [11]. Participants rated items on a 4-point Likert-scale ranging from 1 (no, not at all) to 4 (yes, certainly).

Accounting for COVID-19. It is important to acknowledge that data collection for the study occurred during the COVID-19 pandemic. To control the pandemic's collateral burden on the study outcomes, variables representing the degree to which stress and drinking changed since the beginning of the pandemic were entered into models as covariates. To this end, a single item assessing change due to COVID-19 was included at the end of the Perceived Stress Scale (PSS) ("Thinking back to before the COVID-19 pandemic, do you believe the frequency of these problems has remained the same, decreased, or increased?") and the AUDIT ("Thinking back to before the COVID-19 pandemic, do you believe the frequency of your alcohol use has remained the same, decreased, or increased?").

Outcome variables. *Stress.* We focused on total score on the 10-item PSS as a primary psychopathology construct, given its well-established correlation with psychiatric and physical disorders [12–14]. Consequently, participants who scored in the moderate to high range were grouped and compared to the low-stress group for logistic modeling.

Risky drinking. The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) [15] was used to assess risky alcohol drinking. The AUDIT-C is a well-validated instrument used to assess risky drinking in several 'high-stress' occupations, such as physicians, military personnel, firefighters, veterinary surgeons, and emergency department staff [16–20]. AUDIT-C scores were dichotomized into 'non-risky drinking' and 'risky drinking' categories with cutoff scores adjusted by gender (women ≥ 3 ; men ≥ 4) following established guidelines [21].

Contemplating leaving the legal profession due to burnout. The following item was used to assess whether participants contemplated leaving the profession due to mental health, burnout, or stress: "Are you considering, or have you left the legal profession due to mental health problems, burnout, or stress?" Participants responded "yes", "no", or "unsure". "Unsure" responses were excluded from analyses.

Data analysis

Demographic and mental health severity scores on the PHQ-9 and GAD-7 were compared between men and women using chi-square analyses. Logistic regression analyses were performed to identify associations between work-related predictor variables (Effort-Reward Imbalance Ratio, Work-Family Conflict, Work Overcommitment, Possibility of Promotion, Alcohol Permissiveness) and the outcome variables (stress, risky drinking, and contemplating leaving the profession) while controlling for covariates (COVID-19 impact, age, stress). Except for the COVID impact variable, all predictor variables were grouped into low, intermediate, and high tertiles.

Predictors were entered one at a time in a stepwise fashion, and their impact on the overall fit of the model was assessed. Those that significantly contributed to the model were entered into a final model along with the covariates of age and COVID-19 impact (e.g., single item added at the end of assessments that asked whether perceived problems increased, decreased, or stayed the same since COVID-19). COVID impact and age were entered as covariates in all models, and for models examining risky drinking and contemplating leaving due to burnout, a single item from the PSS was entered as a covariate to control for the influence of general stress

(“In the last month, how often have you felt nervous and stressed?”). P-values for multiple comparisons were corrected using Holm-Bonferroni adjustments.

Results

Of the 80,000 members of the CLA and D.C. Bar that were randomly selected and received a study invite, 5,292 consented, and 3,343 evaluable surveys were completed for a response rate of 6%. Of the evaluable surveys, 480 indicated they did not currently work in the legal profession and were removed from the final data analysis. The final sample consisted of 2,863 participants who indicated current employment in the legal profession.

Descriptive results

Demographic variables. Women comprised approximately 51% (N = 1,473) of the sample. Table 1 shows the demographics of the participant sample. The sample of women tended to be younger. In addition, a significantly greater proportion of women (vs. men) were Asian or Pacific Islander (7.4% vs. 4.8%) or Black/African American (7.4% vs. 3.6%), while a

Table 1. Sample demographics.

	Women		Men	
	N	%	N	%
Age				
≤30	173	11.7%*	84	6.0%
31–40	411	27.9%*	326	23.5%
41–50	371	25.2%*	266	19.2%
51–60	315	21.4%	316	22.8%
61–70	175	11.9%	283	20.4%*
71 or older	28	1.9%	114	8.2%*
<i>Total N</i>	1473		1389	
Race				
Asian or Pacific Islander	109	7.4%*	67	4.8%
Black/African American	108	7.4%*	50	3.6%
Caucasian/White	1133	77.2%	1159	83.9%*
Latino/Hispanic	48	3.3%	58	4.2%
Native American	3	0.2%	3	0.2%
More than one race or Other	66	4.5%	45	3.3%
<i>Total N</i>	1467		1382	
Relationship Status				
Married	857	58.3%	1046	75.3%*
Widowed, Divorced, or Separated	154	10.5%*	110	7.9%
In a domestic partnership or civil union, or Single, but cohabitating with significant other	145	9.9%*	104	7.5%
Single, never married	314	21.4%*	129	9.3%
<i>Total N</i>	1470		1389	
Children				
No	712	48.6%*	426	30.7%
Yes	753	51.4%	960	69.3%*
<i>Total N</i>	1465		1386	

* Chi-Square Significant gender difference.

<https://doi.org/10.1371/journal.pone.0250563.t001>

significantly greater proportion of men were white (83.9% vs. 77.2%). Women were significantly less likely to be married (75.3% vs. 58.3%), were more likely to be divorced (10.5% vs. 7.9%) or never married (21.4% vs. 9.3%), and were less likely to have children compared to men (51.4% vs. 69.3%).

Work-related demographics. Work-related sample demographics are shown in Table 2. Approximately 67% of both women and men reported working over 40 hours in a typical workweek. Men tended to be in more senior legal positions than women and were also more likely to be in legal positions that involved litigation.

Mental health diagnoses and symptom severity. Approximately 80% of men and women indicated they were current drinkers, 7% were former drinkers, and 10% indicated being lifetime abstainers. A significantly greater proportion of men than women were current substance users (11.6% vs. 8.3%) or former substance users (15.2% vs. 10.3%). In comparison, women were significantly more likely to be lifetime abstainers from substances other than alcohol (81.5% vs. 73.2%).

Table 3 shows the proportions of attorneys within the severity ranges of the PHQ-9, GAD-7, PSS, and the AUDIT-C. A significantly greater proportion of women than men had PHQ-9 scores in the mild to moderately severe range. Similar results were reported with the GAD-7 and PSS, where a significantly greater proportion of women (vs. men) were in the mild (GAD-7 only), moderate, and severe ranges. A significantly greater proportion of women (vs. men) engaged in risky drinking (55.9% vs. 46.4%) and hazardous drinking (34.0% vs. 25.4%) according to the AUDIT-C.

Occupational stress, work-family conflict, and permissiveness toward alcohol in the workplace (Your Workplace). Women had a significantly higher ERI score that reflected greater effort needed for reward (Mean = 1.04, SD = .42) compared to men who had a score that reflected less effort needed for reward (Mean = .96, SD = .43). Women also had a significantly higher overcommitment score compared to men (Mean = 15.19, SD = 3.72 vs.

Table 2. Work-related demographics.

	Women		Men	
	N	%	N	%
Hours worked in a typical week				
Less than 10 hours to 30 hours	142	9.7%	151	11.0%
31 to 40 hours	342	23.4%	309	22.5%
41 to 50 hours	653	44.7%*	542	39.4%
51 to 71 or more hours	323	22.1%	373	27.1%*
<i>Total N</i>	1460		1375	
Position in Legal Profession				
Managing partner	214	15.6%	260	20.1%*
Senior partner	143	10.5%	218	16.8%*
Junior partner	79	5.8%	83	6.4%
Of counsel	105	7.7%	116	9.0%
Senior associate	205	15.0%	161	12.4%
Junior associate	188	13.7%*	122	9.4%
Clerk or paralegal	33	2.4%	18	1.4%
Other	401	29.3%*	316	24.4%
<i>Total N</i>	1368		1294	
Position Involves Litigation	843	57.7%	893	65.1%*

* Chi-Square Significant gender difference.

<https://doi.org/10.1371/journal.pone.0250563.t002>

Table 3. The severity and prevalence of depression, anxiety, stress, and drinking.

	Women		Men		Total	
	N	%	N	%	N	%
PHQ-9 –Depression Symptoms						
None/Minimal	642	43.6%	854	61.4%*	1496	52.3%
Mild	530	36.0%*	323	23.2%	853	29.8%
Moderate	202	13.7%*	148	10.6%	350	12.2%
Moderately Severe	77	5.2%*	44	3.2%	121	4.2%
Severe	22	1.5%	21	1.5%	43	1.5%
<i>Total N</i>	1473		1390		2863	
GAD-7 –Anxiety Symptoms						
None/Minimal	642	43.6%	840	60.4%*	1482	51.8%
Mild	500	33.9%*	349	25.1%	849	29.7%
Moderate	207	14.1%*	139	10.0%	346	12.1%
Severe	124	8.4%*	62	4.5%	186	6.5%
<i>Total N</i>	1467		1382		2863	
PSS–Stress						
Low	492	33.4%	713	51.3%*	1205	42.1%
Moderate	850	57.7%*	599	43.1%	1449	50.6%
Severe	131	8.9%*	78	5.6%	209	7.3%
<i>Total N</i>	1470		1390		2863	
AUDIT-C–Risky Drinking						
Yes	823	55.9%*	645	46.4%	1468	51.3%
No	650	44.1%	745	53.6%*	1395	48.7%
<i>Total N</i>	1473		1390		2863	
AUDIT-C–Hazardous Drinking						
Yes	500	34.0%*	353	25.4%	853	29.8%
No	973	66.0%	1037	74.6%*	2010	70.2%
<i>Total N</i>	1473		1390		2863	

* significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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Mean = 14.12, SD = 3.77), a significantly higher Work-Family Conflict score (Mean = 6.72, SD = 2.76 vs. Mean = 6.23, SD = 2.61), and a significantly higher Your Workplace score (Mean = 18.56, SD = 5.54 vs. Mean = 17.82, SD = 5.75). Men, compared to women, had a higher likelihood of promotion score (Mean = 8.21, SD = 2.09 vs. Mean = 7.99, SD = 2.19). Comparing the proportion of women and men who scored above one on the ERI ratio (a reflection of effort-reward imbalance at work) revealed that roughly half of all women had an imbalance in the form of greater required effort (47.9%) compared to 38.7% of men. Additionally, one-quarter of all women in the sample indicated they had contemplated leaving the legal profession due to mental health or burnout, a proportion significantly greater than the proportion of men who contemplated leaving (17.4%).

Logistic regression

Stress. Table 4 depicts the results of the logistic regression analysis examining predictors of moderate to high levels of perceived stress. Primary significant predictors of stress in men included COVID effect on stress, age, work-family conflict, effort-reward imbalance, work overcommitment, and promotion. Men with high or intermediate (vs. low) work-family conflict were 2.43 (95% CI = 1.56–3.77) and 1.65 (95% CI = 1.19–2.27) times more likely to report

Table 4. Work-related predictors of stress.

	Women (N = 1,471)			Men (N = 1,387)		
	N	OR	95% CI	N	OR	95% CI
COVID-stress		p < .0001			p < .0001	
No Change/Decrease	510(34.7%)			683(49.2%)		
Increase	961(65.3%)	4.097***	(3.14–5.35)	704(50.8%)	2.789***	(2.14–3.64)
Age		p < .0001			p < .0001	
Less than 40	584(39.7%)	2.264***	(1.51–3.40)	410(29.6%)	3.905***	(2.69–5.67)
41 to 60	684(46.5%)	1.194	(.81–1.75)	581(41.9%)	2.296***	(1.64–3.21)
61 and older	203(13.8%)			396(28.6%)		
Alc. permissiveness at workplace		p = .301			p = .283	
Low	462(31.4%)			513(37.0%)		
Intermediate	462(31.4%)	1.279	(.93–1.77)	442(31.9%)	.770	(.56–1.06)
High	547(37.2%)	1.207	(.87–1.67)	432(31.1%)	.871	(.62–1.22)
Work-Family Conflict		p = .203			p < .0001	
Low	589(40.0%)			632(45.6%)		
Intermediate	458(31.1%)	1.278	(.93–1.76)	459(33.1%)	1.647**	(1.19–2.27)
High	424(28.8%)	1.383	(.91–2.10)	296(21.3%)	2.425***	(1.56–3.77)
Effort-Reward Imbalance		p < .0001			p = .001	
Low	395(26.9%)			515(37.1%)		
Intermediate	524(35.6%)	1.955***	(1.42–2.70)	455(32.8%)	1.357	(.97–1.89)
High	552(37.5%)	2.387***	(1.58–3.61)	417(30.1%)	2.241***	(1.47–3.41)
Work Overcommitment		p < .0001			p < .0001	
Low	351(23.9%)			476(34.3%)		
Intermediate	572(38.9%)	1.846***	(1.33–2.55)	535(38.6%)	1.930***	(1.39–2.68)
High	548(37.3%)	5.134***	(3.34–7.88)	376(27.1%)	4.639***	(3.02–7.14)
Possibility of Promotion		p < .0001			p < .0001	
Low	570(38.7%)			458(33.0%)		
Intermediate	569(38.7%)	.604**	(.44-.84)	588(42.4%)	.687*	(.50-.95)
High	332(22.6%)	.449***	(.31-.66)	341(24.6%)	.423***	(.28-.63)

* significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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moderate to high stress. Compared to men with low effort-reward imbalance, those with high effort-reward imbalance were 2.24 (95% CI = 1.47–3.41) times more likely to have moderate or high stress. Men who reported high or intermediate (vs. low) work overcommitment were 4.63 (95% CI = 3.02–7.14) and 1.93 (95% CI = 1.39–2.68) times more likely to have moderate or high stress. Compared to men 61 or older, those who were 41 or below and 41 to 60 were 3.91 (95% CI = 2.69–5.67) and 2.30 (95% CI = 1.64–3.21) times more likely, respectively, to have moderate or high stress. Compared to men who reported a decrease or no effect of COVID on stress, those who reported an increase were 2.79 times more likely to contemplate leaving (95% CI = 2.14–3.64). The likelihood of promotion had an inverse relationship with stress. Compared to men with low scores on the promotion subscale, those with high or intermediate scores were 2.36 times less likely (95% CI = 1.50–3.53) and 1.64 times less likely (95% CI = 1.05–2.02), respectively, to have moderate or high stress (ORs and CIs divided by 1 for ease of interpretation).

Primary/significant predictors of moderate to high perceived stress in women included COVID effect on stress, age, effort-reward imbalance, work overcommitment, and promotion.

For women, work overcommitment had the highest odds ratio regarding association with having moderate or severe stress. Compared to women with low effort-reward imbalance, those with intermediate and high effort-reward imbalance were 1.96 (95% CI = 1.41–2.70) and 2.39 (95% CI = 1.59–3.61) times more likely to have moderate or high stress. Women 41 and below were 2.26 (95% CI = 1.51–3.40) times more likely to have moderate or severe stress than women 61 and older. Compared to women who reported a decrease or no effect of COVID on stress, those who reported an increase in stress due to COVID were 4.10 times more likely to have moderate or severe stress (95% CI = 3.14–5.35). Compared to women who perceived a low possibility of promotion, women who perceived a high possibility of promotion were 2.23 times less likely (95% CI = 1.52–3.27) to have moderate or severe stress, and those with intermediate possibility of promotion were 1.66 times less likely (95% CI = 1.19–2.30) (ORs and CIs divided by 1 for ease of interpretation).

Risky drinking. Table 5 depicts the results of the logistic regression analysis examining predictors of whether someone endorsed AUDIT-C risky drinking (adjusted for gender). Primary predictors of risky drinking for both men and women included workplace permissiveness toward alcohol and COVID impact. Overcommitment was a predictor of risky drinking in men but not women. For men, the likelihood of risky drinking was 1.71 times higher (95% CI = 1.26–2.33) for those scoring high on alcohol permissiveness at work (vs. low). Men who reported intermediate (vs. low) work overcommitment were 1.43 times more likely (95% CI = 1.06–1.92) to engage in risky drinking. Compared to men who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking due to COVID were 3.73 times more likely to engage in risky drinking (95% CI = 2.81–4.96).

For women, the only predictors significantly associated with risky drinking were alcohol permissiveness at work and COVID effect on drinking. Women with high (vs. low) workplace permissiveness toward alcohol were 1.37 times more likely to engage in risky drinking (95% CI = 1.01–1.87). Compared to women who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking were 6.99 times more likely to engage in risky drinking (95% CI = 5.13–9.53).

Leaving the legal profession. Table 6 depicts the results of the logistic regression analysis examining predictors of whether someone indicated yes or no to the question, “Are you considering, or have you left the legal profession due to mental health problems, burnout, or stress?”. For men, the likelihood of contemplating leaving the job was 4.46 times higher (95% CI = 2.27–8.74) for those with high (vs. low) self-reported stress and was 2.36 times higher (95% CI = 1.23–4.53) for those with intermediate (vs. low) stress. Additionally, men with high or intermediate (vs. low) work-family conflict were 2.47 (95% CI = 1.47–4.17) and 1.78 (95% CI = 1.12–2.82) times more likely, respectively, to report contemplating leaving. Men who reported high (vs. low) work overcommitment were 2.38 times more likely (95% CI = 1.36–4.14) to contemplate leaving. Men 41 or below were 2.26 times more likely to contemplate leaving (95% CI = 1.37–3.72) compared to men 61 and older. Compared to men who reported a decrease or no effect of COVID on anxiety, those who reported an increase in anxiety due to COVID were 1.40 times more likely to contemplate leaving (95% CI = 1.00–1.96). Perceived likelihood of promotion had an inverse relationship to contemplating leaving on men. Compared to men with low promotion scores, those with high or intermediate scores were 2.46 times less likely (95% CI = 1.47–4.10) and 1.64 times less likely (95% CI = 1.12–2.40) to contemplate leaving the profession (ORs and CIs divided by 1 for ease of interpretation).

For women, work-family conflict had the highest odds ratio with regard to association with contemplating leaving the legal profession due to mental health, stress, or burnout. More specifically, compared to women with low work-family conflict, those with high work-family conflict were 4.60 times more likely to contemplate leaving (95% CI = 3.09–7.01). Women 40 or

Table 5. Work-related predictors of risky drinking.

	Women (N = 1,312)			Men (N = 1,237)		
	N (%)	OR	95% CI	N	OR	95% CI
COVID–drinking		p < .0001			p < .0001	
No Change/Decrease	858(65.4%)			876(70.8%)		
Increase	454(34.6%)	6.993***	(5.13–9.53)	361(29.2%)	3.734***	(2.81–4.96)
Age		p = .053			p = .051	
Less than 40	548(41.8%)	.632*	(.43–.94)	380(30.7%)	1.211	(.86–1.71)
41 to 60	591(45.0%)	.642*	(.44–.94)	515(41.6%)	.846	(.621–1.15)
61 and older	173(13.2%)			342(27.6%)		
Alc. permissiveness at workplace		p = .038			p = .002	
Low	387(29.5%)			436(35.2%)		
Intermediate	416(31.7%)	.957	(.70–1.30)	393(31.8%)	1.369*	(1.03–1.83)
High	509(38.8%)	1.373*	(1.01–1.87)	408(33.0%)	1.714**	(1.26–2.33)
Stress					p = .402	
Low				309(25.0%)		
Intermediate				490(39.6%)	.802	(.58–1.11)
High				438(35.4%)	.880	(.60–1.28)
Work-Family Conflict						
Low						
Intermediate						
High						
Effort-Reward Imbalance						
Low						
Intermediate						
High						
Work Overcommitment		p = .533			p = .048	
Low	308(23.5%)			413(33.4%)		
Intermediate	507(38.6%)	.956	(.70–1.31)	483(39.0%)	1.428*	(1.06–1.92)
High	497(37.9%)	1.120*	(.81–1.55)	341(27.6%)	1.142	(.80–1.63)
Possibility of Promotion						
Low						
Intermediate						
High						

*significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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below and 41 to 60 were 3.50 (95% CI = 1.99–6.13) and 3.05 (95% CI = 1.76–5.32) times more likely to contemplate leaving than women 61 and older. Additionally, women with high stress (vs. low) were 1.82 times more likely to contemplate leaving (95% CI = 1.02–3.25). Compared to women who reported a decrease or no effect of COVID on anxiety, those who reported an increase in anxiety due to COVID were 1.56 times more likely to contemplate leaving (95% CI = 1.15–2.12). In contrast to men, promotion was not associated with leaving the profession in women.

Discussion

The present study provides insight into factors associated with the experiences of stress, risky drinking, and attrition in the legal profession. An overarching finding was that men and

Table 6. Work-related predictors of leaving or contemplating leaving the legal profession.

	Women (N = 1,346)			Men (N = 1,277)		
	N (%)	OR	95% CI	N	OR	95% CI
COVID-anxiety		p = .004			p = .049	
No Change/Decrease	456(33.9%)					
Increase	890(66.1%)	.639**	(.47-.87)	593 (46.4%)	.715*	(.51-.999)
Age		p < .0001			p = .004	
Less than 40	533(39.6%)	3.496***	(1.99–6.13)	375(29.4%)	2.264**	(1.38–3.72)
41 to 60	626(46.5%)	3.054***	(1.76–5.32)	532(41.7%)	1.623	(1.00–2.64)
61 and older	187(13.9%)			370(29.0%)		
Stress		p = .001			p < .0001	
Low	148(11.0%)			329(25.8%)		
Intermediate	512(38.0%)	1.028	(.58–1.83)	507(39.7%)	2.364**	(1.23–4.53)
High	686(51.0%)	1.824*	(1.02–3.25)	441(34.5%)	4.456***	(2.27–8.74)
Alc. permissiveness at workplace						
Low						
Intermediate						
High						
Work-Family Conflict		p < .0001			p = .003	
Low	558(41.5%)			590(46.2%)		
Intermediate	414(30.8%)	1.766**	(1.21–2.59)	421(33.0%)	1.779*	(1.12–2.81)
High	374(27.8%)	4.650***	(3.09–7.00)	266(20.8%)	2.471**	(1.47–4.17)
Effort-Reward Imbalance					p = .453	
Low				477(37.4%)		
Intermediate				423(33.1%)	.758	(.47–1.23)
High				377(29.5%)	.913	(.54–1.56)
Work Overcommitment		p = .078			p = .001	
Low	322(23.9%)			437(34.2%)		
Intermediate	528(39.2%)	1.500	(.95–2.37)	504(39.5%)	1.218	(.74–2.02)
High	496(36.8%)	1.788*	(1.08–2.96)	336(26.3%)	2.376**	(1.36–4.14)
Possibility of Promotion					p = .002	
Low				420(32.9%)		
Intermediate				544(42.6%)	.610*	(.42-.89)
High				313(24.5%)	.407**	(.24-.68)

*significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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women differ with respect to both the prevalence of these problems and the degree to which workplace factors may contribute to them.

In the present study, younger attorneys were 2–4 times more likely than their older colleagues to report moderate or high stress. This finding is consistent with what has been observed in other high-stress professions, such as medicine, where younger age is a significant factor associated with physician burnout [22]. For the legal profession, this is noteworthy and should inform a variety of domains, from the development of mitigation strategies to the identification, allocation, and targeted deployment of supports, resources, tools, and training. The fact that younger attorneys experience significantly higher levels of stress also suggests an increased role for law schools in better equipping their students for the experiences that lie ahead. Some progress has been made in this realm, and a recent survey of law school efforts to

improve mental health suggests that a handful of schools have emerged as trailblazers in this arena, but others still have considerable work to do [23].

Depending upon the specific employment context, the origins of a lawyer's workload may vary in nature, from high or possibly unrealistic productivity requirements set by an employer to the practical demands, such as generating enough revenue to simply stay afloat, often faced by solo practitioners. Heavy workloads and overcommitment were reflected in the sample of the present study. For example, 67% of the sample reported working over 40 hours per week, and nearly a quarter indicated working over 51 hours per week on average. Furthermore, overcommitment scores, as assessed by the ERI Questionnaire, were similar to scores reported in other high-stress occupations (e.g., doctors, nursing, and law enforcement) [24–26]. Findings from other studies indicate that overcommitment is associated with a higher prevalence of psychiatric distress [27] and that this association is higher among women than men [28]. Our findings align with these reports and demonstrate that while high (vs. low) work overcommitment was strongly associated with stress among both sexes, this relationship was strongest in women. Hard work and professional rigor have long been associated with the life of a practicing lawyer. However, there is a point where workloads become untenable, threatening to diminish the health and well-being of those tasked with supporting them. Excessive workloads also have the potential to undermine the quality and reliability of the work product delivered in their service since chronic stress has been consistently associated with lower cognitive function [29].

Approximately 30% of our sample screened positive for high-risk hazardous drinking according to the AUDIT-C (≥ 4 for women and ≥ 5 for men), which is interpreted to be within the range of alcohol abuse or possible alcohol dependence [15,30]. Despite the high prevalence of hazardous drinking as assessed by the AUDIT-C, we were struck by the low prevalence of attorneys who self-reported ever having received an Alcohol Use Disorder diagnosis (2% of the sample). This disparity suggests an extreme level of underdiagnosis and treatment for a widespread problem, possibly owing to pervasive denial, stigma, and a professional culture that normalizes heavy drinking.

An additional noteworthy finding regarding alcohol use is that a significantly greater proportion of women compared to men engaged in risky drinking (55.9% vs. 46.4%) and high-risk/hazardous drinking (34.0% vs. 25.4%). This finding is at odds with several other studies outside the legal profession indicating that men typically exceed women in terms of problematic alcohol use as defined by the AUDIT-C [31,32]. However, it supports previous reports within the legal profession, indicating heightened problematic drinking in women compared to men [1]. This finding, along with the fact that women also had elevated levels of anxiety, depression, and stress, highlights a very real mental health disparity that exists within the legal profession. Identifying why women in the legal profession are suffering disproportionately requires ongoing and sustained attention.

Over 80% of the attorneys considered themselves a current drinker. In contrast, an estimated 55% of the U.S. population drank in the past month, and an estimated 70% drank in the last year [33]. Over half of the lawyers screened positive for risky drinking on the AUDIT-C, and 30% screened for high-risk hazardous drinking. Findings from the present study indicated that workplace permissiveness towards alcohol use was a primary predictor of risky drinking among men and women. This finding supports the perception of an alcohol-based social culture that has long typified the legal profession [34]. In the absence of historical or longitudinal data on the association between risky drinking and workplace permissiveness towards alcohol use in the legal profession, we cannot determine whether this association has been weakened in recent years because of ongoing calls for the deemphasis of alcohol within the profession. However, we can conclude that this association continues to exist and thereby merits

additional and sustained efforts to emancipate the practice of law from a pervasive expectation of alcohol use.

Compared to men who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking due to COVID were almost four times more likely to engage in risky drinking. Women who reported an increase in drinking due to COVID were seven times more likely to drink riskily. These inauspicious findings may signal the early manifestation of what will ultimately prove to be a long-term problem for some lawyers. Although we did not probe the specific reasons why respondents were drinking more in response to COVID, it is reasonable to conclude that many were drinking more because of heightened anxiety and stress associated with the pandemic, and research has shown that drinking to cope with negative affect and anxiety can greatly increase the risk of persistent alcohol dependence [35]. This finding highlights the importance of helping lawyers develop healthy coping skills to reduce the likelihood of resorting to alcohol in times of high stress.

Considering the higher rates of mental health distress experienced by female attorneys, an expected but troubling result is that more women than men (24.2% vs. 17.4%) contemplated leaving the legal profession due to mental health problems, burnout, or stress. This is an undesirable outcome for a profession long bedeviled by its inability to retain female attorneys [5,36–39] and raises the question of whether improving workplace factors that influence poor mental health might be an important missing ingredient in those efforts.

Predictors of leaving the profession due to mental health or burnout differed between women and men. The workplace-related factor most predictive of contemplating leaving the profession for women was work-family conflict. Women with a high work-family conflict score were roughly 4.5 times more likely to leave or consider leaving the profession due to mental health, burnout, and stress. Work-family conflict was also a significant factor for men, albeit less so. This aligns with findings from a large ABA-sponsored survey in which more than half of the women indicated that caretaking commitments or work-family conflict were a primary reason for leaving their firm [36]. Notably, more men than women report being married with children, perhaps suggesting that anticipation of work-family conflict may also influence the decisions of female attorneys about whether, or when, to marry or otherwise establish a family unit in the first place. The possibility that work-family conflict is influencing decisions about marriage is also relevant to our findings that women are experiencing worse mental health than men since married adults, and to a lesser extent, those in non-marital committed partnerships, have shown better psychological well-being than their single counterparts in samples from nearly two dozen countries [40]. Overall, our findings related to work-family conflict align with research in other industries and professions such as banking, pharmaceuticals, medicine, science, and engineering, in which high-work family conflict was either directly or indirectly associated with job dissatisfaction and turnover intentions [41,42].

Work overcommitment was also a significant predictor of leaving the profession due to mental health, burnout, or stress among men, and it approached significance in women. In fact, men with high work overcommitment were more than twice as likely to contemplate leaving the profession due to mental health, and women with high overcommitment were 1.78 times more likely to leave. This is an unsurprising but unfortunate outcome that raises a question of how many otherwise talented lawyers and gifted legal minds have found themselves driven from the profession for reasons wholly unrelated to their skill, intellect, or passion for the law.

Finally, the perceived likelihood of promotion was associated with a lower likelihood of leaving or contemplating leaving the profession due to mental health, burnout, or stress for men. However, the same did not hold true for women. Specifically, men with high or intermediate scores on the perceived possibility of promotion subscale were approximately 2.5 times

less likely to leave the profession due to mental health, but no association between these items was present for women. Therefore, it would seem that whatever benefit the perceived possibility of promotion is affording men as it relates to mental health, burnout, or stress is not transferring equally to women. One could speculate that women frequently anticipate less opportunity or chance for promotion, thereby rendering that possibility less relevant to their calculation about whether to leave the profession due to mental health. Reports from the field lend strong support to this, with one survey indicating that 53% of women indicated being denied or overlooked for advancement or promotion compared to only 7% of men [36]. It could also be surmised that, on balance, female attorneys do not view the possibility of promotion as being meaningful or important enough to offset their concerns about mental health, stress, and burnout. It is likely that both factors, along with others, could account for this finding.

Limitations

We did not examine help-seeking motives and behaviors and are therefore unable to opine whether progress has been made in encouraging lawyers to seek help for their struggles when needed, though much effort has been directed toward that goal, and anecdotal evidence would indicate at least some improvement. Additionally, as mentioned, the survey occurred during a national crisis, the COVID-19 pandemic. While efforts were made to assess the extent COVID may have influenced the results of the present study, it is expected that the impact occurred in ways unaccounted for in the design of the study and in the accuracy of reporting from the participants. It is quite possible that despite stating that mental health symptoms did not change since the beginning of the pandemic, such changes may have gone unnoticed in some respondents. While this could be a limitation of all survey-based studies, it could be argued that accurate assessment of whether a major event influenced a single symptom would require an inordinate level of self-awareness. An additional limitation relates to the wording of the COVID items. The items asked whether participants believed their problems increased, decreased, or stayed the same since COVID. It is reasonable to assume that COVID-19 was a major factor; however, other life events or situations that occurred during this time but were unrelated to the pandemic may have also contributed to their response.

Conclusion

Our findings raise meaningful concerns about the stress levels of both men and women and the possible impact of that stress on the delivery of effective legal services. Ultimately, when a client hires an attorney or law firm, they expect that the individuals representing them are not experiencing cognitive impairment or diminished executive function due to job burnout. In a profession where work overcommitment appears both rampant and significantly predictive of high stress, it would be reasonable to question how consistently those client expectations are being met and whether more safeguards are warranted to facilitate less overcommitment across a variety of legal work environments. Professional training and interventions that have proven effective in addressing burnout among physicians could be considered for the legal profession, such as cognitive behavioral therapy, monthly meetings focused on work-life and personal challenges, offloading non-essential tasks to staff, standardizing and synchronizing workflows, stress reduction activities, and adherence to limitations in work hours [43]. Additionally, physicians who engage in problematic drinking or experience other substance use disorder problems often receive support through Physician Health Programs and, when necessary, are required to achieve abstinence and stay under monitoring for several years. Lawyer Assistance Programs play a similar role in the legal profession, providing both support

for and, in some instances, monitoring of attorneys with substance use disorders. Greater familiarity with these programs and the services they offer to the legal profession is warranted.

Furthermore, a career in law should not be antagonistic to the full expression of a lawyer's humanity, including their ability to undertake and navigate familial obligations should they so desire. Strategies and interventions aimed at alleviating work-family conflict would be wise pursuits for legal employers hoping to reduce unwanted turnover and increase the likelihood that their attorneys will be able to thrive across all dimensions of their lives. Findings from the present study also revealed an inverse relationship between the perceived likelihood of promotion and perceived stress, suggesting that possibility of promotion is likely a protective factor against perceived stress. Unfortunately, the business models of many legal employers, as well as the pyramidal or hierarchical structures of many employment settings generally, would seem to necessarily limit the availability of this protective factor by predetermining the number of possible promotions, often through an "up or out" system. As such, employers may be able to reduce perceived stress by pursuing creative solutions to widen the range of career tracks and opportunities for growth currently available to their lawyers.

Finally, it is clear from our data that workplace attitudes and permissiveness towards alcohol significantly influence the likelihood of problematic drinking among attorneys. Changing workplace attitudes towards alcohol is an ostensibly straightforward solution for reducing the incidence of problem drinking that will nonetheless continue to be challenging. Given the cultural embrace and seeming omnipresence of alcohol within law firm gatherings and other professional events, the goal of changing attitudes is likely to be best accomplished through sustained, incremental efforts. An essential component of those efforts should be education, as educational interventions and the provision of structured advice about drinking behaviors have been widely shown to reduce problematic drinking in a variety of populations [44–46].

In conclusion, our research identifies key areas upon which stakeholders in the legal profession should focus their efforts to improve lawyer mental health and well-being. Overall, findings from the present study suggest that levels of mental health problems and problematic drinking continue to be quite high among currently employed attorneys. Women experience more mental health distress, greater levels of overcommitment and work-family conflict, and lower prospects of promotion than men in the legal profession and are more likely to leave as a result. Addressing the structural, cultural, and organizational infrastructures responsible for this mental health gender disparity will be an important step towards achieving the profession's longstanding goals around the retention of female attorneys.

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Author Contributions

Conceptualization: Patrick R. Krill.

Data curation: Justin Anker.

Formal analysis: Justin Anker, Patrick R. Krill.

Investigation: Justin Anker, Patrick R. Krill.

Methodology: Justin Anker.

Project administration: Justin Anker, Patrick R. Krill.

Resources: Patrick R. Krill.

Supervision: Patrick R. Krill.

Validation: Justin Anker.

Writing – original draft: Justin Anker, Patrick R. Krill.

Writing – review & editing: Justin Anker, Patrick R. Krill.

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Article

People, Professionals, and Profit Centers: The Connection between Lawyer Well-Being and Employer Values

Patrick R. Krill, Nikki Degeneffe, Kelly Ochocki and Justin J. Anker



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Article

People, Professionals, and Profit Centers: The Connection between Lawyer Well-Being and Employer Values

Patrick R. Krill^{1,*†}, Nikki Degeneffe², Kelly Ochocki² and Justin J. Anker^{2,†}¹ Krill Strategies, LLC, Minneapolis, MN 55408, USA² Department of Psychiatry and Behavioral Sciences, University of Minnesota, Minneapolis, MN 55455, USA; degen022@umn.edu (N.D.); kellyochocki2@gmail.com (K.O.); anke0022@umn.edu (J.J.A.)

* Correspondence: patrick@prkrill.com

† These authors contributed equally to this work.

Abstract: Concerns about the well-being of lawyers are rising against the backdrop of a transforming legal profession, one which many observe to be operating more like a business in recent decades. However, aspects of this change, such as lawyers perceiving that their employers value financial performance and productivity above all else, could be associated with unhealthy work practices detrimental to lawyer well-being. The objective of the present study was to determine whether the perceived values of employers were differentially associated with lawyer well-being, stress, and work overcommitment. To this end, 1959 participants from a random sample of attorneys completed a survey designed to assess well-being. Participants were separated into one of three groups based on what they perceived their employer to value most about them: (1) Professionalism/Individual (professionalism and skills), (2) Financial Worth/Availability (revenue generation and availability), and (3) No Value/No Feedback (feeling undervalued or lacking feedback) and compared on measures of mental and physical health (SF-12), stress (Perceived Stress Scale), and work over commitment (Effort–Reward Imbalance Questionnaire). MANOVA results indicated that mental health, stress, and work overcommitment significantly differed between groups in the following rank order: Professionalism/Individual > Financial Worth/Availability > No Value/No Feedback. Overall, our findings paint a compelling picture of a health hierarchy within legal work environments, one that appears to be linked to employer values.

Keywords: wellbeing; stress; feedback; lawyers; mental health

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1. Introduction

“Money is at the root of virtually everything that lawyers don’t like about their profession: the long hours, the commercialization, the tremendous pressure to attract and retain clients, the fiercely competitive marketplace, the lack of collegiality and loyalty among partners, the poor public image of the profession, and even the lack of civility. Almost every one of these problems would be eliminated or at least substantially reduced if lawyers were simply willing to make less money.” —Patrick J. Schiltz, “On Being a Happy, Healthy, and Ethical Member of an Unhappy, Unhealthy, and Unethical Profession”. [1]

The proposition that money underlies many of the legal profession’s challenges is not new. The widely cited quote from Schiltz’s 1999 law review article reflects a decades-long transition underway in the legal profession, one that has seen the pursuit of profits become the top priority [2]. On a related note, many legal scholars have observed that law has become more of a business than a profession, with both law firm prestige and individual career success often tied to profits and money [3].

However, while the financial performance of law firms has risen, growing empirical evidence suggests the mental well-being of members of the legal profession has fallen. For

example, findings from a nationwide study of over 12,000 lawyers indicated that the rate of substance use and mental health problems among lawyers significantly exceeds the rate in the general population [4]. In addition, a recent study of over 2800 randomly sampled California and Washington, D.C., lawyers demonstrated that high levels of mental health and substance use problems were associated with work overcommitment and work–family conflict, especially among women [5]. Similar findings have been demonstrated internationally, including a large 2021 study that described a global crisis in lawyer mental well-being, stating that no one jurisdiction or section of the profession is unaffected. According to that research, key issues contributing to difficulties with mental well-being include the stressful nature of the work, intensive work/time demands, poor work–life balance, and high levels of pressure [6].

Studies from other fields undergoing a similar profit-centric transformation support a connection between increased financial performance and decreased employee well-being. For example, a systematic review of 50 studies in the nursing home industry concluded that the field's for-profit expansion has resulted in worse employee well-being [7]. Often, even well-intentioned efforts to promote well-being in an environment driven by profits face significant hurdles. In what is described as a “performance-health paradox”, aspirational, health-oriented management practices (e.g., providing sufficient buffers, latitudes, and resources to employees to reduce stress and promote adequate recovery from work) typically collide with the demands of a profit-centered organization. The resulting tradeoff between economic performance and employee health manifests as greater job demands and increasing workload to the detriment of employee well-being [8].

Several studies have demonstrated that high job demands contribute to poor mental health [9]. For example, in one study of 60,556 fulltime workers, the number of hours an employee perceived they were expected to work was the number one predictor of symptom severity of depression, anxiety, and other mental health problems [10]. Job stress and long work hours are also associated with a heightened risk of physical illnesses such as cardiovascular disease [11,12]. Indeed, a recent study by the World Health Organization indicated that people working 55 or more hours each week face an estimated 35% higher risk of a stroke and a 17% higher risk of dying from heart disease compared to people following the widely accepted standard of working 35 to 40 h in a week [13]. Moreover, a meta-analysis of 79 studies reporting cross-sectional and longitudinal relationships between physical symptoms and various occupational stressors indicated that workplace stressors were significantly related to numerous physical symptoms, including backache, headache, eyestrain, sleep disturbance, dizziness, fatigue, appetite, and gastrointestinal problems [14]. Poor mental and physical health stemming from job stress also poses a financial risk for employers. Some estimates suggest that job stress costs U.S. employers more than USD 300 billion annually and may cause 120,000 excess deaths each year [15].

Beyond the stress and pressure brought about by a focus on profits, the role of employer feedback in employee mental and physical health is also critical. Workplace stressors may be increased by a failure to provide feedback, which may signal to employees that they are not an integral part of the organization and that their work is not essential, thus undermining their well-being [16]. Conversely, supportive workplaces where people feel valued are closely linked to employee happiness and well-being [17]. Healthy and happy employees have a better quality of life, a lower risk of disease and injury, increased work productivity, and a greater likelihood of contributing to their communities than employees with poorer well-being [18].

Despite the increasing commercialization of the legal profession and the rising mental health issues among lawyers appearing to occur in tandem, the relationship between the two phenomena has yet to be systematically examined. As such, this study aims to address this knowledge gap by examining the relationship between the perceived values of employers and critical aspects of individual employee well-being, including stress, physical health, and mental health.

Since the goal of the present study was to determine the relationship between lawyer mental health and well-being and the perceived values of employers, we placed participants into “value groups” demonstrative of and consistent with workplaces that evince either a profession-centric or business-centric approach to the practice of law. A third group consisted of lawyers who felt undervalued by their employer or who lacked insight into what their employer valued about them. Finally, we hypothesized that these “value groups” would differ based on measures of health (stress, mental health, and physical health) and the presence of maladaptive workplace practices (e.g., overcommitment and permissiveness toward alcohol in the workplace). Based on these anticipated differences, we further hypothesized that a focus on productivity and financial contributions would be associated with worse health.

2. Materials and Methods

2.1. Participants

Recruitment and Random Selection

The study design and protocol were reviewed by the University of Minnesota Institutional Review Board and deemed exempt from approval. The recruitment and methods for survey distribution are described in detail in Anker and Krill [5]. Briefly put, participants were randomly selected from a list of unique deidentified IDs supplied by the California Lawyers Association (CLA) and D.C. Bar to receive an email containing a link to our survey. Clicking on the link directed participants to the informed consent page of the survey. The study was conducted from May to June of 2020. As our interest was to assess perceived employer value, the sample was restricted to lawyers who were employed part- or fulltime in legal settings with a managerial-based structure such as a private practice law firm, corporate inhouse legal department, government agency, or public interest or nonprofit practice setting. Solo practitioners were excluded from analyses. The final sample consisted of 1959 participants who had complete data on the study measures.

2.2. Perceived Employer Value/Value Groups

Three groups were formed based on participants’ response to the following item, “What do you feel your employer values most about you?” The three groups were as follows: (1) Professionalism/Individual—value in skill, professionalism, and human worth (e.g., “My overall talent and skill as a lawyer”), (2) Financial Worth/Availability—value in terms of employee’s availability and ability to produce revenue (e.g., “My productivity or hours I bill”), and (3) No Value/No Feedback—perceives employer does not value them or provides little feedback (e.g., “I don’t know—I get very little feedback”). Table 1 lists the specific items associated with each value group and the participant response frequency of each item.

Table 1. Perceived employer value items and participant response frequency to the question, “What do you feel your employer values most about you?”.

	Individual	
	N	%
Professionalism/Individual Items		
“My overall talent and skill as a lawyer”	566	28.9%
“Everything, they value my inherent worth as a human being”	470	24.0%
“My leadership abilities”	65	3.3%
“My professionalism and ethics”	48	2.5%
“My interpersonal or communication skills”	37	1.9%
“My intellectual and academic contributions to the profession”	35	1.8%
<i>Total N</i>	1222	62.4%

Table 1. Cont.

	Individual	
	N	%
Financial Worth/Availability Items		
“My productivity or the hours I bill”	361	18.4%
“My responsiveness and availability”	130	6.6%
“My ability to generate business”	48	2.5%
<i>Total N</i>	539	27.5%
No Value/No Feedback Items		
“I don’t know—I get very little feedback”	132	6.7%
“Not much—my employer does not make me feel valued”	66	3.4%
<i>Total N</i>	198	10.1%

3. Materials

3.1. Descriptive Variables

Demographics and work-related variables. Information regarding gender, age, race, relationship status, and lifetime diagnosis of a mental health disorder were collected and reported for each group. Additionally, information on the following work-related variables were collected from participants: average number of hours worked per week, position (e.g., Managing Partner, Senior Partner, Junior Partner, etc.), and law practice setting (e.g., private firm, government, corporate, etc.).

3.2. Outcome Measures

Perceived Stress Scale. The 10-item Perceived Stress Scale (PSS) is a widely used psychometrically reliable measure of the degree to which situations in one’s life are appraised as stressful [19]. Items on the PSS are designed to tap into how unpredictable, uncontrollable, and overloaded respondents find their lives. Responses are on a 5-point Likert scale with the following options: 0 = Never, 1 = Almost never, 2 = Sometimes, 3 = Fairly often, and 4 = Very often (score range: 0 to 40). Sample items include “In the last month, how often have you been upset because something happened unexpectedly?” and “... how often have you found that you could not cope with all the things you had to do?”

Mental and Physical Health. The SF-12 Health Survey was used to assess physical and mental health within the sample [20]. Items in the SF-12 are designed to measure health concepts, such as ability to function physically, body pain, role limitations due to physical health and emotional problems, general mental health, and ability to function socially. Sample questions include “During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?” and “During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?” As documented in the SF-12 user manual, a norm-based scoring algorithm was used to derive a general physical health score and a general mental health score. This algorithm allowed for scores within this study to be compared with scores in the general U.S. population. Scores above 50 in the present study indicated better physical or mental health than the general population, whereas scores below 50 suggested poorer physical or mental health than the general population.

Work Overcommitment. The Work Overcommitment subscale of the Effort–Reward Imbalance Questionnaire [21] assesses the extent to which respondents feel overwhelmed by their work demands. The subscale consists of five items that measure overcommitment on a 4-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). Example items from the questionnaire include “As soon as I get up in the morning, I start thinking about work problems,” “Work rarely lets me go; it is still on my mind when I go to bed,” and “I get easily overwhelmed by time pressures at work.” Scores on the Overcommitment scale range from 6 (low overcommitment) to 24 (high overcommitment).

Workplace Permissiveness Toward Alcohol. Five items from the Your Workplace (YWP) questionnaire were used to assess the frequency of activities cueing alcohol consumption within the vocational environment (e.g., going drinking with coworkers after work or talking about drinking during work hours) [22]. The following is an example item from the subscale: “In some jobs, you’re not supposed to drink during working hours, or on breaks or at lunchtime, but some employees drink anyway. How many times in the past six months have your friends at work done this?” Scores on the Support for Consumption scale were calculated using the scoring algorithm supplied by Beattie et al. [22] and ranged from 9 (low support for consumption) to 36 (high support for consumption).

Author-Generated Questions. Four items (see Table 4) were created by the authors to assess general perceptions about the connection between workplace behaviors, mental health, and substance use in the legal profession.

3.3. Statistical Analyses

Sociodemographic and work characteristics (descriptive measures) were compared between groups using Pearson Chi-Square tests for categorical data and one-way between-subjects analysis of variance (ANOVA) for continuous measures. Our primary objective was to examine the extent to which mental and physical health, stress, workplace alcohol permissiveness, and work overcommitment relate to lawyers’ beliefs about what their employer values most about them. To test this, group comparisons were performed with a between-subjects multivariate analysis of variance (MANOVA) to account for multiple correlated outcomes of the group membership variables. Group differences were examined on five measures: SF-12 Mental Health Composite score, SF-12 Physical Health Composite score, total score of the Perceived Stress Scale, Work Overcommitment score, and Workplace Permissiveness Toward Alcohol. To test for potential covariates, gender, age, and lifetime diagnosis of a mental health disorder were also included. Additionally, since the survey occurred during the COVID-19 pandemic, an additional covariate was included that assessed the perceived influence of COVID on mental health. Significance level was set at <0.05 and statistical analyses were conducted using Statistical Package for Social Sciences version 26 (IBM, Armonk, NY, USA).

4. Results

4.1. Sociodemographics

Women comprised approximately 50% ($n = 970$) of the sample. Table 2 shows the frequency of other demographics for each group. The Professionalism/Individual group consisted of a greater proportion of men (52% of this group were male) compared to the Financial Worth/Availability group (46% were male), while the opposite was true for women—the Professionalism/Individual group was made up of 47% women and the Financial Worth/Availability group was made up of 53% women. Lawyers in the youngest age cohort (age 30 or younger) made up 16% of the Financial Worth/Availability group, whereas the youngest cohort only made up 7% of the Professionalism/Individual group and 8% of the No Value/No Feedback group. In contrast, lawyers in the oldest age cohort (61 or older) made up 21% of the Professionalism/Individual group and only 10% of the Financial Worth/Availability group. Regarding race, lawyers that identified as nonwhite were more likely to indicate that their employer did not value them or did not provide feedback. With respect to relationship status, 72% in the Professionalism/Individual group were married, compared to 61% in the Financial Worth/Availability group. Additionally, a greater proportion of lawyers in the No Value/No Feedback group were divorced compared to the Professionalism/Individual group (14% vs. 8%). Regarding self-reported diagnoses, 48% of lawyers in the No Value/No Feedback groups reported a lifetime diagnosis of a mental health disorder, while 41% in the Financial Worth/Availability group and 38% of lawyers in the Professionalism/Individual group reported a mental health disorder.

Table 2. Sociodemographic variables.

	Professionalism/ Individual		Financial Worth/Availability		No Value/No Feedback		Chi- Square	p-Value
	N	%	N	%	N	%		
Gender							9.60	0.04
Women	572	46.9% ^a	288	53.4% ^b	110	55.6% ^{a,b}		
Men	638	52.3% ^a	248	46.0% ^b	86	43.4% ^{a,b}		
Total N	1221		539		198			
Age							61.36	0.000
≤30	86	7.0% ^a	87	16.1% ^b	15	7.6% ^a		
31–40	337	27.6% ^a	170	31.5% ^a	62	31.3% ^a		
41–50	290	23.8% ^a	115	21.3% ^a	45	22.7% ^a		
51–60	253	20.7% ^a	111	20.6% ^a	46	23.2% ^a		
61 or older	255	20.9% ^a	56	10.4% ^b	30	15.2% ^{a,b}		
Total N	1221		539		198			
Race							26.53	0.001
Asian or Pacific Islander	82	6.7% ^a	33	6.2% ^a	19	9.6% ^a		
Black/African American	54	4.4% ^a	24	4.5% ^{a,b}	18	9.1% ^b		
Caucasian/White	1010	82.9% ^a	429	80.5% ^a	140	70.7% ^b		
Latino/Hispanic	36	3.0% ^a	26	4.9% ^a	10	5.1% ^a		
Native American	3	0.2% ^a	0	0.0% ^a	0	0.0% ^a		
More than one race or Other	22	1.8% ^a	14	2.6% ^{a,b}	9	4.5% ^b		
Total N	1218		533		198			
Relationship Status							42.08	0.000
Married	877	71.8% ^a	327	60.8% ^b	127	64.8% ^{a,b}		
Divorced, Separated, or Widowed	98	8.0% ^a	43	8.0% ^{a,b}	27	13.8% ^b		
Single, with significant other	109	8.9% ^{a,b}	61	11.3% ^b	9	4.6% ^a		
Single, never married	137	11.2% ^a	107	19.9% ^b	33	16.8% ^{a,b}		
Total N	1221		538		196			
Diagnosis of Mental Health Disorder							7.25	0.027
	466	38.1% ^a	221	41.0% ^{a,b}	95	48.0% ^b		

Within each row, each superscript letter denotes column proportions that did not differ significantly at the 0.05 level according to Pearson Chi-Square tests.

4.2. Work-Related Demographics

Work-related sample demographics are shown in Table 3. Regarding the number of hours worked in a typical week, a significantly greater proportion of the Financial Worth/Availability group worked 51 h or more (37%) compared to the Professionalism/Individual group (24%). Concerning position, lawyers in the Professionalism/Individual group tended to be in more senior positions relative to the other two groups. Finally, lawyers in the Financial Worth/Availability group were significantly more likely to work in private practice and significantly less likely to work in a government setting compared to the other two groups.

Table 3. Work-related demographics.

	Professionalism/ Individual		Financial Worth/Availability		No Value/No Feedback		Chi- Square	p-Value
	N	%	N	%	N	%		
Hours worked in a typical week							33.33	0.000
≤30 h	83	6.8% ^a	22	4.1% ^a	13	6.6% ^a		
31 to 40 h	266	21.8% ^a	90	16.8% ^b	50	25.3% ^a		

Table 3. Cont.

	Professionalism/ Individual		Financial Worth/Availability		No Value/No Feedback		Chi- Square	p-Value
	N	%	N	%	N	%		
41 to 50 h	573	47.0% ^a	228	42.5% ^a	81	40.9% ^a		
≥51 h	298	24.4% ^a	196	36.6% ^b	54	27.3% ^{a, b}		
Total N	1220		536		198			
Position in Legal Profession							103.92	0.000
Managing partner	158	12.9% ^a	21	3.9% ^b	24	12.1% ^a		
Senior partner	245	20.0% ^a	76	14.1% ^b	28	14.1% ^{a, b}		
Junior partner	95	7.8% ^a	50	9.3% ^a	13	6.6% ^a		
Of counsel	124	10.1% ^a	61	11.3% ^a	16	8.1% ^a		
Senior associate	219	17.9% ^{a, b}	106	19.7% ^b	23	11.6% ^a		
Junior associate	119	9.7% ^a	123	22.8% ^b	33	16.7% ^b		
Other	262	21.4% ^a	102	18.9% ^a	61	30.8% ^b		
Total N	1222		539		198			
Employer Type							41.35	0.000
Private	694	56.8% ^a	371	68.8% ^b	102	51.5% ^a		
Government	377	30.9% ^a	103	19.1% ^b	66	33.3% ^a		
Corporate	136	11.1% ^a	49	9.1% ^a	26	13.1% ^a		
Total N	1222		539		198			

Within each row, each superscript letter denotes column proportions that did not differ significantly at the 0.05 level according to Pearson Chi-Square tests.

4.3. Legal Profession and Mental Health

Table 4 shows the frequency of participants within each group who responded “yes,” “no,” or “unsure” to items related to perceptions that the legal profession has contributed to maladaptive behaviors, poor mental health, and drinking/substance use and whether they have contemplated leaving due to job-related burnout or stress. Relative to lawyers in the Professionalism/Individual value group, lawyers in the Financial Worth/Availability and No Value/No Feedback group were significantly more likely to perceive their workplace facilitating maladaptive behaviors. Similarly, relative to lawyers in the Professionalism/Individual group, lawyers in the Financial Worth/Availability and No Value/No Feedback group were significantly more likely to report the legal profession had been detrimental to their mental health. In fact, nearly 50% of those in the No Value/No Feedback group and 41% in the Financial Worth/Availability group selected “yes” to this item, compared to 24% in the Professionalism/Individual group. A significantly greater proportion of the Financial Worth/Availability group (vs. the Professionalism/Individual group) indicated their time in the legal profession caused their alcohol or drug use to increase. Finally, in response to the question, “Are you considering, or have you left the profession due to mental health, burnout, or stress?” 37% of lawyers in the No Value/No Feedback group, 27% of the Financial Worth/Availability group, and 15% of the Professionalism/Individual group selected “Yes”.

Table 4. Legal profession and mental health.

	Professionalism/ Individual		Financial Worth/Availability		No Value/No Feedback		Chi- Square	p-Value
	N	%	N	%	N	%		
Does your workplace foster, reward, or normalize maladaptive behaviors?							183.54	0.000
Yes	117	9.6% ^a	126	23.4% ^b	56	28.3% ^b		

Table 4. Cont.

	Professionalism/ Individual		Financial Worth/Availability		No Value/No Feedback		Chi- Square	p-Value
	N	%	N	%	N	%		
No	757	62.1% ^a	188	34.9% ^b	50	25.3% ^c		
Unsure	345	28.3% ^a	224	41.6% ^b	92	46.5% ^b		
Total N	1219		538		198			
Has your time in the legal profession been detrimental to your mental health?							88.54	0.000
Yes	293	24.0% ^a	221	41.1% ^b	93	47.2% ^b		
No	696	57.1% ^a	212	39.4% ^b	66	33.5% ^b		
Unsure	230	18.9% ^a	105	19.5% ^a	38	19.3% ^a		
Total N	1219		538		197			
Has your time in the legal profession caused your use of alcohol and/or other drugs to increase?							20.63	0.000
Yes	157	12.9% ^a	112	20.8% ^b	31	15.7% ^{a,b}		
No	972	79.7% ^a	383	71.1% ^b	147	74.2% ^{a,b}		
Unsure	91	7.5% ^a	44	8.2% ^a	20	10.1% ^a		
Total N	1220		539		198			
Are you considering leaving, or have you left, the profession due to mental health, burnout, or stress?							80.95	0.000
Yes	188	15.4% ^a	144	26.7% ^b	74	37.4% ^c		
No	970	79.6% ^a	354	65.7% ^b	106	53.5% ^c		
Unsure	61	5.0% ^a	41	7.6% ^a	18	9.1% ^a		
Total N	1219		539		198			

Within each row, each subscript letter denotes column proportions that did not differ significantly at the 0.05 level according to Pearson Chi-Square tests.

4.4. MANOVA Results

Table 5 presents the means, standard deviations, and results of the MANOVA for all continuous outcome measures for the sample and by group. Using an alpha level of 0.01 to evaluate homogeneity assumptions, Box's M test of homogeneity of covariance ($p = 0.35$) and Levene's homogeneity test (all p 's ≥ 0.05) were not statistically significant, confirming equality of variance between groups. Results from the preliminary MANOVA model indicated that the participants' gender (Wilks' Lambda A = 0.985, $F(5, 1780) = 5.369$, $p < 0.001$, $\eta^2 = 0.015$), age (Wilks' Lambda A = 0.853, $F(5, 1780) = 61.30$, $p < 0.001$, $\eta^2 = 0.147$), lifetime mental health diagnosis (Wilks' Lambda A = 0.90, $F(5, 1780) = 41.56$, $p < 0.001$, $\eta^2 = 0.105$), and effect of COVID on health (Wilks' Lambda A = 0.99, $F(5, 1780) = 5.42$, $p < 0.001$, $\eta^2 = 0.015$) were significantly associated with the outcome measures and were therefore included in the final model as covariates. The final model demonstrated a significant multivariate effect for the three groups on the primary outcome measures (Wilks' Lambda A = 0.941, $F(10, 3560) = 11.03$, $p < 0.001$, $\eta^2 = 0.03$), meaning that the three groups differed in a statistically meaningful way with respect to the outcome measures (while accounting for covariates and correlations between the outcome measures).

Separate univariate analyses of between-subject effects were used to examine group differences with respect to each outcome measure. It is important to note that these results do not account for correlations between outcomes but rather pertain to each outcome alone. Univariate results indicated that groups significantly differed with respect to PSS ($F(2, 1883) = 54.78$, $p < 0.000$); SF-12 physical health composite ($F(2, 1928) = 5.17$,

$p = 0.006$); SF-12 mental health composite ($F(2, 1982) = 45.90, p < 0.000$); your workplace ($F(2, 1791) = 2.94, p = 0.053$); and work overcommitment ($F(2, 1900) = 8.54, p < 0.000$).

Table 5. Means and MANOVA results for continuous measures.

	Professionalism/ Individual	Financial Worth/Availability	No Value/No Feedback	<i>p</i> Value	Partial η^2
Perceived Stress Scale	14.79 (6.92)	17.43 (7.04)	19.34 (7.13)	<0.000	0.041
SF-12 Physical Health (<50 = below national norms)	46.16 (5.69)	46.15 (6.07)	44.81 (6.59)	0.015	0.005
SF-12 Mental Health (<50 = below national norms)	46.71 (10.25)	43.17 (10.61)	41.22 (10.99)	<0.000	0.026
Your Workplace	18.85 (5.54)	19.82 (5.48)	18.30 (5.95)	0.053	0.003
Work Overcommitment	14.43 (3.72)	15.94 (3.91)	15.74 (3.68)	<0.000	0.024

4.5. Discriminate Analysis Results

The MANOVA was followed up with discriminant analysis to examine the linear combinations in more detail. The resulting discriminate function identified the unique combinations of outcome variables (variate/functions) that best differentiated groups and provided information on how specific outcome variables contribute to variate combinations. To account for uneven group sizes in our sample, prior probabilities was determined based on observed group size.

The analysis revealed two discriminate functions. The first explained 79.5% of the variance, canonical $R^2 = 0.059$, whereas the second explained 20.5%, canonical $R^2 = 0.01$. In combination, these discriminant functions significantly differentiated the groups, $A = 0.926$, $X^2(10) = 138.34, p < 0.000$, and removing the first function indicated that the second function remained a significant group differentiator, $A = 0.984$, $X^2(4) = 28.883, p = 0.00$. Thus, both variates have an important and unique impact on the model given their high explanatory power (model accuracy), indicating that group differences can be explained in terms of two underlying dimensions of relationships between groups and the outcome variables.

To explore the nature of these relationships and to identify which variables/variable combinations are most important to differentiating groups, within-group correlations between the discriminating variables (outcome measures) and standardized canonical discriminant function coefficients were calculated. The structure matrix values provide information on the relative contribution of each variable to the variates. The resulting correlations revealed that perceived stress/PSS ($r = 0.93$) and SF12-mental health ($r = -0.79$) loaded highly on the first function, Your Workplace score ($r = 0.69$) and, to a lesser extent, SF12-physical health ($r = 0.38$) loaded on the second function, and Work Overcommitment loaded heavily on both functions (Function 1: $r = 0.68$ and Function 2: $r = 0.61$). To better visualize these group distinctions, employer value group centroids were plotted on a discriminant function plot. As shown in Figure 1, Function 1, consisting of the PSS, SF12-mental health, and Work Overcommitment variables, effectively discriminated all groups (see horizontal separation between group centroids), while Function 2, consisting of the Your Workplace score, SF12 Physical Health, and Work Overcommitment, discriminated the No Value/No Feedback group from the other groups (see vertical separation between group centroids). Thus, differences between all employer value groups are largely due to differences in the PSS, SF12-Mental Health, and Work Overcommitment scores while the Your Workplace, Work Overcommitment, and SF12-Physical Health scores more effectively differentiated the No Value/No Feedback group from the other two value groups, who were comparable with respect to these measures.

Canonical Discriminant Functions

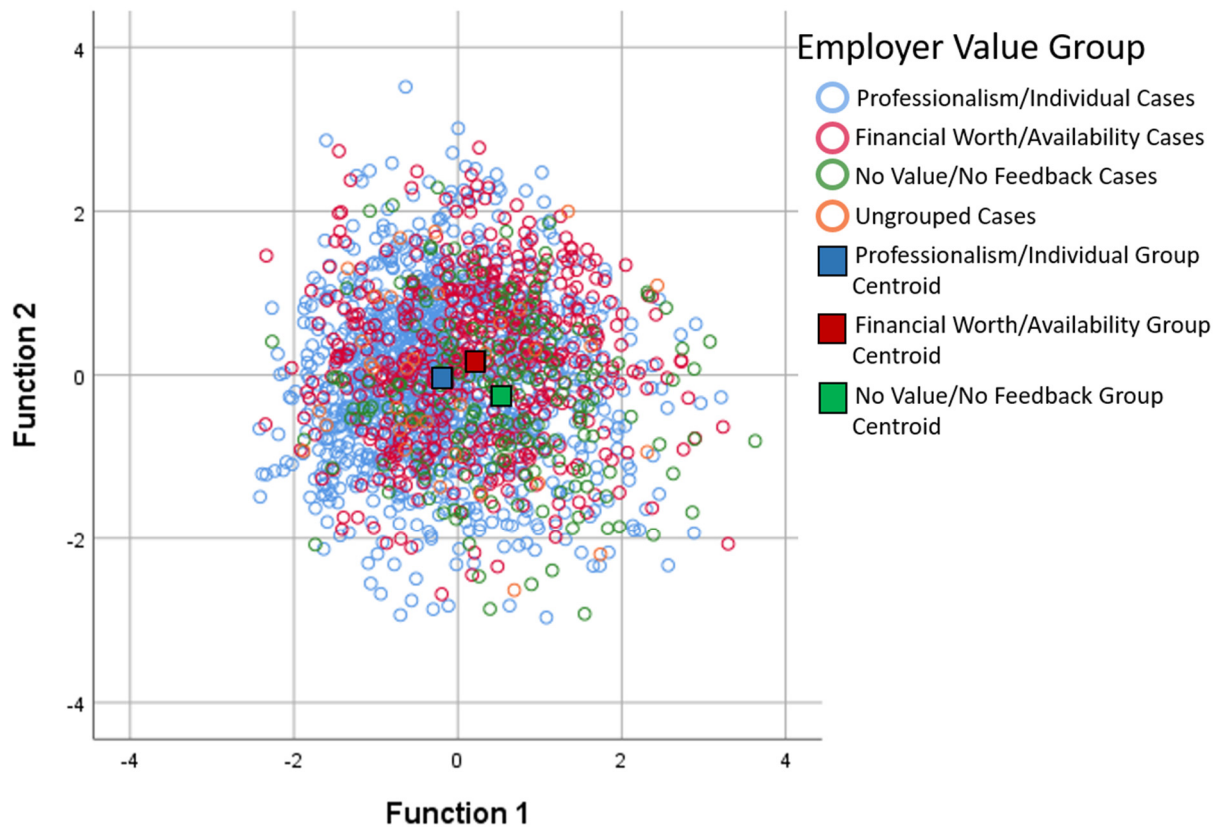


Figure 1. Canonical discriminant function graph showing discrimination between the three employer value groups (Professionalism/Individual; Financial Worth/Availability; No Value/No Feedback).

5. Discussion

Our research offers both good and bad news for the legal profession, along with many instructive findings that lend themselves to the formulation of concrete strategies for improving the mental health of lawyers. Beginning with the good, a majority of lawyers (62%) belonged to the Professionalism/Individual group and thus reported feeling most valued by their employer for things that can reasonably be characterized as positive, such as important professional skills and attributes or inherent worth as a human being. Across several key domains that we examined, lawyers in the Professionalism/Individual group fared significantly better than their peers in the other two groups in terms of personal well-being.

Regarding perceived stress, mental health, and work overcommitment, a discernible trend emerged between our three groups, resulting in what might be described as a health hierarchy. Specifically, lawyers in the Professionalism/Individual group reported better mental health, with lawyers in the Financial Worth/Availability group reporting worse outcomes. The group with the worst health and most limitations are those who either felt unvalued by their employer or did not have enough feedback to know what their employer values most about them (the “No Value/No Feedback” group). Those in the No Value/No Feedback group experienced worrisome levels of perceived stress that would clearly warrant employer intervention due to their likely association with mental health problems among their lawyers.

Based on previous reports within the legal profession, we would hope and expect that most lawyers would indeed find themselves in the Individual/Professional grouping. For example, a recent survey of competency expectations for associate development indicates that many law firms expect their associate lawyers to develop skills in three general areas:

traditional legal and communication skills, character traits and relationship skills, and a client-focused orientation [23]. Similarly, a large, multiyear survey of lawyers throughout the U.S. revealed that most believe that character traits such as integrity, trustworthiness, and conscientiousness are of primary importance for lawyers to succeed early in their careers, more so than their ability to generate business [24].

Although productivity is not typically or expressly identified as a competency, it may nonetheless be implied by the fact that billable hours are generally part of most performance reviews in law firms. Indeed, 27% of lawyers reported that their employer values their productivity, availability, or ability to generate revenue the most (the “Financial Worth/Availability group”). This finding would seem to mark a disconnect from what many law firms and lawyers publicly report as being important markers of development and success. Finally, approximately 10% of lawyers reported feeling undervalued at work or not knowing what their employer values most about them. Combined, these 37% of lawyers who are not part of the Individual/Professional group are experiencing the worst health.

Overall, these findings align with prior research outside of law, which has found that employees who feel valued are more likely to report better physical and mental health as well as higher levels of engagement, satisfaction, and motivation compared to those who do not feel valued by their employers [18,25,26]. Given the established impact of feeling valued on engagement and motivation, as well as its relationship with mental and physical health that we uncovered with this research, it is paradoxical that legal employers who value productivity and financial contributions above professional skill and human worth may be experiencing both lower levels of productivity and higher healthcare costs.

Law firms may be quick to dismiss the suggestion that they are experiencing high costs associated with lost productivity when their lawyers are outwardly meeting billable hour requirements and thus performing at a high level. They would be mistaken to do so, because our findings clearly suggest that lawyers in the Financial Worth/Availability group experienced worse health than their counterparts in the Professionalism/Individual group. This is perhaps unsurprising, recalling the performance–health paradox, which suggests that the productivity demands of a profit-focused organization often prevail over any efforts to support employee health [8]. However, when lawyers experience ill-health, they are presumptively delivering lower-quality work and doing so less efficiently, even while meeting their billable hour obligations. After all, when people are sick, they are distracted by their ailments and have trouble concentrating. This may ultimately result in client dissatisfaction with work product and loss of future business opportunities for the employer. Furthermore, some research has shown that costs associated with a lack of productivity among unhealthy employees were even higher than the direct medical claims costs associated with sick workers [15].

Stress and decreased well-being can also result in diminished cognitive function in lawyers [27], which presents other risks such as an increased likelihood of costly mistakes, problems which are on the rise even as many law firms are reporting record profits. In fact, payouts for legal malpractice claims reached an all-time high in 2020 [28]. Additionally, legal employers with an unhealthy workforce are more likely to experience significant costs associated with high attrition. Our data revealed that more than one-third of lawyers reported feeling valued most for their productivity or availability or were a part of the No Value/No feedback group. Consequently, those lawyers were experiencing worse health and were significantly more likely to report that their time in the legal profession had been detrimental to their mental health and caused their use of alcohol or drugs to increase. They were also, by a large margin, more likely to report contemplating leaving the legal profession due to mental health, burnout, or stress. These findings present meaningful economic risk for legal employers. It has been estimated that unwanted associate attrition costs a law firm with 100 associates USD 5.6 million annually and a firm with 500 associates USD 28 million annually [29]. When a more experienced lawyer or partner in a law firm leaves, the costs can be exponentially higher. Given the potentially significant financial stakes involved, it would seem clear that legal employers have compelling incentives to

examine whether they are valuing the right things about their lawyers and, if so, whether they are effectively communicating those values.

Legal employers who can make their lawyers feel more valued for their skill or humanity rather than their productivity and responsiveness may be able to improve their lawyers' well-being and simultaneously mitigate unwanted turnover, both of which may be even more pressing aims for legal employers following the COVID-19 pandemic. Prior to the pandemic, data suggested that attrition rates were about 10 times higher in law firms than they are in well-run corporations, with an ultimate price tag well over USD 1 billion dollars each year for the top 200 law firms alone [30]. During COVID-19, turnover intentions for many lawyers appear to have increased due to rising stress, work overcommitment, and work–family conflict. Indeed, recent research conducted during the pandemic revealed that more than 20% of lawyers contemplated leaving the legal profession due to mental health, burnout, or stress [5].

Employers who make their lawyers feel valued for their skill and human worth may also be able to reduce their overall healthcare costs, which will likely be a growing priority given the increasing propensity for ill-health present in younger Americans more generally, especially in the aftermath of the COVID-19 pandemic. Recent studies suggest that one-third of millennials in the general population have health conditions that reduce their quality of life and life expectancy [31]. They also have substantially higher diagnoses for eight of the top ten health conditions than the preceding generation, and based on their current health status, millennials are more likely to be less healthy when they are older compared to prior generations. As such, the prospect of significantly increased medical expenses would appear to be looming for legal employers, which underscores the importance and value of addressing management practices or aspects of firm culture that may be contributing to ill-health now. Being proactive in this regard is essential, as research has shown that, with relatively few exceptions, once people are in a high-risk health category and develop a chronic disease, it is unlikely that they will move back into a low-risk category [15]. In other words, prevention is the most cost-effective approach to reducing healthcare expenses.

Outside of what they value most about their lawyers, our research offers at least a partial roadmap for how employers may begin to redress other aspects of their organizational culture that may also be precipitating stress and poor mental health. Specifically, we asked respondents whether their workplace fosters, rewards, or normalizes maladaptive behaviors. Lawyers in the Financial Worth/Availability or No Value/No Feedback groups were more than twice as likely to answer yes, thereby providing additional evidence of another layer of dysfunction that may exist in those employment settings. While we did not specifically define maladaptive behaviors, there are well-known categories of such conduct that have been documented by prior research. For example, bullying and sexual harassment have recently been shown to be rife in the legal profession [32], incivility appears to be on the rise, with 85% of lawyers having experienced uncivil or unprofessional behavior in the last 6 months [33], and hazardous drinking is widespread [34]. By targeting and seeking to improve such problem behaviors in their workplace, employers may be able to improve the stress levels and mental health of their lawyers.

Type of employment setting was also implicated in our findings. Specifically, lawyers working in private firms were significantly less likely to feel valued for their skill or human worth and far more likely to report feeling most valued for their productivity. This finding is perhaps unsurprising given that law firms are obviously more focused on revenue generation than corporate legal departments or government agencies. Lawyers working in corporations were most likely to be part of the Professionalism/Individual group, while lawyers working in government were most likely to be part of the No Value/No Feedback group. If we combine the Financial Worth/Availability group and the No Value/No Feedback group together, however, we see that the biggest proportion of this group, by a wide margin, is made up of private firm lawyers. This indicates that, as a cohort, private firm lawyers experience the worst mental and physical health.

Furthermore, within private firms overall, we found additional stratification based on firm size. Prior research indicates that large-firm lawyers have a lower probability of good health and a higher probability of poor health relative to those in the public sector and those in solo practices and small firms [35]. Similarly, our findings indicated that the larger the firm, the less likely lawyers are to feel valued for their professional or human worth, and the more likely they are to feel most valued for their financial and productivity contributions and, consequently, report worse health. While it would be tempting under such circumstances to assign responsibility for lawyer ill-health solely to the employer, the values of lawyers themselves cannot be ignored. Reports from the field suggest those values appear conflicted and often inconsistent. For example, recent industry surveys suggest that millennial lawyers are becoming increasingly open to leaving their current firm, with dissatisfaction with work–life balance being the number one reason why. In the same survey, however, respondents indicated that they value a firm’s compensation package over all other factors when evaluating potential employers. This was a change from prior surveys indicating that respondents primarily valued work–life balance [36].

These conflicting values also echo the performance–health paradox, which manifests at an individual level in contradictory goals related to performance and goal achievement versus need for recovery to protect personal health and opportunities to pursue nonwork interests [8]. Importantly, a gender divide appears to exist on this issue, with more male respondents signaling that compensation was most important and more female lawyers prioritizing work–life balance. Such a gender divide might be expected considering research showing that women in the legal profession experience higher levels of perceived stress, depression, anxiety, and hazardous drinking than men and are more likely to leave the profession due to work–family conflict [5].

Prior research has shown that workplace permissiveness toward alcohol use is a primary predictor of risky drinking among men and women in the legal profession, thus supporting the perception of an alcohol-based social culture that has long typified the legal profession [5]. Given that risky and hazardous drinking are longstanding and widespread challenges for the profession, we sought to understand whether perceived employer values had any bearing on workplace permissiveness toward alcohol use. There did not appear to be a relationship between these phenomena, perhaps suggesting that the legal profession’s drinking norms and cultural embrace of alcohol are of a more deeply seated and systemic nature that transcends employer values.

Turning to the bad news, we found that lawyers are in poor health overall. The general health of lawyers, as measured by SF-12, falls below the general population. This is true irrespective of which of our three categories lawyers fall into regarding what their employer values most about them. In sum, although working in a legal employment environment that makes lawyers feel valued most for their professionalism or human worth translates into better mental and physical health than working in a legal employment environment that does not, a lawyer’s health is still likely to be worse than that of a member of the general population. This striking finding takes on additional significance because lawyers tend to fall higher on the socioeconomic scale, and it is typically people of lower socioeconomic status who are more likely to have worse self-reported health and lower life expectancy and suffer from more chronic conditions when compared with those of higher socioeconomic status [37].

6. Limitations

Results should be interpreted with consideration of the study’s limitations. First, we did not assess what individual lawyers valued most about being a lawyer. It is reasonable to assume that employer/employee alignment on the value placed on generating revenue would be associated with better, not worse, mental health. Future research on perceived value would benefit from assessing the extent to which alignment (or misalignment) of employer–employee value systems are associated with the health and well-being of

practicing lawyers. Results from such a study could shed light on the importance of tailoring employer feedback to better support the value of their employees.

Second, the cross-sectional design of the study precludes determination of cause-and-effect relationships between perceived employer value and the health and work-related measures assessed in the study. While there would be obvious ethical concerns with directly manipulating what an employer values most about their employees, a systematic investigation of lawyer health before and after the implementation of a program that coaches employers on how to effectively communicate employee value could shed light on such cause-and-effect relationships.

Third, it is possible that preexisting mental health conditions may have biased some participants to perceive that their employer did not value them. To reduce this likelihood, past mental health diagnosis was controlled for in our analysis, but it is still possible that unaccounted-for conditions or symptoms may have influenced the perceptions of some participants.

7. Conclusions

From upholding democracy and the rule of law to safeguarding individual freedoms and ensuring the orderly operation of economies and institutions, lawyers have an indispensable job to do. As such, increased visibility into the causes of their ill-health holds significant utility. Overall, our findings paint a compelling picture of a health hierarchy within legal work environments, one that appears linked to the apparent value systems of employers as well as their ability to effectively communicate those values through the provision of adequate feedback. Based on our findings, our hypothesis that a business-centric approach to practicing law has the potential to negatively impact the health and well-being of lawyers appears to be confirmed. Lawyers who work in environments that value professionalism, skill, and humanity over productivity and availability are in better health and experience lower levels of stress than their counterparts in other work environments. Future research in this area may add valuable nuance to the broader findings that a primary focus on productivity is associated with worse health among lawyers.

Furthermore, the importance of providing clear and regular feedback is obvious from our findings since the lawyers reporting the highest levels of stress and worst mental health are those who either feel undervalued or do not know what their employer values most about them. Employers would be well-served in heeding the lessons contained in these novel and actionable findings. Recognizing and seeking to disrupt self-defeating management practices—such as valuing productivity above skill, talent, and human worth, or failing to provide meaningful feedback and make employees feel valued—would be wise pursuits for employers seeking to both improve the lives of their employees and strengthen the organization's financial performance. For individual lawyers themselves, better understanding the relationship between their own health and well-being and what their employer values most about them should hopefully allow for more informed decisions about the type of work environment they choose.

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Data Availability Statement: Data cannot be shared publicly because they involve human research participants and contain potentially sensitive information related to mental health and substance use. Researchers who meet the criteria for access to confidential data may request to access the data by contacting the corresponding author and completing a University of Minnesota Data Use Agreement.

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Article

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Article

Stressed, Lonely, and Overcommitted: Predictors of Lawyer Suicide Risk

Patrick R. Krill ¹, Hannah M. Thomas ², Meaghyn R. Kramer ², Nikki Degeneffe ² and Justin J. Anker ^{2,*}¹ Krill Strategies, LLC, Minneapolis, MN 55408, USA² Department of Psychiatry, University of Minnesota, Minneapolis, MN 55454, USA

* Correspondence: anke0022@umn.edu

Abstract: Suicide is a significant public health concern, and lawyers have been shown to have an elevated risk for contemplating it. In this study, we sought to identify predictors of suicidal ideation in a sample consisting of 1962 randomly selected lawyers. Using logistic regression analysis, we found that high levels of work overcommitment, high levels of perceived stress, loneliness as measured by the UCLA loneliness scale, and being male were all significantly associated with an increased risk of suicidal ideation. These results suggest that interventions aimed at reducing work overcommitment, stress, and loneliness, and addressing gender-specific risk factors, may be effective in reducing the risk of suicidal ideation among lawyers. Further research is needed to expand upon these findings and to develop and test interventions specifically tailored to the needs of this population.

Keywords: lawyers; suicidal ideation; occupational stress; loneliness; perceived stress; depression; mental health; work overcommitment



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1. Introduction

Lawyers contemplate suicide (suicidal ideation) at an exceedingly high rate. Suicidal ideation, defined as thoughts, ideas, or ruminations about ending one's own life, is the first step to suicide and is predictive of suicide attempts [1,2]. Prior estimates suggest that between 10 and 12 percent of lawyers in the U.S. have contemplated suicide [3–5], compared to 4.2% of adults ≥ 18 years of age in U.S. population [6]. Given the high rates of suicidal ideation among lawyers, it is crucial to identify factors that potentially contribute to their suicide risk.

Lawyers are prone to mental health issues, including anxiety, depression, and substance abuse [3,7], which are strongly linked to suicide risk [8–12]. A nationwide study of ~13,000 lawyers indicated that 28% experienced depression, 19% reported anxiety, 21% had alcohol use problems, and 11% had problems with drug use [3]. Lawyers also experience elevated levels of stress (i.e., perceiving events in one's life or work as unpredictable, uncontrollable, and/or overloaded) [13,14] and loneliness (perceiving one's social needs as not being met) [15–17] which are well-established predictors of suicide risk [18–24]. However, the relative contribution of lawyer mental health, stress, and loneliness to suicide risk has yet to be examined.

Work-related hazards specific to the legal profession may also contribute to suicide risk. For example, lawyers are expected to work long hours, meet tight deadlines, and handle complex legal issues, all while maintaining a high level of professionalism and client satisfaction [5,13,25,26]. This can lead to burnout and feelings of being overwhelmed, which have been linked to increased risk of suicidal ideation [27–35]. Findings from other research, however, demonstrate that the association between job burnout and suicidal ideation disappears after adjusting for depression [36]. This highlights the importance of accounting for psychological distress when seeking to identify workplace predictors of suicidality.

Work-family conflict, or difficulty balancing work and family responsibilities, is a common stressor that can negatively impact mental health [37–40] and there is a growing body of research indicating that work-family conflict is a predictor of suicidal ideation [41,42]. Anker and Krill found that work-family conflict among lawyers was significantly associated with perceived stress and attrition due to burnout in a large sample of lawyers. These findings suggest that work-family conflict may also play a role in suicidal ideation among lawyers.

According to the World Health Organization, men are three times more likely than women to die by suicide even though women tend to experience higher levels of suicidal ideation [43]. Gender differences in suicide risk factors have also been observed across a range of occupational groups [30,44–46]. In relation to lawyers specifically, Anker and Krill (2021) [7] found that women lawyers were more likely to experience moderate to severe levels of work-family conflict, work overcommitment, perceived stress, anxiety, depression, and risky or hazardous levels of alcohol use compared to male lawyers. Owing to their higher prevalence of suicidality risk factors, we hypothesized that women lawyers may be at a higher risk for suicidal ideation than men.

Considering how many lawyers contemplate suicide and the paucity of data examining the relationship between their suicidal ideation and the known risk factors they often experience, further research on the subject is an overdue and essential step in the development of effective suicide prevention strategies tailored to that population. As such, the current study examined the relationship between suicidal ideation, and factors that negatively and disproportionately affect lawyers, including perceived stress, loneliness, work overcommitment, work-family conflict, alcohol use, and prior mental health diagnosis.

2. Materials and Methods

2.1. Participants

Recruitment and Random Selection

The University of Minnesota Institutional Review Board reviewed the study design and protocol. Recruitment was coordinated in collaboration with the California Lawyers Association (“CLA”), a nonprofit, voluntary organization that includes the Sections of the State Bar of California and the California Young Lawyers Association, and the D.C. Bar, the largest unified bar in the United States and an organization which provides an oversight structure to maintain ethical standards and Rules of Professional Conduct. An advertisement was included in newsletters sent by the D.C. Bar and CLA to their respective member lists and posted on their organization’s website. The advertisement provided a summary of the study, indicating that the survey was anonymous and that members would be randomly invited to participate in the study via email. Participants were randomly selected from a list of unique de-identified I.D.s supplied by the CLA and D.C. Bar. Each list contained approximately 98,000 IDs (196,000 total IDs). Hence, 40,000 IDs were randomly selected from each list (80,000 total) using the random sample function in the statistical platform R. From that sample, 5292 participants consented to the survey and about 4000 completed the survey. An email notification was sent to randomly selected D.C. Bar and CLA members on behalf of the researchers. Seven days following the email notification, study candidates received an email containing a link to a REDCap (Research Electronic Data Capture) survey. Clicking on the link directed participants to the survey’s informed consent page. The study was conducted during the summer of 2020.

2.2. Materials

2.2.1. Descriptive Variables

Demographics and work context. Information regarding age, race, relationship status, and whether respondents had children was collected. Additionally, information on the following work-related variables was collected from participants: the average number of hours worked per week, current position in the legal profession, and whether the current position involved litigation.

2.2.2. Measures

Mental Health Diagnoses. Participants were asked if they ever (lifetime) or currently (past 12 months) had a diagnosis of major depression, anxiety disorder, PTSD, bipolar disorder, alcohol use disorder, substance use disorder, or a non-specified mental health disorder.

Depression. Participants completed the Patient Health Questionnaire-9 (PHQ-9) to assess the prevalence and severity of symptoms of depression [47]. For the PHQ-9, participant depression severity scores were grouped across the following 5 categories: None/Minimal (0–4), Mild (5–9), Moderate (10–14), Moderately Severe (15–19), and Severe (20–27).

Stress. The total score on the Perceived Stress Scale (PSS) was used to assess how unpredictable, uncontrollable, and overloaded respondents found their lives [48]. Scores on the PSS were grouped into Low (0–13), Moderate (14–26), and Severe (27–40) categories for analyses comparing.

Alcohol Use Severity. Scores on the Alcohol Use Disorders Identification Test (AUDIT-C) were used to assess risky drinking (women ≥ 3 ; men ≥ 4) and high-risk/hazardous drinking (women ≥ 4 ; men ≥ 5) [49].

Substance Use Severity. Scores on the DAST were used to assess substance use severity and were classified into the following four severity groups: Lifetime abstinence, No problems reported, Low, and Moderate to Severe [50].

Loneliness. Participants completed a 3-item questionnaire adapted from the Revised University of California, Los Angeles (UCLA) Loneliness Scale to assess the prevalence and severity of loneliness [51]. The questionnaire consisted of the following 3 items: “How often do you feel that you lack companionship?”, “How often do you feel left out?”, and “How often do you feel isolated from others?”. Participants responded with “hardly ever or never”, “some of the time”, and “often”. Ratings were summed to produce a loneliness score ranging from 3 to 9, with a higher score indicating greater loneliness. Following methods by Steptoe et al., (2013) [52], participants scores were summed and grouped across 2 categories (Lonely (3–5) and Not Lonely (6–9)).

Work Overcommitment. We used the overcommitment subscale of the Effort–Reward Imbalance (ERI) Questionnaire [53] to assess feelings of being overwhelmed by work demands. Responses on the subscale were on a four-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree).

Work-Family Conflict. The degree to which work interfered with family life was assessed using three items from the Work-Family Conflict (WFC) subscale from the short version of the Copenhagen Psychosocial Questionnaire [54]. Participants rated items are 4-point Likert-scale ranging from 1 (no, not at all) to 4 (yes, certainly).

2.2.3. Outcome Variables

Suicidality/Suicidal Ideation. Participants were classified as endorsing suicidality according to item 9 of the PHQ-9, which can accurately identify individuals at-risk for suicide attempts and death [2,55–58]. Moreover, assessing suicidal ideation with the PHQ-9 allowed for a direct comparison to recent reports of the frequency of suicidality in the legal profession [4]. Participants were considered to have endorsed suicidality if they selected “Several days”, “More than half the days”, or “Nearly every day” to the item “How often have you had thoughts that you would be better off dead, or of hurting yourself”. Participants who selected “Never” for this item were classified as not having suicidality.

2.3. Data Analysis

Demographic and mental health severity scores on the PHQ-9 were compared between men and women using chi-square analyses. Logistic regression analyses were performed to identify associations between predictor variables (e.g., Work–Family Conflict, Work Overcommitment,) and the outcome variables (PHQ-9 suicidality) while controlling for covariates (e.g., COVID-19 impact on PHQ-9 items).

Predictors were entered one at a time in a stepwise fashion, and their impact on the model’s overall fit was assessed. Those that significantly contributed to the model

were entered into the primary study model. A sensitivity analysis was then conducted to examine the impact of COVID-19 on the primary model by entering a variable representing COVID-19 impact on PHQ-9 suicidality (e.g., a single item added at the end of assessments that asked whether problems defined in the PHQ-9 increased, decreased, or stayed the same since COVID-19). P-values for multiple comparisons were corrected using Holm–Bonferroni adjustments.

3. Results

Of the 80,000 members of the CLA and D.C. Bar that were randomly selected and received a study invitation, 5292 consented. The sample was restricted to lawyers who were employed part- or full-time in a legal setting at the time of the survey and who had complete data on the study measures. The final sample consisted of 1962 participants.

3.1. Descriptive Results

3.1.1. Frequency of Suicidal Ideation

Approximately 8.5% (N = 165) of the participants reported thoughts they would be better off dead, or of hurting themselves “Several days”, “More than half the days”, or “Nearly every day” and were grouped in the suicidal ideation group. The remaining 91.5% (N = 1797) selected “Not at all” for PHQ-9 item 9 and were grouped in the non-suicidal ideation group.

3.1.2. Demographic Variables

Groups were compared on demographic, occupation, and mental health variables prior to model testing. Women comprised approximately 51% (N = 991) of the sample. Table 1 shows the distribution of demographic variables for participants who endorsed PHQ-9 suicidality vs. those who did not (“Not at all”). There were no differences in the proportion of men and women who endorsed suicidality as a function of gender or race. However, with respect to age, lawyers who endorsed (vs. did not endorse) suicidality tended to be younger. For example, a significantly greater proportion of lawyers from the suicidality group (compared to the non-suicidality group) belonged to the two youngest age groups (30 or younger and 31–40) and a lower proportion of suicidality endorsers belonged to the oldest age group (61 or older).

Table 1. Demographics according to endorsement of PHQ-9 suicidal ideation (N = 1962).

	No Suicidal Ideation (N = 1797)		Suicidal Ideation (N = 165)		χ^2 , p-Value
	N	%	N	%	
Gender					$\chi^2(1) = 1.064, 0.302$
Female	914	92.2%	77	7.8%	
Male	883	90.9%	88	9.1%	$\chi^2(4) = 18.81, <0.001$
Age					
30 or younger	126 ^a	85.7%	21 ^b	14.3%	
31–40	465 ^a	89.4%	55 ^b	10.6%	
41–50	425 ^a	93.2%	31 ^a	6.8%	
51–60	408 ^a	91.1%	40 ^a	8.9%	
61 or older	373 ^a	95.4%	18 ^b	4.6%	$\chi^2(6) = 10.04, 0.123$
Race					
Asian or Pacific Islander	125	86.8%	19	13.2%	
Black/African American	85	90.4%	9	9.6%	
Caucasian/White	1457	92.3%	122	7.7%	
Latino/Hispanic	62	91.2%	6	8.8%	
Native American	3	100.0%	0	0.0%	
More than one race	40	83.3%	8	16.7%	
Other	16	94.1%	1	5.9%	

Within each row, each superscript letter denotes column proportions that did not differ significantly at the 0.05 level according to Pearson Chi-Square tests.

3.1.3. Work-Related Demographics

Work-related sample demographics are shown in Table 2 for both groups. The total number of hours worked in a week, the participant's law practice setting, and whether the participant's legal position involved litigation did not significantly differ between groups. There was a trend that approached but did not reach significance ($p = 0.051$) with regards to position in the legal profession, such that a greater proportion of lawyers in the most junior level (junior associate) endorsed (vs. did not endorse) suicidality.

Table 2. Work-related demographics of the study sample according to endorsement of PHQ-9 suicidal ideation (N = 1962).

	No Suicidal Ideation (N = 1797)		Suicidal Ideation (N = 165)		χ^2 , p-Value
	N	%	N	%	
Hours worked in a typical week					$\chi^2(7) = 9.674, p = 0.208$
Less than 10 h	28	90.3%	3	9.7%	
11 to 20 h	65	98.5%	1	1.5%	
21 to 30 h	82	91.1%	8	8.9%	
31 to 40 h	405	91.6%	37	8.4%	
41 to 50 h	759	92.1%	65	7.9%	
51 to 60 h	348	90.9%	35	9.1%	
61 to 70 h	81	85.3%	14	14.7%	
71 h or more	25	92.6%	2	7.4%	
Position in Legal Profession					$\chi^2(6) = 14.021, p = 0.051$
Managing partner	315	92.6%	25	7.4%	
Senior partner	262	93.9%	17	6.1%	
Junior partner	115	92.0%	10	8.0%	
Of counsel	138	91.4%	13	8.6%	
Senior associate	254	93.0%	19	7.0%	
Junior associate	195	85.9%	32	14.1%	
Other	414	91.9%	41	9.0%	
Law Practice Setting					$\chi^2(7) = 12.200, p = 0.094$
Sole Practitioner—Private Practice	269	93.4%	19	6.6%	
Private Firm	740	90.7%	76	9.3%	
In-house lawyer: government, public interest, or nonprofit	445	92.5%	36	7.5%	
In-house lawyer: corporation or for-profit institution	233	91.7%	21	8.3%	
Judicial chambers (judge/hearing officer/clerk)	3	60.0%	2	40.0%	
Other law practice setting	39	86.7%	6	13.3%	
College or law school	6	85.7%	1	14.3%	
Other setting (not law practice)	15	100.0%	0	0.0%	
Position Involves Litigation (Yes)	1072	59.7%	105	63.6%	$\chi^2(1) = 1.393, p = 0.238$

3.1.4. Mental health Diagnoses and Symptom Severity

There were no significant group differences concerning current drinking status (current drinker, former drinker, or lifetime abstainer). However, regarding substance use status, a significantly greater proportion of endorsers of suicidality identified as a current substance user (data not shown). Table 3 shows the proportions of lawyers in each suicidality group with a past 12-month mental health diagnosis and the proportion within the severity classifications of the PHQ-9, AUDIT-C, DAST, PSS, and the UCLA loneliness scale. Overall, a greater proportion of lawyers who endorsed suicidal ideation had a current mental health condition (Depression, Anxiety, PTSD, Bipolar Disorder, AUD, or other) and were significantly more likely to be in the moderate, moderately severe, or severe range of depression as measured by the PHQ-9. Similar results indicating greater severity among the suicidality vs. the non-suicidality group were reported concerning (1) hazardous drinking (AUDIT-C), (2) substance use severity (DAST), (3) moderate to high stress (PSS), and (4) loneliness (UCLA Loneliness Scale).

Table 3. The prevalence of mental health diagnoses, severity of depression, alcohol use, substance use, and loneliness in the study sample according to endorsement of PHQ-9 suicidal ideation (N = 1962).

	No Suicidal Ideation (N = 1797)		Suicidal Ideation (N = 165)		χ^2 , p-Value
	N	%	N	%	
Past 12-Month Mental Health Diagnosis					
Depression					$\chi^2(2) = 132.47, p < 0.001$
current	152 ^a	9.7%	62 ^b	41.6%	
lifetime	321 ^a	20.5%	31 ^a	20.8%	
no history	1096 ^a	69.9%	56 ^b	37.6%	
total	1569		149		
Anxiety Disorder					$\chi^2(2) = 65.033, p < 0.001$
current	226 ^a	14.5%	54 ^b	39.7%	
lifetime	232 ^a	14.9%	26 ^a	19.1%	
no history	1096 ^a	70.5%	56 ^b	41.2%	
total	1554		136		
PTSD					$\chi^2(2) = 58.780, p < 0.001$
current	22 ^a	1.9%	12 ^b	15.8%	
lifetime	54 ^a	4.6%	8 ^b	10.5%	
no history	1096 ^a	93.5%	56 ^b	73.7%	
total	1172		76		
Bipolar Disorder					$\chi^2(2) = 17.852, p < 0.001$
current	3 ^a	0.3%	2 ^b	3.3%	
lifetime	12 ^a	1.1%	2 ^a	3.3%	
no history	1096 ^a	98.6%	56 ^b	93.3%	
total	1111		60		
Alcohol Use Disorder					$\chi^2(2) = 13.739, p < 0.001$
current	8 ^a	0.7%	3 ^b	4.8%	
lifetime	31 ^a	2.7%	4 ^a	6.3%	
no history	1096 ^a	96.3%	56 ^b	88.9%	
total	1135		63		
Substance Use Disorder					$\chi^2(2) = 2.712, p = 0.258$
current	4	0.4%	1	1.7%	
lifetime	11	1.0%	1	1.7%	
no history	1096	98.6%	56	96.6%	
total	1111		58		
Other					$\chi^2(2) = 17.852, p < 0.001$
current	14 ^a	1.2%	5 ^b	7.9%	
lifetime	20 ^a	1.8%	2 ^a	3.2%	
no history	1096 ^a	97.0%	56 ^b	88.9%	
total	1130		63		
PHQ-9-Depression Severity					
None/Minimal	1011 ^a	57.8%	12 ^b	7.4%	$\chi^2(4) = 541.079, p < 0.001$
Mild	517 ^a	29.5%	33 ^b	20.4%	
Moderate	183 ^a	10.5%	51 ^b	31.4%	
Moderately Severe	34 ^a	1.9%	46 ^b	28.4%	
Severe	5 ^a	0.30%	20 ^b	12.3%	
AUDIT-C-Alcohol Use Severity					
Low risk	892 ^a	49.6%	74 ^a	44.8%	$\chi^2(2) = 7.881, p < 0.05$
Risky drinking	389 ^a	21.6%	27 ^a	16.4%	
Hazardous drinking	516 ^a	28.7%	64 ^b	38.8%	

Table 3. *Cont.*

	No Suicidal Ideation (N = 1797)		Suicidal Ideation (N = 165)		χ^2 , p-Value
	N	%	N	%	
DAST-Substance Use Severity					$\chi^2(3) = 24.952, p < 0.001$
Lifetime abstinence	1418 ^a	78.9%	119 ^b	72.1%	
No problems reported	90 ^a	5.0%	6 ^a	3.6%	
Low	251 ^a	14.0%	26 ^a	15.8%	
Moderate to severe	38 ^a	2.1%	14 ^b	8.5%	
PSS—Perceived Stress Scale					$\chi^2(2) = 237.645, p < 0.001$
Low	812 ^a	45.2%	10 ^b	6.1%	
Moderate	897 ^a	49.9%	98 ^b	59.4%	
High	88 ^a	4.9%	57 ^b	34.5%	
UCLA Loneliness Scale					$\chi^2(1) = 110.338, p < 0.001$
Not Lonely	1224 ^a	68.1%	45 ^b	27.3%	
Lonely	573 ^a	31.9%	120 ^b	72.7%	

Each subscript letter denotes a subset of whose column proportions do not differ significantly from each other at the 0.05 level.

Table 4 shows the proportion of participants in each group with responses to survey items assessing whether participants believed their time in the legal profession has been detrimental to their mental health, led to increased alcohol/substance use, or caused them to contemplate leaving the profession due to mental health, burnout, or stress. A significantly greater proportion of lawyers in the suicidality group reported that their time in the legal profession was detrimental to their mental health, caused an increase in their substance/alcohol use, and considered leaving the profession due to mental health problems or burnout.

Table 4. Proportion of participants with and without PHQ-9 suicidal ideation with responses to items reflecting the perceived relationship between personal mental health and time in the legal profession (N = 1962).

	No Suicidal Ideation (N = 1797)		Suicidal Ideation (N = 165)		χ^2 , p-Value
	N	%	N	%	
Has your time in the legal profession been detrimental to your mental health?					$\chi^2(2) = 110.436, p < 0.001$
yes	476 ^a	27.1%	106 ^b	66.3%	
no	943 ^a	53.8%	30 ^b	18.8%	
unsure	335 ^a	19.1%	24 ^a	15.0%	
Has your time in the legal profession caused your use of alcohol and/or other drugs to increase?					$\chi^2(2) = 50.771, p < 0.001$
yes	248 ^a	14.1%	55 ^b	34.2%	
no	1385 ^a	78.9%	89 ^b	55.3%	
unsure	122 ^a	7.0%	17 ^a	10.6%	
Are you considering, or have you left the profession due to mental health, burnout or stress?					$\chi^2(2) = 81.932, p < 0.001$
yes	320 ^a	18.2%	74 ^b	46.0%	
no	1352 ^a	77.0%	72 ^b	44.7%	
unsure	83 ^a	4.7%	15 ^b	9.3%	

Each subscript letter denotes a subset of whose column proportions do not differ significantly from each other at the 0.05 level.

3.2. Predictors of Suicidal Ideation

The results of the logistic regression analyses examining predictors of endorsement of suicidal ideation among lawyers are shown in Table 5. The following predictors did not significantly contribute to the model: alcohol and substance use severity, age, and work-family conflict. As a result, these items were removed in the final, simplified model. The final model contained the following predictors: gender, history of a mental health diagnosis, loneliness, perceived stress, and work overcommitment. Results of the model indicated that the odds of having suicidal ideation were 2.2 times higher among lawyers with high work overcommitment and 1.6 times higher among lawyers with an intermediate level of work overcommitment. Lawyers who screened as lonely on the UCLA loneliness scale were 2.8 times more likely to endorse suicidality than lawyers who did not screen as lonely. Gender was also significantly associated with suicidality, with men being 2 times more likely to endorse suicidality compared to women. Lawyers with a history of at least one mental illness diagnosis were 1.8 times more likely to endorse suicidality compared to lawyers with no history of mental illness. Finally, compared to lawyers with low perceived stress, those with high or intermediate stress levels were 22 times more likely and 5.5 times more likely, respectively, to endorse suicidality.

Table 5. Predictors of PHQ-9 suicidal ideation among lawyers (N = 1962).

	OR	95% CI
Gender (ref. female)		
Male	2.005 ***	(1.401–2.870)
Dx History (ref. no Dx history)		
Yes	1.822 ***	(1.26–2.63)
UCLA Loneliness		
Lonely	2.793 ***	(1.90–4.103)
PSS-Perceived Stress Scale (ref. Low)		
Low		
Intermediate	5.475 ***	(2.750–10.90)
High	22.392 ***	(10.30–48.64)
Work Overcommitment (ref. Low)		
Low		
Intermediate	1.585	(.850–2.96)
High	2.207 **	(1.206–4.039)

* significant difference from referent (** $p \leq 0.01$; *** $p \leq 0.001$); OR = odds ratio; CI = confidence interval.

3.3. Sensitivity Analysis

Accounting for COVID-19. It is important to acknowledge that data collection for the study occurred during the COVID-19 pandemic. In an attempt to control the pandemic's collateral burden on the study outcomes, responses to a single item assessing whether participants believed their PHQ-9 depression symptoms changed since the beginning of the pandemic was entered into the model as a covariate ("Thinking back to before the COVID-19 pandemic, do you believe the frequency of these problems has remained the same, decreased, or increased?"). The results of the model indicated that the perceived influence of COVID-19 on PHQ-9 responses was not a significant predictor of suicidality and that the ORs and significance levels of all the predictors noted in Table 5 were maintained (Supplement Table S1).

4. Discussion

Given the disproportionately high rates of lawyers who contemplate suicide, this study was designed to identify risks for suicidal ideation in the legal profession. To the best of our knowledge, this is the first study to report on factors related to suicidal ideation among lawyers randomly selected from a large sample of practicing lawyers. The first, most notable finding was that 8.5% of lawyers in our sample endorsed suicidal ideation as assessed by the PHQ-9, which is twice as high as the rate in the general working population and

closer to the rate among Utah lawyers (11.9%) noted by Thiese et al. (2021) [4]. The high prevalence of suicidal ideation among lawyers warrants further attention and mitigation efforts that address associated risk factors.

In addition to the high overall rate of suicidal ideation among lawyers, our study demonstrated that perceived stress was significantly associated with increased risk for suicidal thoughts. In fact, the odds of contemplating suicide were a remarkable 22 times higher among lawyers with high (vs. low) stress on the PSS. This finding supports prior studies indicating that perceived stress (as assessed by the PSS) predicts suicidal ideation and suicidal behavior in other populations [19,59,60]. However, the highly conspicuous extent to which it relates to lawyer suicide risk specifically would suggest that stress should be a primary target of suicide prevention and mitigation strategies for that population. A twofold strategy whereby stressors in lawyers' lives are reduced, and their stress tolerance is enhanced, would seem to be the most efficacious approach for mitigating the stress-suicidality risk. To date, however, most efforts to reduce stress within the legal profession have tended to target the individual, e.g., through the provision of personal stress management tools and self-care resources. Where employers have attempted to address the more structural and systemic precipitators of stress (i.e., unrealistic time pressures, unclear expectations, workload control, lack of feedback), employees have generally rated their efforts as 'highly ineffective' [5]. Simply put, it would seem the legal profession has been better at alleviating the effects of stress than in throttling the causes.

To be clear, interventions aimed at helping individuals better cope with stress should remain an essential element of any legal employer's efforts to improve lawyer mental health. Evidence-based self-care interventions for coping with perceived stress have been demonstrated to be effective in numerous settings [61–63]. Considering the profound impact of stress on lawyer suicidality, we believe that all options should remain viable for mitigating stress, including the examination and recalibration of organizational or profession-wide attitudes, norms, and cultures relating to work. Placing increased onus for change on the systems and structure of the profession, as opposed to individual lawyers, would seem appropriate due to the reported experiences of lawyers themselves. Specifically, a significantly greater proportion of lawyers who contemplated suicide indicated that working in the legal profession was detrimental to their mental health and contributed to their substance use, and feelings of burnout (See Table 4). Furthermore, such systemic introspection is both needed and timely in the wake of the COVID-19 pandemic. As noted in a recently published report on workplace mental health from the U.S. Surgeon General, organizational leaders, managers, supervisors, and workers alike have an unprecedented opportunity to examine the role of work in our lives and explore ways to better enable thriving in the workplace and beyond.

The importance of individual and organizational solutions for creating more mentally healthy workplaces is well-established in the literature [64], with upstream approaches being proposed as the most effective to prevent suicide and workplaces being ideal contexts to apply such approaches [65]. By seeking to reduce the incidence and impact of perceived stress among their lawyers, legal employers could be going far upstream with the potential for meaningful reductions in suicidal ideation. An obvious but important fact must be noted, namely that stressors outside of work could certainly contribute to lawyer suicidal ideation and therefore escape the reach of an employer's efforts to reduce stress. To speak practically, employers have an outsized role to play after numerous surveys and studies confirm that occupational pressures and fears are exceedingly the leading source of stress for American adults [66].

Social isolation or loneliness is noted as a common experience among lawyers and law students, often related to the demanding and high-stress nature of the legal profession, as well as the competitive and individualistic culture of law firms and law schools [15,16]. In the present study, lawyers experiencing high levels of loneliness were nearly three times as likely to experience suicidal ideation as those experiencing low levels of loneliness. This finding aligns with previous work demonstrating a relationship between loneliness and

suicide risk [18,20,22,23]. Importantly, research has also shown that a sense of relatedness, i.e., how you connect, or relate to others, and whether you feel a sense of belonging at work, among lawyers strongly correlates with improved wellbeing [67]. By making collaboration and regular social interactions in the work environment more of a priority, employers may be able to help mitigate some of the loneliness their lawyers experience. Any such efforts will undoubtedly be complicated by remote and hybrid working models that now predominate the legal field, especially as recent reports from the field suggest that many lawyers are reluctant to return to the office [68]. Given the high rates of alcohol misuse among lawyers and the strong connection between workplace permissiveness towards alcohol and the risk of hazardous drinking among lawyers [7], efforts to combat loneliness and isolation should avoid reliance on alcohol-based events as a primary means of increasing socialization and connection.

Turning to gender, the odds of suicidal ideation were two times higher for men than women. This surprising finding stands in contrast to the 'gender paradox of suicidal behavior' demonstrated by other research, whereby it has been shown that women in most Western countries have higher rates of suicidal ideation but lower rates of mortality than men [69,70]. This finding is also notable because women attorneys experienced higher levels of depression, anxiety, and hazardous drinking than men, which would typically suggest a higher level of corresponding suicide risk. However, after controlling for these variables in our final model, it was revealed that men were more likely to experience suicidal ideation. This would suggest that factors not included in our model, and which may not typically be tied to suicidality, are affecting the tendency of male attorneys to experience suicidal ideation. Further research would be needed to determine the specific reasons for the higher rates of suicidal ideation among male lawyers and the apparent inapplicability of the gender paradox of suicidal behavior to the lawyer population.

Relating to work overcommitment, lawyers with high (vs. low) levels of work overcommitment were two times as likely to endorse suicidal ideation, while those with intermediate levels of overcommitment were 1.5 times more likely to report such thoughts. Work overcommitment, as measured by the ERI questionnaire, has been described as an intrinsic or personality-based coping factor which reflects the need for approval, esteem, and control and it has been shown to be significantly associated with cynicism, exhaustion, and greater psychological distress [71]. According to the ERI model proposed by Siegrist and Montano, 2014 [53], overcommitment involves a desire to control one's work environment and an inability to disconnect from work. Evidence of work overcommitment includes thinking about work immediately upon waking, having people tell you that you sacrifice too much for work, and an inability to relax and switch off work, among other things. High levels of overcommitment to work have been shown to play a detrimental role in lawyer mental health [72], but interventions aimed at reducing such work overcommitment face an uphill climb in the legal profession. Being overly dedicated to one's work is generally highly rewarded in law, beginning in law school and continuing throughout many legal work environments where lawyers are often promoted based on their observed level of commitment to their work, their firm, and their clients. At the same time, research has shown that extrinsic validations and rewards (i.e., grades, rankings, honors, and financial rewards) do not predict lawyer wellbeing but instead that these external considerations that often dominate law schools and law practice are of subordinate importance to lawyer happiness when compared to other basic psychological needs, such as autonomy, relatedness to others, and competence [66]. By raising awareness of the notable downsides of being too committed to one's work, encouraging lawyers to set and maintain appropriate boundaries in their lives, and reframing notions of success to prioritize intrinsic over extrinsic rewards, stakeholders in the legal profession may be able to temper or modulate the harmful effects of work overcommitment without asking lawyers to fully abandon the dedication to their work that may have greatly contributed to elements of their prior success and achievements.

Findings from the present study are consistent with previous research linking mental health disorders (e.g., depression, anxiety) to increased risk for suicidal ideation [73,74].

For example, while suicide accounts for about 1.4% of deaths worldwide, it has been estimated that the risk climbs to 5–8% for those with a mental disorder, such as depression, alcoholism, and schizophrenia [75]. It is well established that mental health disorders can disrupt cognitive and emotional functioning, leading to negative thoughts and behaviors, including suicidal ideation [73]. The present study adds to this literature by demonstrating that these factors are also relevant in the specific context of the legal profession because lawyers with a prior mental health diagnosis were nearly twice as likely to demonstrate suicidal ideation.

Another possible explanation of heightened suicidal ideation among lawyers is workplace culture which may promote unhealthy coping mechanisms and discourage seeking help for mental health problems. Previous research has demonstrated a pronounced reluctance on the part of lawyers to disclose or seek help for a mental health disorder, often due to fear of negative career or professional repercussions [3]. This “sink or swim” mentality and stigma surrounding seeking help for mental health problems may create a toxic work environment that contributes to the high rates of suicidal ideation in the legal profession. One strategy to address this issue involves destigmatizing mental health problems and promoting a culture of help-seeking within the legal profession when mental health problems arise.

Previous research indicates work–family conflict, alcohol use (AUDIT-C), and drug use (DAST) are associated with suicide risk. However, they were not associated with contemplating suicide among our sample of lawyers. This could be due to an overlap between these factors and perceived stress or other variables in the model. For example, other research demonstrates that scores on the AUDIT-C and DAST strongly correlate with perceived stress [76]. As such, it is possible that due to the overlap and strong relationship between perceived stress, alcohol use disorder, and substance use disorder, that the predictors of AUDIT-C and DAST scores did not emerge as significant while perceived stress did. It is important to emphasize that several lines of research implicate alcohol and substance use with suicidality, while several other lines of research demonstrate that lawyers engage in hazardous levels of alcohol and substance use at rates much higher than the general population. Although risky drinking was not a significant predictor of suicidality in this study (likely for the reasons cited above), ours and other’s past work clearly indicates a strong connection between problem drinking and psychological distress among lawyers. It is therefore possible that problem drinking impacts the risk for suicidal ideation among lawyers indirectly, by contributing to elements of psychological distress (e.g., perceived stress, poor mental health). Considering these findings, more research is needed to examine the specific contribution of risky drinking to suicidality among lawyers and it would be inappropriate to conclude that it does not meaningfully contribute to their suicide risk.

5. Limitations

There are limitations to the present study that should be considered when interpreting the results. First, the cross-sectional design of the study means that causality cannot be inferred. It is possible that suicidal ideation may also be a cause rather than just a consequence of the predictor variables. Longitudinal studies are needed to establish the direction of the relationship between these variables.

Second, the sample of lawyers in the present study was drawn from two jurisdictions only, California and Washington, D.C. Although those jurisdictions have among the largest lawyer populations in the United States and thereby provide for a large and diverse sample, they may not be representative of the legal profession as a whole. Further research would help confirm the generalizability of these findings to other geographic regions.

Third, the present study relied on self-report measures to assess predictor and outcome variables. Self-report measures are susceptible to bias and may not always reflect an individual’s true thoughts, feelings, or behaviors. Future research using objective measures (e.g., medical records, performance assessments) may provide a clearer picture of the

relationship between these variables, though such research may be difficult or impractical to conduct.

Finally, although AUDIT scores did not predict suicidal ideation in the present study, drinking is still very relevant to the discussion of suicide in this population given the high rates of problem drinking among lawyers [3,7] and the well-established connection between substance misuse and suicide generally [77]. Future research should continue to examine the relationship between alcohol use and suicidal ideation in this population.

6. Conclusions

Efforts are underway within the legal profession to improve mental health, reduce the stigma associated with mental health disorders, and increase the overall wellbeing of lawyers. To support and inform those efforts, an enhanced empirical understanding of the profession's unique mental health risks is essential, including a better understanding of why lawyers are much more likely than the average person to experience suicidal thoughts. This research has begun to answer that question. To summarize, our findings suggest the profile of a lawyer with the highest risk for suicide is a lonely or socially isolated male with a high level of unmanageable stress, who is overly committed to their work, and may have a history of mental health problems. The heightened risk of suicidal ideation extends well beyond this specific profile, however, thereby necessitating a sustained focus on the factors we identified as predictive of that risk. Overall, these findings underscore the need for interventions to address work-related stress and loneliness in the legal profession. This may include providing education, resources, and support for lawyers to better manage their workload, modifying work demands and expectations, and promoting a culture of openness and support within law firms. Additionally, targeting interventions towards male lawyers may be particularly important given their higher risk of suicidal ideation. Further research is needed to continue exploring the dynamics of the relationship between work overcommitment, loneliness, perceived stress, and suicidal ideation in this population.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/healthcare11040536/s1>, Table S1: Predictors of PHQ-9 suicidal ideation among lawyers controlling for perceived influence of COVID-19 on PHQ-9 depression symptoms (N = 1962).

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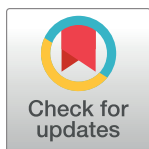
Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed attorneys

Justin Anker^{1‡}, Patrick R. Krill^{2‡*}

1 Department of Psychiatry, University of Minnesota, Minneapolis, MN, United States of America, **2** Krill Strategies, LLC, Minneapolis, MN, United States of America

‡ These authors are joint senior authors on this work

* Patrick@prkrill.com



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Data Availability Statement: Data cannot be shared publicly because they involve human research participants and contain potentially sensitive information related to mental health and substance use. Researchers who meet the criteria for access to confidential data may send requests to the California Lawyers Association: ellen.miller@calawyers.org and the D.C. Bar: DPerme@dcbar.org.

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Abstract

Rates of mental illness and heavy alcohol use are exceedingly high in the legal profession, while attrition among women has also been a longstanding problem. Work overcommitment, work-family conflict, permissiveness toward alcohol in the workplace, and the likelihood of promotion are all implicated but have yet to be systematically investigated. Data were collected from 2,863 lawyers randomly sampled from the California Lawyers Association and D.C. Bar to address this knowledge gap. Findings indicated that the prevalence and severity of depression, anxiety, stress, and risky/hazardous drinking were significantly higher among women. Further, one-quarter of all women contemplated leaving the profession due to mental health concerns, compared to 17% of men. Logistic models were conducted to identify workplace factors predictive of stress, risky drinking, and contemplating leaving the profession. Overcommitment and permissiveness toward alcohol at work were associated with the highest likelihood of stress and risky drinking (relative to all other predictors) for both men and women. However, women and men differed with respect to predictors of leaving the profession due to stress or mental health. For women, work-family conflict was associated with the highest likelihood of leaving, while overcommitment was the number one predictor of leaving for men. Mental health and gender disparities are significant problems in the legal profession, clearly requiring considerable and sustained attention.

Introduction

The United States legal profession is in the midst of a cultural reckoning related to the mental health and well-being of its members. Recent national reports indicate that lawyers suffer from exceedingly high rates of depression, anxiety, and substance misuse [1,2]. For example, in a large nationwide study of 12,825 licensed, currently practicing attorneys, 28% reported symptoms of depression, 23% indicated having mild to extremely severe stress, and 20.6% engaged in problematic drinking [1]. However, this problem extends beyond the individual lawyer and

Patrick Krill contributed his time to this project on a pro-bono basis. There was no other funding for this study.

Competing interests: Patrick Krill has a commercial affiliation (through self-employment with Krill Strategies, LLC) but contributed his time to this project on a pro-bono basis. Krill has previously served on the Advisory Board for the American Bar Association Commission on Lawyer Assistance Programs (2017-2020), served as a consultant to the State Bar of California (2017-2018), and currently serves as Board Vice President of Research for the Institute for Well-being in Law, a 501(c)(3) nonprofit organization focused on advocacy, research, education, and technical and resource support for the legal profession. There are no patents, products in development or marketed products associated with this research to declare. This does not alter our adherence to PLOS ONE policies on sharing data and materials.

has the potential to impact not only clients but also the legal system more broadly. As a result, institutions and stakeholders have cast a critical eye on practices that contribute to poor mental health, including many of the attitudes and behaviors often considered synonymous with success in the legal profession, such as long hours and work overcommitment. There is a growing consensus that more needs to be done to improve the situation, and a movement has emerged to position mental health as a visible strategic priority for the legal profession. This has included the formation of national and state task forces (e.g., The National Task Force on Lawyer Well-Being), hundreds of large employers signing an ABA-sponsored pledge to reduce mental health and addiction problems (American Bar Association Well-Being Pledge), and a proliferation of media coverage [3,4].

As the extent of mental health problems is brought to light, it is also becoming apparent that these problems may not affect men and women equally. Reports have indicated that levels of anxiety and problematic drinking may be higher among women in the legal profession. Moreover, a very noticeable and serious gender disparity exists related to attorney attrition, with some reports estimating attrition rates for women to be 150% higher than men [5].

While the recent efforts to improve lawyer mental health have been a clear step in the right direction, what has not materialized is significant empirical evidence into the nature, scope, and causes of the mental health and substance use challenges lawyers face, as well as the gender disparities associated with each. The present study aims to address these vitally important objectives by identifying work-related factors predictive of three key challenges currently facing the legal profession: stress, substance misuse, and attrition. We focused on perceived stress as a primary psychopathology construct given the well-established role of stress as both a cause and consequence of depression and anxiety, which are exceedingly high among lawyers. Similarly, risky drinking was examined given the growing prevalence and severity of alcohol misuse within the legal profession. Finally, we focused on lawyer attrition, given that an exodus of highly skilled attorneys is occurring at an alarming rate, especially among women. We investigated the following work-related factors as predictors of these problems: overcommitment to work, an imbalance between effort and reward, work-family conflict, and workplace permissiveness toward alcohol.

By spotlighting these previously unexamined aspects of the attorney experience, our hope is to provide a foundation and catalyst for additional improvement of the legal profession.

Methods

Participants

Recruitment and random selection. The study design and protocol were reviewed by the University of Minnesota Institutional Review Board and deemed exempt from approval. An Exemption Determination was issued on March 20, 2020. Recruitment was coordinated in collaboration with the California Lawyers Association (“CLA”), a nonprofit, voluntary organization that includes the Sections of the State Bar of California and the California Young Lawyers Association, and the D.C. Bar, the largest unified bar in the United States and an organization which provides oversight structure to maintain ethical standards and Rules of Professional Conduct. An advertisement was included in newsletters sent by the D.C. Bar and CLA to their respective member lists and posted on their organization’s website. The advertisement provided a summary of the study, indicated that the survey was anonymous and that members would be randomly invited to participate in the study via email. Participants were randomly selected from a list of unique de-identified I.D.s supplied by the CLA and D.C. Bar. Each list contained approximately 98,000 IDs (196,000 total IDs). 40,000 IDs were randomly selected from each list (80,000 total) using the random sample function in the statistical platform R [6].

An email notification was sent to randomly selected D.C. Bar and CLA members on behalf of the researchers. Seven days following the email notification, study candidates received an email containing a link to a REDCap (Research Electronic Data Capture) survey. Clicking on the link directed participants to the survey's informed consent page.

Materials

Descriptive variables. *Demographics and work-related variables.* Information regarding age, race, relationship status, and whether respondents had children were collected. Additionally, information on the following work-related variables was collected from participants: the average number of hours worked per week, current position in the legal profession, and whether the current position involved litigation.

Mental health variables. Participants were asked if they had ever had a diagnosis of alcohol use disorder and whether they were a current, former, or lifetime abstainer of alcohol and drugs. Participants completed the Patient Health Questionnaire-9 (PHQ-9) [7] and Generalized Anxiety Disorder-7 (GAD-7) [8] to assess the prevalence and severity of symptoms of depression and anxiety, respectively. For the PHQ-9, participant scores were grouped across the following 5 categories: None/Minimal (0–4), Mild (5–9), Moderate (10–14), Moderately Severe (15–19), and Severe (20–27). For the GAD-7, scores were grouped across the following 4 categories: None/Minimal (0–4), Mild (5–9), Moderate (10–14), and Severe (15–21). The total score on the Perceived Stress Scale (PSS) was used to assess how unpredictable, uncontrollable, and overloaded respondents found their lives. Scores on the PSS were grouped into Low (0–13), Moderate (14–26), and Severe (27–40) categories for analyses comparing. Scores on the Alcohol Use Disorders Identification Test (AUDIT-C) were used to assess risky drinking (women ≥ 3 ; men ≥ 4) and high-risk/hazardous drinking (women ≥ 4 ; men ≥ 5).

Predictor variables. Predictors of stress, substance misuse, and attrition were selected based on well-known aspects of the legal profession and were assumed to contribute to each outcome being examined. Those predictors included overcommitment to work, an imbalance between effort and reward, work-family conflict, and workplace permissiveness toward alcohol. We also examined the extent to which prospects of career growth in the form of promotion were associated with lower rates of stress, alcohol misuse, and thoughts of leaving the profession. Predictive modeling was conducted separately for women and men since gender disparities in the relationship between mental health and attrition have yet to be investigated despite a growing consensus of their existence.

Effort-reward imbalance, overcommitment, and promotion. The Effort-Reward Imbalance (ERI) Questionnaire [9] is comprised of 16 items and is used to determine if ERI and overcommitment are present in the workplace. The instrument consists of 16 items that measure effort, reward, and overcommitment on a four-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). The Effort-Reward Imbalance (ERI) ratio, Overcommitment, and Promotion subscales of the ERI Questionnaire were used to assess the imbalance between effort (meeting job demands) and reward, exhaustion, and being overwhelmed by work demands and the perceived prospects of promotion. With respect to the ERI ratio scale, a score above one reflects imbalance in the form of greater effort needed for reward, while a score below one reflects less effort needed for reward.

Workplace permissiveness toward alcohol (Your Workplace). Five items from the Your Workplace questionnaire were used to assess the frequency of alcohol-related work activities in the participants' workplace [10] e.g., "How many times in the last six months of your last position in the legal profession have some of your co-workers gone drinking off the job?" with the following response options: 1) never, 2) only once in the last six months, 3) 2–5 times in

the last six months, 4) about once every 2 weeks, 5) about once a week, and 6) 2–4 times a week.

Work-family conflict. The degree to which work interfered with family life was assessed using three items from the Work-Family Conflict (WFC) subscale from the short version of the Copenhagen Psychosocial Questionnaire [11]. Participants rated items on a 4-point Likert-scale ranging from 1 (no, not at all) to 4 (yes, certainly).

Accounting for COVID-19. It is important to acknowledge that data collection for the study occurred during the COVID-19 pandemic. To control the pandemic's collateral burden on the study outcomes, variables representing the degree to which stress and drinking changed since the beginning of the pandemic were entered into models as covariates. To this end, a single item assessing change due to COVID-19 was included at the end of the Perceived Stress Scale (PSS) ("Thinking back to before the COVID-19 pandemic, do you believe the frequency of these problems has remained the same, decreased, or increased?") and the AUDIT ("Thinking back to before the COVID-19 pandemic, do you believe the frequency of your alcohol use has remained the same, decreased, or increased?").

Outcome variables. *Stress.* We focused on total score on the 10-item PSS as a primary psychopathology construct, given its well-established correlation with psychiatric and physical disorders [12–14]. Consequently, participants who scored in the moderate to high range were grouped and compared to the low-stress group for logistic modeling.

Risky drinking. The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) [15] was used to assess risky alcohol drinking. The AUDIT-C is a well-validated instrument used to assess risky drinking in several 'high-stress' occupations, such as physicians, military personnel, firefighters, veterinary surgeons, and emergency department staff [16–20]. AUDIT-C scores were dichotomized into 'non-risky drinking' and 'risky drinking' categories with cutoff scores adjusted by gender (women ≥ 3 ; men ≥ 4) following established guidelines [21].

Contemplating leaving the legal profession due to burnout. The following item was used to assess whether participants contemplated leaving the profession due to mental health, burnout, or stress: "Are you considering, or have you left the legal profession due to mental health problems, burnout, or stress?" Participants responded "yes", "no", or "unsure". "Unsure" responses were excluded from analyses.

Data analysis

Demographic and mental health severity scores on the PHQ-9 and GAD-7 were compared between men and women using chi-square analyses. Logistic regression analyses were performed to identify associations between work-related predictor variables (Effort-Reward Imbalance Ratio, Work-Family Conflict, Work Overcommitment, Possibility of Promotion, Alcohol Permissiveness) and the outcome variables (stress, risky drinking, and contemplating leaving the profession) while controlling for covariates (COVID-19 impact, age, stress). Except for the COVID impact variable, all predictor variables were grouped into low, intermediate, and high tertiles.

Predictors were entered one at a time in a stepwise fashion, and their impact on the overall fit of the model was assessed. Those that significantly contributed to the model were entered into a final model along with the covariates of age and COVID-19 impact (e.g., single item added at the end of assessments that asked whether perceived problems increased, decreased, or stayed the same since COVID-19). COVID impact and age were entered as covariates in all models, and for models examining risky drinking and contemplating leaving due to burnout, a single item from the PSS was entered as a covariate to control for the influence of general stress

(“In the last month, how often have you felt nervous and stressed?”). P-values for multiple comparisons were corrected using Holm-Bonferroni adjustments.

Results

Of the 80,000 members of the CLA and D.C. Bar that were randomly selected and received a study invite, 5,292 consented, and 3,343 evaluable surveys were completed for a response rate of 6%. Of the evaluable surveys, 480 indicated they did not currently work in the legal profession and were removed from the final data analysis. The final sample consisted of 2,863 participants who indicated current employment in the legal profession.

Descriptive results

Demographic variables. Women comprised approximately 51% (N = 1,473) of the sample. Table 1 shows the demographics of the participant sample. The sample of women tended to be younger. In addition, a significantly greater proportion of women (vs. men) were Asian or Pacific Islander (7.4% vs. 4.8%) or Black/African American (7.4% vs. 3.6%), while a

Table 1. Sample demographics.

	Women		Men	
	N	%	N	%
Age				
≤30	173	11.7%*	84	6.0%
31–40	411	27.9%*	326	23.5%
41–50	371	25.2%*	266	19.2%
51–60	315	21.4%	316	22.8%
61–70	175	11.9%	283	20.4%*
71 or older	28	1.9%	114	8.2%*
<i>Total N</i>	1473		1389	
Race				
Asian or Pacific Islander	109	7.4%*	67	4.8%
Black/African American	108	7.4%*	50	3.6%
Caucasian/White	1133	77.2%	1159	83.9%*
Latino/Hispanic	48	3.3%	58	4.2%
Native American	3	0.2%	3	0.2%
More than one race or Other	66	4.5%	45	3.3%
<i>Total N</i>	1467		1382	
Relationship Status				
Married	857	58.3%	1046	75.3%*
Widowed, Divorced, or Separated	154	10.5%*	110	7.9%
In a domestic partnership or civil union, or Single, but cohabitating with significant other	145	9.9%*	104	7.5%
Single, never married	314	21.4%*	129	9.3%
<i>Total N</i>	1470		1389	
Children				
No	712	48.6%*	426	30.7%
Yes	753	51.4%	960	69.3%*
<i>Total N</i>	1465		1386	

* Chi-Square Significant gender difference.

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significantly greater proportion of men were white (83.9% vs. 77.2%). Women were significantly less likely to be married (75.3% vs. 58.3%), were more likely to be divorced (10.5% vs. 7.9%) or never married (21.4% vs. 9.3%), and were less likely to have children compared to men (51.4% vs. 69.3%).

Work-related demographics. Work-related sample demographics are shown in Table 2. Approximately 67% of both women and men reported working over 40 hours in a typical workweek. Men tended to be in more senior legal positions than women and were also more likely to be in legal positions that involved litigation.

Mental health diagnoses and symptom severity. Approximately 80% of men and women indicated they were current drinkers, 7% were former drinkers, and 10% indicated being lifetime abstainers. A significantly greater proportion of men than women were current substance users (11.6% vs. 8.3%) or former substance users (15.2% vs. 10.3%). In comparison, women were significantly more likely to be lifetime abstainers from substances other than alcohol (81.5% vs. 73.2%).

Table 3 shows the proportions of attorneys within the severity ranges of the PHQ-9, GAD-7, PSS, and the AUDIT-C. A significantly greater proportion of women than men had PHQ-9 scores in the mild to moderately severe range. Similar results were reported with the GAD-7 and PSS, where a significantly greater proportion of women (vs. men) were in the mild (GAD-7 only), moderate, and severe ranges. A significantly greater proportion of women (vs. men) engaged in risky drinking (55.9% vs. 46.4%) and hazardous drinking (34.0% vs. 25.4%) according to the AUDIT-C.

Occupational stress, work-family conflict, and permissiveness toward alcohol in the workplace (Your Workplace). Women had a significantly higher ERI score that reflected greater effort needed for reward (Mean = 1.04, SD = .42) compared to men who had a score that reflected less effort needed for reward (Mean = .96, SD = .43). Women also had a significantly higher overcommitment score compared to men (Mean = 15.19, SD = 3.72 vs.

Table 2. Work-related demographics.

	Women		Men	
	N	%	N	%
Hours worked in a typical week				
Less than 10 hours to 30 hours	142	9.7%	151	11.0%
31 to 40 hours	342	23.4%	309	22.5%
41 to 50 hours	653	44.7%*	542	39.4%
51 to 71 or more hours	323	22.1%	373	27.1%*
<i>Total N</i>	1460		1375	
Position in Legal Profession				
Managing partner	214	15.6%	260	20.1%*
Senior partner	143	10.5%	218	16.8%*
Junior partner	79	5.8%	83	6.4%
Of counsel	105	7.7%	116	9.0%
Senior associate	205	15.0%	161	12.4%
Junior associate	188	13.7%*	122	9.4%
Clerk or paralegal	33	2.4%	18	1.4%
Other	401	29.3%*	316	24.4%
<i>Total N</i>	1368		1294	
Position Involves Litigation	843	57.7%	893	65.1%*

* Chi-Square Significant gender difference.

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Table 3. The severity and prevalence of depression, anxiety, stress, and drinking.

	Women		Men		Total	
	N	%	N	%	N	%
PHQ-9 –Depression Symptoms						
None/Minimal	642	43.6%	854	61.4%*	1496	52.3%
Mild	530	36.0%*	323	23.2%	853	29.8%
Moderate	202	13.7%*	148	10.6%	350	12.2%
Moderately Severe	77	5.2%*	44	3.2%	121	4.2%
Severe	22	1.5%	21	1.5%	43	1.5%
<i>Total N</i>	1473		1390		2863	
GAD-7 –Anxiety Symptoms						
None/Minimal	642	43.6%	840	60.4%*	1482	51.8%
Mild	500	33.9%*	349	25.1%	849	29.7%
Moderate	207	14.1%*	139	10.0%	346	12.1%
Severe	124	8.4%*	62	4.5%	186	6.5%
<i>Total N</i>	1467		1382		2863	
PSS–Stress						
Low	492	33.4%	713	51.3%*	1205	42.1%
Moderate	850	57.7%*	599	43.1%	1449	50.6%
Severe	131	8.9%*	78	5.6%	209	7.3%
<i>Total N</i>	1470		1390		2863	
AUDIT-C–Risky Drinking						
Yes	823	55.9%*	645	46.4%	1468	51.3%
No	650	44.1%	745	53.6%*	1395	48.7%
<i>Total N</i>	1473		1390		2863	
AUDIT-C–Hazardous Drinking						
Yes	500	34.0%*	353	25.4%	853	29.8%
No	973	66.0%	1037	74.6%*	2010	70.2%
<i>Total N</i>	1473		1390		2863	

* significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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Mean = 14.12, SD = 3.77), a significantly higher Work-Family Conflict score (Mean = 6.72, SD = 2.76 vs. Mean = 6.23, SD = 2.61), and a significantly higher Your Workplace score (Mean = 18.56, SD = 5.54 vs. Mean = 17.82, SD = 5.75). Men, compared to women, had a higher likelihood of promotion score (Mean = 8.21, SD = 2.09 vs. Mean = 7.99, SD = 2.19). Comparing the proportion of women and men who scored above one on the ERI ratio (a reflection of effort-reward imbalance at work) revealed that roughly half of all women had an imbalance in the form of greater required effort (47.9%) compared to 38.7% of men. Additionally, one-quarter of all women in the sample indicated they had contemplated leaving the legal profession due to mental health or burnout, a proportion significantly greater than the proportion of men who contemplated leaving (17.4%).

Logistic regression

Stress. Table 4 depicts the results of the logistic regression analysis examining predictors of moderate to high levels of perceived stress. Primary significant predictors of stress in men included COVID effect on stress, age, work-family conflict, effort-reward imbalance, work overcommitment, and promotion. Men with high or intermediate (vs. low) work-family conflict were 2.43 (95% CI = 1.56–3.77) and 1.65 (95% CI = 1.19–2.27) times more likely to report

Table 4. Work-related predictors of stress.

	Women (N = 1,471)			Men (N = 1,387)		
	N	OR	95% CI	N	OR	95% CI
COVID-stress		p < .0001			p < .0001	
No Change/Decrease	510(34.7%)			683(49.2%)		
Increase	961(65.3%)	4.097***	(3.14–5.35)	704(50.8%)	2.789***	(2.14–3.64)
Age		p < .0001			p < .0001	
Less than 40	584(39.7%)	2.264***	(1.51–3.40)	410(29.6%)	3.905***	(2.69–5.67)
41 to 60	684(46.5%)	1.194	(.81–1.75)	581(41.9%)	2.296***	(1.64–3.21)
61 and older	203(13.8%)			396(28.6%)		
Alc. permissiveness at workplace		p = .301			p = .283	
Low	462(31.4%)			513(37.0%)		
Intermediate	462(31.4%)	1.279	(.93–1.77)	442(31.9%)	.770	(.56–1.06)
High	547(37.2%)	1.207	(.87–1.67)	432(31.1%)	.871	(.62–1.22)
Work-Family Conflict		p = .203			p < .0001	
Low	589(40.0%)			632(45.6%)		
Intermediate	458(31.1%)	1.278	(.93–1.76)	459(33.1%)	1.647**	(1.19–2.27)
High	424(28.8%)	1.383	(.91–2.10)	296(21.3%)	2.425***	(1.56–3.77)
Effort-Reward Imbalance		p < .0001			p = .001	
Low	395(26.9%)			515(37.1%)		
Intermediate	524(35.6%)	1.955***	(1.42–2.70)	455(32.8%)	1.357	(.97–1.89)
High	552(37.5%)	2.387***	(1.58–3.61)	417(30.1%)	2.241***	(1.47–3.41)
Work Overcommitment		p < .0001			p < .0001	
Low	351(23.9%)			476(34.3%)		
Intermediate	572(38.9%)	1.846***	(1.33–2.55)	535(38.6%)	1.930***	(1.39–2.68)
High	548(37.3%)	5.134***	(3.34–7.88)	376(27.1%)	4.639***	(3.02–7.14)
Possibility of Promotion		p < .0001			p < .0001	
Low	570(38.7%)			458(33.0%)		
Intermediate	569(38.7%)	.604**	(.44-.84)	588(42.4%)	.687*	(.50-.95)
High	332(22.6%)	.449***	(.31-.66)	341(24.6%)	.423***	(.28-.63)

* significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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moderate to high stress. Compared to men with low effort-reward imbalance, those with high effort-reward imbalance were 2.24 (95% CI = 1.47–3.41) times more likely to have moderate or high stress. Men who reported high or intermediate (vs. low) work overcommitment were 4.63 (95% CI = 3.02–7.14) and 1.93 (95% CI = 1.39–2.68) times more likely to have moderate or high stress. Compared to men 61 or older, those who were 41 or below and 41 to 60 were 3.91 (95% CI = 2.69–5.67) and 2.30 (95% CI = 1.64–3.21) times more likely, respectively, to have moderate or high stress. Compared to men who reported a decrease or no effect of COVID on stress, those who reported an increase were 2.79 times more likely to contemplate leaving (95% CI = 2.14–3.64). The likelihood of promotion had an inverse relationship with stress. Compared to men with low scores on the promotion subscale, those with high or intermediate scores were 2.36 times less likely (95% CI = 1.50–3.53) and 1.64 times less likely (95% CI = 1.05–2.02), respectively, to have moderate or high stress (ORs and CIs divided by 1 for ease of interpretation).

Primary/significant predictors of moderate to high perceived stress in women included COVID effect on stress, age, effort-reward imbalance, work overcommitment, and promotion.

For women, work overcommitment had the highest odds ratio regarding association with having moderate or severe stress. Compared to women with low effort-reward imbalance, those with intermediate and high effort-reward imbalance were 1.96 (95% CI = 1.41–2.70) and 2.39 (95% CI = 1.59–3.61) times more likely to have moderate or high stress. Women 41 and below were 2.26 (95% CI = 1.51–3.40) times more likely to have moderate or severe stress than women 61 and older. Compared to women who reported a decrease or no effect of COVID on stress, those who reported an increase in stress due to COVID were 4.10 times more likely to have moderate or severe stress (95% CI = 3.14–5.35). Compared to women who perceived a low possibility of promotion, women who perceived a high possibility of promotion were 2.23 times less likely (95% CI = 1.52–3.27) to have moderate or severe stress, and those with intermediate possibility of promotion were 1.66 times less likely (95% CI = 1.19–2.30) (ORs and CIs divided by 1 for ease of interpretation).

Risky drinking. Table 5 depicts the results of the logistic regression analysis examining predictors of whether someone endorsed AUDIT-C risky drinking (adjusted for gender). Primary predictors of risky drinking for both men and women included workplace permissiveness toward alcohol and COVID impact. Overcommitment was a predictor of risky drinking in men but not women. For men, the likelihood of risky drinking was 1.71 times higher (95% CI = 1.26–2.33) for those scoring high on alcohol permissiveness at work (vs. low). Men who reported intermediate (vs. low) work overcommitment were 1.43 times more likely (95% CI = 1.06–1.92) to engage in risky drinking. Compared to men who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking due to COVID were 3.73 times more likely to engage in risky drinking (95% CI = 2.81–4.96).

For women, the only predictors significantly associated with risky drinking were alcohol permissiveness at work and COVID effect on drinking. Women with high (vs. low) workplace permissiveness toward alcohol were 1.37 times more likely to engage in risky drinking (95% CI = 1.01–1.87). Compared to women who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking were 6.99 times more likely to engage in risky drinking (95% CI = 5.13–9.53).

Leaving the legal profession. Table 6 depicts the results of the logistic regression analysis examining predictors of whether someone indicated yes or no to the question, “Are you considering, or have you left the legal profession due to mental health problems, burnout, or stress?”. For men, the likelihood of contemplating leaving the job was 4.46 times higher (95% CI = 2.27–8.74) for those with high (vs. low) self-reported stress and was 2.36 times higher (95% CI = 1.23–4.53) for those with intermediate (vs. low) stress. Additionally, men with high or intermediate (vs. low) work-family conflict were 2.47 (95% CI = 1.47–4.17) and 1.78 (95% CI = 1.12–2.82) times more likely, respectively, to report contemplating leaving. Men who reported high (vs. low) work overcommitment were 2.38 times more likely (95% CI = 1.36–4.14) to contemplate leaving. Men 41 or below were 2.26 times more likely to contemplate leaving (95% CI = 1.37–3.72) compared to men 61 and older. Compared to men who reported a decrease or no effect of COVID on anxiety, those who reported an increase in anxiety due to COVID were 1.40 times more likely to contemplate leaving (95% CI = 1.00–1.96). Perceived likelihood of promotion had an inverse relationship to contemplating leaving on men. Compared to men with low promotion scores, those with high or intermediate scores were 2.46 times less likely (95% CI = 1.47–4.10) and 1.64 times less likely (95% CI = 1.12–2.40) to contemplate leaving the profession (ORs and CIs divided by 1 for ease of interpretation).

For women, work-family conflict had the highest odds ratio with regard to association with contemplating leaving the legal profession due to mental health, stress, or burnout. More specifically, compared to women with low work-family conflict, those with high work-family conflict were 4.60 times more likely to contemplate leaving (95% CI = 3.09–7.01). Women 40 or

Table 5. Work-related predictors of risky drinking.

	Women (N = 1,312)			Men (N = 1,237)		
	N (%)	OR	95% CI	N	OR	95% CI
COVID–drinking		p < .0001			p < .0001	
No Change/Decrease	858(65.4%)			876(70.8%)		
Increase	454(34.6%)	6.993***	(5.13–9.53)	361(29.2%)	3.734***	(2.81–4.96)
Age		p = .053			p = .051	
Less than 40	548(41.8%)	.632*	(.43–.94)	380(30.7%)	1.211	(.86–1.71)
41 to 60	591(45.0%)	.642*	(.44–.94)	515(41.6%)	.846	(.621–1.15)
61 and older	173(13.2%)			342(27.6%)		
Alc. permissiveness at workplace		p = .038			p = .002	
Low	387(29.5%)			436(35.2%)		
Intermediate	416(31.7%)	.957	(.70–1.30)	393(31.8%)	1.369*	(1.03–1.83)
High	509(38.8%)	1.373*	(1.01–1.87)	408(33.0%)	1.714**	(1.26–2.33)
Stress					p = .402	
Low				309(25.0%)		
Intermediate				490(39.6%)	.802	(.58–1.11)
High				438(35.4%)	.880	(.60–1.28)
Work-Family Conflict						
Low						
Intermediate						
High						
Effort-Reward Imbalance						
Low						
Intermediate						
High						
Work Overcommitment		p = .533			p = .048	
Low	308(23.5%)			413(33.4%)		
Intermediate	507(38.6%)	.956	(.70–1.31)	483(39.0%)	1.428*	(1.06–1.92)
High	497(37.9%)	1.120*	(.81–1.55)	341(27.6%)	1.142	(.80–1.63)
Possibility of Promotion						
Low						
Intermediate						
High						

*significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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below and 41 to 60 were 3.50 (95% CI = 1.99–6.13) and 3.05 (95% CI = 1.76–5.32) times more likely to contemplate leaving than women 61 and older. Additionally, women with high stress (vs. low) were 1.82 times more likely to contemplate leaving (95% CI = 1.02–3.25). Compared to women who reported a decrease or no effect of COVID on anxiety, those who reported an increase in anxiety due to COVID were 1.56 times more likely to contemplate leaving (95% CI = 1.15–2.12). In contrast to men, promotion was not associated with leaving the profession in women.

Discussion

The present study provides insight into factors associated with the experiences of stress, risky drinking, and attrition in the legal profession. An overarching finding was that men and

Table 6. Work-related predictors of leaving or contemplating leaving the legal profession.

	Women (N = 1,346)			Men (N = 1,277)		
	N (%)	OR	95% CI	N	OR	95% CI
COVID-anxiety		p = .004			p = .049	
No Change/Decrease	456(33.9%)					
Increase	890(66.1%)	.639**	(.47-.87)	593 (46.4%)	.715*	(.51-.999)
Age		p < .0001			p = .004	
Less than 40	533(39.6%)	3.496***	(1.99–6.13)	375(29.4%)	2.264**	(1.38–3.72)
41 to 60	626(46.5%)	3.054***	(1.76–5.32)	532(41.7%)	1.623	(1.00–2.64)
61 and older	187(13.9%)			370(29.0%)		
Stress		p = .001			p < .0001	
Low	148(11.0%)			329(25.8%)		
Intermediate	512(38.0%)	1.028	(.58–1.83)	507(39.7%)	2.364**	(1.23–4.53)
High	686(51.0%)	1.824*	(1.02–3.25)	441(34.5%)	4.456***	(2.27–8.74)
Alc. permissiveness at workplace						
Low						
Intermediate						
High						
Work-Family Conflict		p < .0001			p = .003	
Low	558(41.5%)			590(46.2%)		
Intermediate	414(30.8%)	1.766**	(1.21–2.59)	421(33.0%)	1.779*	(1.12–2.81)
High	374(27.8%)	4.650***	(3.09–7.00)	266(20.8%)	2.471**	(1.47–4.17)
Effort-Reward Imbalance					p = .453	
Low				477(37.4%)		
Intermediate				423(33.1%)	.758	(.47–1.23)
High				377(29.5%)	.913	(.54–1.56)
Work Overcommitment		p = .078			p = .001	
Low	322(23.9%)			437(34.2%)		
Intermediate	528(39.2%)	1.500	(.95–2.37)	504(39.5%)	1.218	(.74–2.02)
High	496(36.8%)	1.788*	(1.08–2.96)	336(26.3%)	2.376**	(1.36–4.14)
Possibility of Promotion					p = .002	
Low				420(32.9%)		
Intermediate				544(42.6%)	.610*	(.42-.89)
High				313(24.5%)	.407**	(.24-.68)

*significant difference from referent (*p ≤ .05; **p ≤ .01; ***p ≤ .001); OR = odds ratio; CI = confidence interval.

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women differ with respect to both the prevalence of these problems and the degree to which workplace factors may contribute to them.

In the present study, younger attorneys were 2–4 times more likely than their older colleagues to report moderate or high stress. This finding is consistent with what has been observed in other high-stress professions, such as medicine, where younger age is a significant factor associated with physician burnout [22]. For the legal profession, this is noteworthy and should inform a variety of domains, from the development of mitigation strategies to the identification, allocation, and targeted deployment of supports, resources, tools, and training. The fact that younger attorneys experience significantly higher levels of stress also suggests an increased role for law schools in better equipping their students for the experiences that lie ahead. Some progress has been made in this realm, and a recent survey of law school efforts to

improve mental health suggests that a handful of schools have emerged as trailblazers in this arena, but others still have considerable work to do [23].

Depending upon the specific employment context, the origins of a lawyer's workload may vary in nature, from high or possibly unrealistic productivity requirements set by an employer to the practical demands, such as generating enough revenue to simply stay afloat, often faced by solo practitioners. Heavy workloads and overcommitment were reflected in the sample of the present study. For example, 67% of the sample reported working over 40 hours per week, and nearly a quarter indicated working over 51 hours per week on average. Furthermore, overcommitment scores, as assessed by the ERI Questionnaire, were similar to scores reported in other high-stress occupations (e.g., doctors, nursing, and law enforcement) [24–26]. Findings from other studies indicate that overcommitment is associated with a higher prevalence of psychiatric distress [27] and that this association is higher among women than men [28]. Our findings align with these reports and demonstrate that while high (vs. low) work overcommitment was strongly associated with stress among both sexes, this relationship was strongest in women. Hard work and professional rigor have long been associated with the life of a practicing lawyer. However, there is a point where workloads become untenable, threatening to diminish the health and well-being of those tasked with supporting them. Excessive workloads also have the potential to undermine the quality and reliability of the work product delivered in their service since chronic stress has been consistently associated with lower cognitive function [29].

Approximately 30% of our sample screened positive for high-risk hazardous drinking according to the AUDIT-C (≥ 4 for women and ≥ 5 for men), which is interpreted to be within the range of alcohol abuse or possible alcohol dependence [15,30]. Despite the high prevalence of hazardous drinking as assessed by the AUDIT-C, we were struck by the low prevalence of attorneys who self-reported ever having received an Alcohol Use Disorder diagnosis (2% of the sample). This disparity suggests an extreme level of underdiagnosis and treatment for a widespread problem, possibly owing to pervasive denial, stigma, and a professional culture that normalizes heavy drinking.

An additional noteworthy finding regarding alcohol use is that a significantly greater proportion of women compared to men engaged in risky drinking (55.9% vs. 46.4%) and high-risk/hazardous drinking (34.0% vs. 25.4%). This finding is at odds with several other studies outside the legal profession indicating that men typically exceed women in terms of problematic alcohol use as defined by the AUDIT-C [31,32]. However, it supports previous reports within the legal profession, indicating heightened problematic drinking in women compared to men [1]. This finding, along with the fact that women also had elevated levels of anxiety, depression, and stress, highlights a very real mental health disparity that exists within the legal profession. Identifying why women in the legal profession are suffering disproportionately requires ongoing and sustained attention.

Over 80% of the attorneys considered themselves a current drinker. In contrast, an estimated 55% of the U.S. population drank in the past month, and an estimated 70% drank in the last year [33]. Over half of the lawyers screened positive for risky drinking on the AUDIT-C, and 30% screened for high-risk hazardous drinking. Findings from the present study indicated that workplace permissiveness towards alcohol use was a primary predictor of risky drinking among men and women. This finding supports the perception of an alcohol-based social culture that has long typified the legal profession [34]. In the absence of historical or longitudinal data on the association between risky drinking and workplace permissiveness towards alcohol use in the legal profession, we cannot determine whether this association has been weakened in recent years because of ongoing calls for the deemphasis of alcohol within the profession. However, we can conclude that this association continues to exist and thereby merits

additional and sustained efforts to emancipate the practice of law from a pervasive expectation of alcohol use.

Compared to men who reported a decrease or no effect of COVID on drinking, those who reported an increase in drinking due to COVID were almost four times more likely to engage in risky drinking. Women who reported an increase in drinking due to COVID were seven times more likely to drink riskily. These inauspicious findings may signal the early manifestation of what will ultimately prove to be a long-term problem for some lawyers. Although we did not probe the specific reasons why respondents were drinking more in response to COVID, it is reasonable to conclude that many were drinking more because of heightened anxiety and stress associated with the pandemic, and research has shown that drinking to cope with negative affect and anxiety can greatly increase the risk of persistent alcohol dependence [35]. This finding highlights the importance of helping lawyers develop healthy coping skills to reduce the likelihood of resorting to alcohol in times of high stress.

Considering the higher rates of mental health distress experienced by female attorneys, an expected but troubling result is that more women than men (24.2% vs. 17.4%) contemplated leaving the legal profession due to mental health problems, burnout, or stress. This is an undesirable outcome for a profession long bedeviled by its inability to retain female attorneys [5,36–39] and raises the question of whether improving workplace factors that influence poor mental health might be an important missing ingredient in those efforts.

Predictors of leaving the profession due to mental health or burnout differed between women and men. The workplace-related factor most predictive of contemplating leaving the profession for women was work-family conflict. Women with a high work-family conflict score were roughly 4.5 times more likely to leave or consider leaving the profession due to mental health, burnout, and stress. Work-family conflict was also a significant factor for men, albeit less so. This aligns with findings from a large ABA-sponsored survey in which more than half of the women indicated that caretaking commitments or work-family conflict were a primary reason for leaving their firm [36]. Notably, more men than women report being married with children, perhaps suggesting that anticipation of work-family conflict may also influence the decisions of female attorneys about whether, or when, to marry or otherwise establish a family unit in the first place. The possibility that work-family conflict is influencing decisions about marriage is also relevant to our findings that women are experiencing worse mental health than men since married adults, and to a lesser extent, those in non-marital committed partnerships, have shown better psychological well-being than their single counterparts in samples from nearly two dozen countries [40]. Overall, our findings related to work-family conflict align with research in other industries and professions such as banking, pharmaceuticals, medicine, science, and engineering, in which high-work family conflict was either directly or indirectly associated with job dissatisfaction and turnover intentions [41,42].

Work overcommitment was also a significant predictor of leaving the profession due to mental health, burnout, or stress among men, and it approached significance in women. In fact, men with high work overcommitment were more than twice as likely to contemplate leaving the profession due to mental health, and women with high overcommitment were 1.78 times more likely to leave. This is an unsurprising but unfortunate outcome that raises a question of how many otherwise talented lawyers and gifted legal minds have found themselves driven from the profession for reasons wholly unrelated to their skill, intellect, or passion for the law.

Finally, the perceived likelihood of promotion was associated with a lower likelihood of leaving or contemplating leaving the profession due to mental health, burnout, or stress for men. However, the same did not hold true for women. Specifically, men with high or intermediate scores on the perceived possibility of promotion subscale were approximately 2.5 times

less likely to leave the profession due to mental health, but no association between these items was present for women. Therefore, it would seem that whatever benefit the perceived possibility of promotion is affording men as it relates to mental health, burnout, or stress is not transferring equally to women. One could speculate that women frequently anticipate less opportunity or chance for promotion, thereby rendering that possibility less relevant to their calculation about whether to leave the profession due to mental health. Reports from the field lend strong support to this, with one survey indicating that 53% of women indicated being denied or overlooked for advancement or promotion compared to only 7% of men [36]. It could also be surmised that, on balance, female attorneys do not view the possibility of promotion as being meaningful or important enough to offset their concerns about mental health, stress, and burnout. It is likely that both factors, along with others, could account for this finding.

Limitations

We did not examine help-seeking motives and behaviors and are therefore unable to opine whether progress has been made in encouraging lawyers to seek help for their struggles when needed, though much effort has been directed toward that goal, and anecdotal evidence would indicate at least some improvement. Additionally, as mentioned, the survey occurred during a national crisis, the COVID-19 pandemic. While efforts were made to assess the extent COVID may have influenced the results of the present study, it is expected that the impact occurred in ways unaccounted for in the design of the study and in the accuracy of reporting from the participants. It is quite possible that despite stating that mental health symptoms did not change since the beginning of the pandemic, such changes may have gone unnoticed in some respondents. While this could be a limitation of all survey-based studies, it could be argued that accurate assessment of whether a major event influenced a single symptom would require an inordinate level of self-awareness. An additional limitation relates to the wording of the COVID items. The items asked whether participants believed their problems increased, decreased, or stayed the same since COVID. It is reasonable to assume that COVID-19 was a major factor; however, other life events or situations that occurred during this time but were unrelated to the pandemic may have also contributed to their response.

Conclusion

Our findings raise meaningful concerns about the stress levels of both men and women and the possible impact of that stress on the delivery of effective legal services. Ultimately, when a client hires an attorney or law firm, they expect that the individuals representing them are not experiencing cognitive impairment or diminished executive function due to job burnout. In a profession where work overcommitment appears both rampant and significantly predictive of high stress, it would be reasonable to question how consistently those client expectations are being met and whether more safeguards are warranted to facilitate less overcommitment across a variety of legal work environments. Professional training and interventions that have proven effective in addressing burnout among physicians could be considered for the legal profession, such as cognitive behavioral therapy, monthly meetings focused on work-life and personal challenges, offloading non-essential tasks to staff, standardizing and synchronizing workflows, stress reduction activities, and adherence to limitations in work hours [43]. Additionally, physicians who engage in problematic drinking or experience other substance use disorder problems often receive support through Physician Health Programs and, when necessary, are required to achieve abstinence and stay under monitoring for several years. Lawyer Assistance Programs play a similar role in the legal profession, providing both support

for and, in some instances, monitoring of attorneys with substance use disorders. Greater familiarity with these programs and the services they offer to the legal profession is warranted.

Furthermore, a career in law should not be antagonistic to the full expression of a lawyer's humanity, including their ability to undertake and navigate familial obligations should they so desire. Strategies and interventions aimed at alleviating work-family conflict would be wise pursuits for legal employers hoping to reduce unwanted turnover and increase the likelihood that their attorneys will be able to thrive across all dimensions of their lives. Findings from the present study also revealed an inverse relationship between the perceived likelihood of promotion and perceived stress, suggesting that possibility of promotion is likely a protective factor against perceived stress. Unfortunately, the business models of many legal employers, as well as the pyramidal or hierarchical structures of many employment settings generally, would seem to necessarily limit the availability of this protective factor by predetermining the number of possible promotions, often through an "up or out" system. As such, employers may be able to reduce perceived stress by pursuing creative solutions to widen the range of career tracks and opportunities for growth currently available to their lawyers.

Finally, it is clear from our data that workplace attitudes and permissiveness towards alcohol significantly influence the likelihood of problematic drinking among attorneys. Changing workplace attitudes towards alcohol is an ostensibly straightforward solution for reducing the incidence of problem drinking that will nonetheless continue to be challenging. Given the cultural embrace and seeming omnipresence of alcohol within law firm gatherings and other professional events, the goal of changing attitudes is likely to be best accomplished through sustained, incremental efforts. An essential component of those efforts should be education, as educational interventions and the provision of structured advice about drinking behaviors have been widely shown to reduce problematic drinking in a variety of populations [44–46].

In conclusion, our research identifies key areas upon which stakeholders in the legal profession should focus their efforts to improve lawyer mental health and well-being. Overall, findings from the present study suggest that levels of mental health problems and problematic drinking continue to be quite high among currently employed attorneys. Women experience more mental health distress, greater levels of overcommitment and work-family conflict, and lower prospects of promotion than men in the legal profession and are more likely to leave as a result. Addressing the structural, cultural, and organizational infrastructures responsible for this mental health gender disparity will be an important step towards achieving the profession's longstanding goals around the retention of female attorneys.

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Author Contributions

Conceptualization: Patrick R. Krill.

Data curation: Justin Anker.

Formal analysis: Justin Anker, Patrick R. Krill.

Investigation: Justin Anker, Patrick R. Krill.

Methodology: Justin Anker.

Project administration: Justin Anker, Patrick R. Krill.

Resources: Patrick R. Krill.

Supervision: Patrick R. Krill.

Validation: Justin Anker.

Writing – original draft: Justin Anker, Patrick R. Krill.

Writing – review & editing: Justin Anker, Patrick R. Krill.

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The Lawyer Wellness Issue

Lawyers Find Wellness Through Art, Craft and Creativity

by Natasha S. Chee

The law is often regarded as being rigid, exacting, and demanding, whereas art is thought to be loose and free. Lawyers and artists seem to be on opposite sides of the spectrum; however, artistic lawyers are finding balance and wellness combining the two disciplines. In art, the transformation the artist undergoes during the creative process has a benefit unto its own. The process of creating art comes from deep within the artist's soul, rising up through experiences, memories, cherished moments, and beyond, forming in a medium appreciated by both the artist and the viewer. The power with which art can positively affect the human psyche is undeniably strong. Understanding this as an artist and a lawyer, I created the inaugural Contra Costa County Bar Association Virtual Art Show to display works of art made by artistic lawyers to demonstrate how creativity can add value beyond measure in a lawyer's life and practice.

The legal profession is one of the most rewarding professions in the world; however, it is equally fast-paced, high-stress, and arduous, often leading to burnout, depression, anxiety, addiction or a combination of these concerning outcomes. In a study conducted in 2016, a substantial number of attorneys experienced behavioral health problems and symptoms of depression (28%), anxiety (19%), stress (23%), and alcohol related dependency (20.6%).¹ These statistics are concerning, considering lawyers have duties to provide competent representation and diligence to their clients, as well as duties to non-

clients.² Given the disturbing statistics on mental health and addiction, and their likely impact on lawyers' abilities to fulfill their ethical duties, the need for attorney wellness is not to be taken lightly, nor is it to be ignored.

Creative therapy could be utilized to combat and alleviate the mental toll that lawyers experience by providing an outlet for stress relief. There are various creative therapies such as music engagement, movement-based creative expression, and expressive writing. The CCCBA's Visual Art Show focused on visual art therapy. "There is evidence that engagement with artistic activities, either as an observer of the creative efforts of others or as an initiator of one's own creative efforts, can enhance one's moods, emotions, and other psychological states as well as have a salient impact on important physiological parameters."³ Art therapy is a recognized modality of integrative mental health that is facilitated by a board-certified art therapist through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship.⁴ By engaging the mind, body, and spirit in ways that are distinct from verbal articulation alone, art therapy is used to improve cognitive and sensory-motor functions, foster self-esteem, cultivate emotional resilience, promote insight, enhance social skills, resolve conflicts, reduce distress, and advance societal change.⁵

The CCCBA Visual Art Show provided a fantastic opportunity for artistic attorneys to share how they use creative expression to foster

and develop wellness. The participants included Julie Ann Giammona, Marc Bouret, Qiana Washington, Mary Grace Guzman, and myself. Each artistic lawyer had the ability to present their works of art, explain their artistic journey and inspirations, and their process. The presenters elaborated on the creative aspects that brought them joy, while attendees were encouraged to engage in discussion.

Julie Ann Giammona, labor and employment attorney at Ferber Law PC, shared her "Dot Rock Art" which she created by pouring acrylic into molds, and subsequently painting the rocks using a dot technique that created beautiful intricate designs.

Giammona also shared her love of floral arranging as another form of her creativity.

As a child, she was told she was not artistic by a teacher, which had a lasting negative effect, and led her



to shy away from artistic activities throughout her life. Fortunately, as an adult she rekindled her

creativity, valuing the process just

Continued on page 17 ►



Dot Rock Art by Julie Ann Giammona

Lawyers Wellness, Continued from page 15

as much as the resultant work of art.

Award-winning oil painter, **Marc Bouret**, mediator at Bouret ADR & Mediation Firm, draws inspiration from his travels and memorable life moments. Bouret began painting later in life after taking several



Oil painting by Marc Bouret

classes, and has found passion for the artistic medium – mixing vivid colors with scenic subject matter, combined with an impressionistic style reminiscent of many of the great masters. He shared a sweet painting of his wife in Venice, Italy, which he declined to sell for sentimental reasons.

Fashion designer **Qiana Washington**, criminal defense attorney at Washington & Associates, creates elegantly tailored opera gowns, coats, and suits, gathering inspiration from various sources including television characters like “Rachel” on Friends. She shared how she sketches each design, creates a pattern and prototype, then sews the final garment to her specifications. The time, skill, and detail put into each garment creates a work of art, with little resemblance to fast-

Continued on page 18 ▶



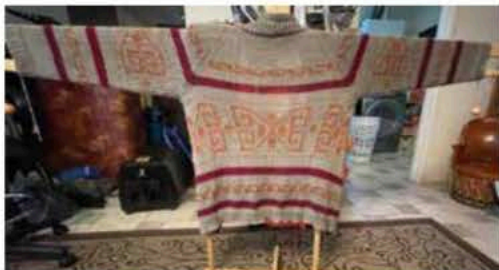
Skirt and blouse designed by Qiana Washington



Lawyers Find Wellness, Continued from page 17

fashion found in big-box retailers. Washington recalls her grandmother's influence on her passion for clothing design, reminding us that historically, cultures passed skills down from one generation to the next, thereby creating a living heritage.

Knitter **Mary Grace Guzman**, ethics and professional responsibility attorney at Guzman Legal Solutions, walked the audience through the process of creating a merino wool sweater that she knitted in the traditional Fair Isle style, adding her own flair by using bright colors and a skull motif. **G u z m a n
l e a r n e d**



Sweater by Mary Grace Guzman

how to knit from a former boss and cited her embroiderer grandmother as a source of inspiration. She finds knitting to be relaxing, calming, and meditative, greatly helping her handle the stress of running her law practice.

Natasha Chee, I am an entertainment, video game, and tech attorney with my own firm who loves working in various mediums including painting, photography, ceramics, and knitting, as a way of expressing my creativity. These activities allow my brain to enter a state of flow whereby I completely immerse myself in my art. I often flip the canvas painting multi-directionally, using brushes and palette knives to create texture and evoke emotions in the resultant artwork. I utilize photography as a way of transforming a moment into



Photography by
Natasha Chee

a dream-like state of abstractionism, whereas knitting and ceramics are more meditative, tactile, and organic methods of creating something beautiful. My inspirations come from anything experienced in the world, whether it be a memory, a dream, a film, a song, an artist that I admire, or an abstract idea. I was fortunate to be raised in an artistic family where art was discussed, valued, and celebrated as a way of life.



Oil painting by
Natasha Chee

Art and the creative process can help lawyers achieve a more balanced life, in addition to greater feelings of satisfaction, calm, and well-being. As lawyers lead increasingly stressful, over extended, fast-paced lifestyles, creating art and flow may be a refreshing way to heal and reset your life. Pick any artistic medium that speaks to you, release your mind, and find all the ways the creative process may be just what the doctor ordered!

Natasha S. Chee is the principal at the Law Offices of Natasha S. Chee. Her practice focuses on Entertainment, Intellectual Property and Business Law. She works with producers, filmmakers, musicians, content creators, and video game and tech companies. She graduated from Santa Clara University School of Law and UCLA. To learn more: www.natashachee.com.

1 Krill, et al. "The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys." *Journal of Addiction Medicine*, vol. 10, issue 1, Jan./Feb. 2016, pp. 46-52, https://journals.lww.com/journal-addictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx. Accessed 22 Mar. 2021.

2 ABA Model Rules of Professional Conduct, Rules 1.1, 1.3 and 4.1-4.4.

3 Stuckey, et al. "The Connection Between Art, Healing, and Public Health: A Review of Current Literature." *Am. J. Public Health*, vol. 100(2), Feb. 2010, pp. 254-263, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804629/>. Accessed 23 March 2021.

4 See <https://arttherapy.org/about-art-therapy/>.

5 See *Id.*

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Losing Our [Best] Minds

Addressing the Attrition Crisis of Women
Lawyers in a Post-Pandemic World



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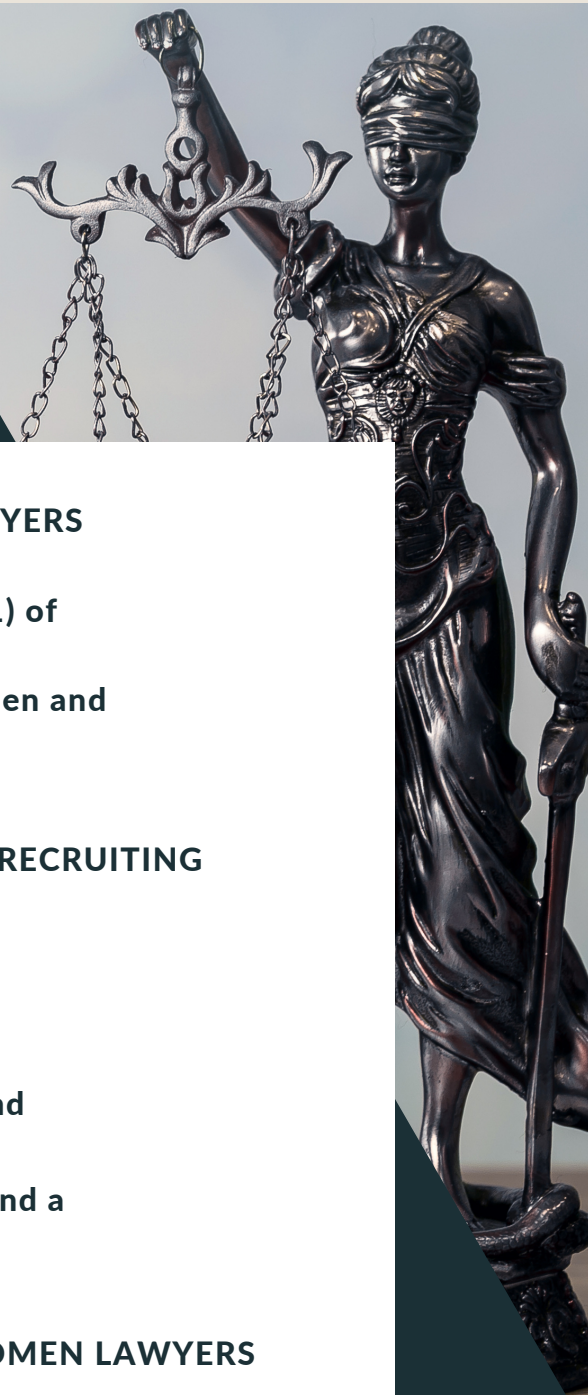
**AUTHORS: BREE BUCHANAN, JODI CLEESATTLE,
KATY GOSHTASBI**

A project of the California Lawyers Association and the California Women Lawyers, with work group members Sara Rief, Michelle Harmon, Hon. Catherine Purcell, Martine Marich, Koji Fukumura, Layla Khamoushian, Ana Storey, Katy Goshtasbi, Jodi Cleesattle, Judith Gordon, Hon. Yvette Roland, and Sungina Jagdish, and CLA Initiatives Manager, Lauren Oakley.



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I. THE ATTRITION CRISIS AMONG WOMEN LAWYERS

A. FINDINGS OF THE STRESS, DRINK, LEAVE STUDY OF CALIFORNIA AND D.C. LAWYERS

In 2021, a [new study](#) was published that shed light on the disturbing trend of women leaving the legal profession at alarming rates. Aptly titled, “Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed lawyers,” (hereinafter “Stress, Drink, Leave study”) this study of 2,863 employed California and D.C. lawyers found “the prevalence and severity of depression, anxiety, stress, and risky/hazardous drinking were significantly higher among women lawyers.” Alarming, researchers found that 24.2% of women were considering leaving the legal profession due to mental health problems, burnout, or stress, compared to only 17.4% of men surveyed.¹

The Stress, Drink, Leave study questioned lawyers about predictors that drive attrition, including stress, substance misuse, effort-reward imbalance, work overcommitment, likelihood of promotion, and work-family conflict. Women had significantly higher scores than men for effort-reward imbalance (reflecting greater effort needed for reward), overcommitment (reflecting greater exhaustion and overwhelm because of work demands), and work-family conflict (reflecting greater interference of work with family life). Men scored higher than women with respect to perceived likelihood of promotion.

The workplace-related factor most predictive of contemplating leaving the legal profession for women was work-family conflict. Work-family conflict was also a significant factor for men, but less so. This was true even though the men surveyed were more likely to be married with children than the women surveyed.² Elevated levels of work-family conflict have long shown to correlate with higher depression, anxiety, emotional exhaustion, illness symptoms, and alcohol misuse.

Work overcommitment was strongly associated with stress in the lawyers surveyed, with the relationship strongest in women. Interestingly, however, women were slightly less likely than men to leave the profession based on this factor. For those experiencing high work overcommitment, men were more than twice as likely to contemplate leaving the profession due to mental health with women following close behind at being 1.78 times more likely to leave.

[1] Since data collection occurred during the COVID-19 pandemic, efforts were made—both in the wording of the survey questions and in the statistical analyses—to control for the impact of the pandemic on participants' responses. The authors note that despite their efforts to mitigate the impact of the pandemic on the survey responses, it is of course possible that the accuracy of reporting from some participants may have nonetheless been affected.

[2] Women were significantly less likely to be married (58.3% vs. 75.3%), were more likely to be divorced (10.5% vs. 7.9%) or never married (21.4% vs. 9.3%) and were less likely to have children compared to men (51.4% vs. 69.3%).

Another workplace-related factor — the perceived likelihood of promotion — was associated with a lower likelihood of leaving or contemplating leaving the profession due to mental health, burnout, or stress for men, but not for women. The study authors speculate that likelihood of promotion is a less significant factor in keeping women in the legal profession because women frequently anticipate less opportunity or chance for promotion, thereby rendering that possibility less relevant to their calculation about whether to leave.³

In summarizing the study's findings, Krill writes:

"[M]ore women than men contemplated leaving the profession due to mental health problems, burnout, or stress. This is an undesirable outcome for a profession long bedeviled by its inability to retain female attorneys and raises the question of whether improving workplace factors that influence poor mental health might be an important missing ingredient in those efforts."

B. STUDIES REVEALING ATTRITION AMONG ALL WOMEN AND WOMEN OF COLOR

The Stress Drink Leave study builds on research conducted since the onset of the COVID-19 pandemic in March 2020 showing elevated levels of attrition (having already left a job) and attrition intention (planning to leave a job) by women lawyers:

- [ABA's Practicing Law in the Pandemic and Moving Forward](#), conducted in 2020, found that 37% of women were considering quitting the profession entirely, while 53% of women with children under five years of age were thinking about going part-time. Reasons cited for their plans to leave their current job all related to work-life balance concerns.
- Thomson Reuters' 2022 [Law Firms Stay-Go Report](#) found that the lawyers with the greatest flight risk were women, ethnic minorities, and the LGBTQ community. Lawyers (men and women) belonging to an ethnic minority had a 50% flight risk with black lawyers topping out at 60%.

Prior to the pandemic, the ABA report [Walking Out the Door](#) explored the attrition of senior women lawyers from the ranks of NLJ 500 firms. These women reported that, "on account of their gender, they are significantly more likely than their male counterparts to be overlooked for advancement; denied a salary increase or bonus; denied equal access to business development opportunities; become subjected to implicit biases, double standards, and sexual harassment; be perceived as less committed to their careers." In this study, experienced women lawyers indicated important influences on women leaving their firm were: caretaking commitments (58%), level of stress at work (54%), emphasis on originating business (51%), billable hours (50%), no longer wishing to practice (49%), work/life balance (46%), and health concerns (42%).

[3] The reasons for women leaving law firms and the legal profession extend beyond those studied, and can include harassment or abuse, as well as lack of opportunities for advancement.

I. THE ATTRITION CRISIS AMONG WOMEN LAWYERS

Research reveals the promise in focusing on improvements to mental health and overall well-being and indicates that this effort will pay dividends in reducing the number of women who are leaving the practice of law. In fact, the Thomson Reuters Stay-Go Report showed lawyers were leaving firms for reasons not related to compensation. Instead, the firms doing the best in retaining lawyers were those who expressed concern for their lawyers' well-being, fostered supportive and collaborative structures, focused on equitable treatment among all lawyers, and provided clear career paths.

“Losing so much of the talent pool before it reaches the equity partnership is bad for business and bad for clients. From a financial standpoint, firms sacrifice hundreds of thousands of dollars — if not millions — each year because of employee turnover. And if too many associates leave the nest...the entire law firm business model will be at risk.

— Leopard Solutions, [Women Leaving Law](#)

These findings point to an impending attrition crisis of women leaving the legal profession at a time when meaningful — yet slow and still insufficient — strides towards gender parity were taking hold. The [2022 Glass Ceiling Report](#) (focused on the top 200 largest firms by headcount) showed that despite the fact that women now comprise 49% of associates, only 27% of all partners are female with approximately one-third of management committees being comprised of women. Somewhere along the way, the talent pipeline to the top effectively springs a leak as the number of women precipitously diminishes among the highest echelons of private practice.

Research shows the experiences of women of color differ from the experiences reported for women in general (which have typically reflected only the experiences of white women) in the legal profession. Little has changed since [foundational research](#) was conducted in the 2000s revealing that women of color feel invisible and unsupported in a work environment that is indifferent, if not outright hostile, to their unique perspectives and challenges. Not surprisingly, women of color were found to be leaving law firms for more flexibility, as well as more predictable and less subjective pathways for advancement. As discussed in the [2020 ABA Report, Left Out and Left Behind](#), researchers found that one-fourth of women of color associates make it to equity partner while one-half of white women associates achieve this prized status. Given market demands, law firms intent upon maintaining a competitive edge must uncover means to improve the flow of talent to the upper ranks. We believe a key to that success lies in mitigating the impediments to living a personally and professionally satisfying life currently presented by many firms' policies, practices, and overall culture.

C. CALL TO LEGAL EMPLOYERS FOR ACTION

To stem this tide of attrition by women, legal employers must identify — and then correct — the adverse conditions that are contributing to diminished well-being and that drove the Great Resignation, a significant trend during the COVID-19 pandemic that threatens the profitability and legitimacy of the profession.

“Losing talented lawyers due to attrition caused by poor well-being derails careers, negatively impacts individual well-being, reduces the limited talent pool in the midst of a shortage, and is inconsistent with the values of the profession in the 21st century.”

— Michael J. Kasdan, *Lawyering While Human*

Having a diverse firm is essential to having a thriving firm, one that is attractive to corporate clients who are increasingly demanding diversity on their legal teams. Any inability to recruit and retain women — and lawyers of color — at associate levels will result in a reduced pool of candidates for promotion to equity and leadership status. This diminished pipeline will continue to thwart diversity up the ranks if the firm is not adept at attracting and retaining lateral diverse hires. In a [2019 survey](#) published by the ABA, a large majority of managing partners said that diversity at senior levels was important to achieve better decision-making and to be responsive to markets. Despite this acknowledgement, changes to policies and practices which could effectively promote recruitment and retention have been slow.

“Why is diversity important to the success of a business? More than a decade of studies consistently shows that people from diverse backgrounds, working together, produce more innovation and achieve better solutions and results. Law firms that successfully hire, retain, and advance female lawyers and lawyers of color will have a competitive advantage.”

— Stephanie Scharf and Roberta Leibenberg, *The Red Bee Group*

This report seeks to define the problem of — and sound the alarm regarding — the attrition of women lawyers. Most importantly, it sets out actionable recommendations and strategies designed to positively impact the crisis. We also make suggestions for supporting legal employer accountability in efforts to address the attrition crisis. Additionally, we make recommendations to assist students and prospective lateral hires in finding the best employer fit, one where their well-being will be supported, and they have the best hope of having a thriving professional and personal life.

This report is for:

- Law firm leadership and those in supervisory positions, as well as human resources, professional development, and DEI staff;
- Lawyers and professional staff seeking solutions to promote within their workplace; and
- Prospective employees, particularly law students (the future of the profession and feeders of the employment pipeline) and laterals.

We invite these readers to consider the impact that diminished well-being and the loss of a significant segment of women lawyers will have on the profession. Those seeking to stem this trend will find a list of varied recommendations, and adoption of even some will be a step in the direction of creating a professional culture that honors the individual person first, thereby allowing each lawyer to work efficiently, and live a life of balance, health, and satisfaction.

II. RECOMMENDATIONS AND STRATEGIES FOR RETAINING WOMEN (AND ALL) LAWYERS

A. RECOMMENDATIONS FOR LEGAL EMPLOYERS

Understanding the factors that pose the greatest risk of women leaving the legal profession can help legal employers develop retention programs and policies that will effectively stem the tide of attrition by women – and by all lawyers, for that matter. To keep women lawyers, employers should focus on those factors that will reduce elevated levels of chronic stress created by work-family conflict and the corresponding burden of work over-commitment, better balance the level of effort needed to achieve firm rewards or recognition and create more meaningful paths for promotion.

We encourage legal employers, particularly larger law firms, to embed within their structures practices and policies so that well-being becomes integral to the firm experience. Ideas addressed by this report that can provide the greatest impact include⁴:

1. Flexible employment practices, including equitable work policies and compensation practices;
2. A focus on employee well-being, including providing opportunities for rest and regeneration and eliminating any workplace toxicity;
3. Professional development and leadership training; and
4. Strategies to promote connection, especially within affinity groups

1. OFFER FLEXIBLE EMPLOYMENT

Flexible employment policies are one way in which employers can help lawyers reduce work-family conflict, as well as find a better balance of work while still advancing their careers. Addressing this conflict is vital for firms concerned about the well-being of their lawyers as studies have consistently shown that elevated work-life conflict is related to higher depression, anxiety, emotional exhaustion, illness symptoms, and alcohol misuse. This much sought-after balance is also of increasing importance to associates and – likely – the generations to follow. As evidence of this trend, 2021 research of 3,700 mid-level associates at large U.S. law firms showed that 60% would consider leaving their current firm for better work-life balance, while only 27% would leave for higher compensation. A recent ABA study shows that younger generations highly value flexibility and freedom to balance their work and personal lives in a fluid manner. Additionally, they look to and expect that their employer will support them in these efforts.

[4] These recommendations build upon the varied evidence-based strategies encouraged by the profession-wide well-being movement, including mindfulness, meditation, and yoga, in addition to education on identifying behavioral health disorders and the expansion of employer-provided behavioral health resources, inter alia. An excellent source for learning about implementation of these recommendations is the ABA Toolkit for Lawyers and Legal Employers.

Policies to promote flexibility can include:

- Offering scaled hours matched to scaled compensation, while maintaining paths to leadership and equity partnership. A growing number of firms report allowing reduced-hours tracks that still lead to partnership. Other firms offer reduced hours tracks with no partnership path (sometimes pejoratively referred to as a “mommy track”) but these should still permit lawyers to participate in leadership in meaningful ways, whether serving on committees, heading practice groups, or otherwise contributing to firm leadership. And no matter the track, these lawyers should have the opportunity to work on interesting matters that are valued by the firm.
- Considering alternatives to traditional billable hours models. While most firms operate using some form of billable hour requirement or goal for lawyers – and are not likely to abandon the concept – firms can help reduce stress around the billable hour. Transparency in expectations is important. If the stated billable hour requirement is 1,900, that should be the true requirement, not a baseline. Law firms should implement better methods of valuing non-billable, firm citizenship time –the time spent on administrative tasks such as internal meetings, client development, marketing, recruitment, and mentoring. This is especially important for the retention of women and minority lawyers who often bear heavier administrative burdens at firms, especially in recruitment, mentoring, and managing DEI efforts. Giving billable credit for pro bono hours also can aid with attorney retention, as these cases often provide a boost in job satisfaction.
- Permitting remote work. The COVID-19 pandemic taught us that traditional workplace norms – emphasizing face time in the office – are not necessarily required for productivity. Law firms that never considered allowing telework pre-pandemic quickly converted, out of necessity, to virtual workspaces, with lawyers and staff working from home all or most of the time. Even as the pandemic is winding down, many firms maintain hybrid workforces, with lawyers and staff continuing to work remotely at least part of the time. Allowing at least some telework days can help improve employee job satisfaction, whether by giving parents more family time in lieu of commute time, allowing minority lawyers a break from majority-white office environments, or simply allowing lawyers a more comfortable and safer workspace at home.

“While the pandemic drastically changed how people work, it also gave us a glimpse of just how successful a flexible workplace could be post-pandemic when structure and thoughtful support systems are in place.”

— Manar Morales, CEO, Diversity & Flexibility Alliance

[5] Indeed, a survey of Am Law 200 firms conducted in February 2022 by multinational professional services firm Aon shows that 79% of firms expect all or most of their workforce to be eligible for a hybrid work arrangement, and 80% have completed or were developing formal assessments of roles and individual workers eligible for full remote work in perpetuity. (2022 U.S. Law Firm Work/Life Benefit Survey, Aon (April 2022), available online at: <https://www.aon.com/risk-services/professional-services/major-us-law-firms-invest-in-non-traditional-benefits-for-attorneys-and-staff>.)

2. PRIORITIZE EMPLOYEE WELL-BEING

To attract and retain the best lawyers, legal employers should embed well-being into their organizational structures and create policies that may blunt the effects of law's inherently high and chronic levels of stress. Methods of prioritizing well-being include:

- Maintaining a well-being committee, with ties to – and buy-in from – firm leadership. The firm should allocate to it adequate funding and authorize a scope of work that includes – but also extends beyond – developing creative, experiential offerings such classes on meditation, tips on mindfulness, get-away-from-your-desk lunches or breaks, group hikes, or healthy cooking classes. This committee could also be consulted on firm benefits, policies, and practices that may positively or negatively impact staff well-being.
- Adopting policies that promote well-being and support help-seeking for those experiencing a behavioral health issue. Every mid- to large-size firm should have well-publicized leave policies that encourage use of paid leave for vacation, time spent with family, treatment of physical and mental health issues, and rest and rejuvenation. Firm requirements for taking time away for a behavioral health reason (from a couple of hours each week to attend talk therapy to several months for inpatient treatment) should be explicit, with direction given as to whom in the firm requests should be made, assurances of confidentiality, and guidelines on what will be expected of both the employee and the firm to ensure successful reintegration. An example of such a leave policy can be found [here](#) on the ABA's website.
- Increasing the volume of communications about mental health and well-being with regular missives from leadership (not just human resources) stressing the importance of these topics to the firm and underscoring the imperative of seeking help sooner rather than later. Clear information should be included about how to access the firm's well-being and mental health resources.
- Creating a culture of respecting lawyers' personal time, running counter to the prevailing expectation of being always on call. This will require firms to communicate their philosophy with clients, while reassuring them that their needs will be met by refreshed and engaged lawyers during reasonable work hours. Even more important than clients, firm leaders and those with supervisory functions must fully buy in to the importance of placing some guardrails on expectations of around-the-clock availability. The [U.S. Bank](#) has developed best practices around this thorny topic. Some general ideas for building more flexibility into team time-management practices include:
 - Clearly communicating response-time needs in emails, especially if the sender chooses to send the email after-hours or on a weekend
 - Specifying deadlines and expressly stating when projects are not urgent
 - Routinely consulting with affected persons (whenever possible) before setting and agreeing to deadlines
 - Designating one day each week as “meeting free” or “zoom free”

- Adopting zero-tolerance policies toward discrimination, harassment, and bullying. Firms should foster a culture of teamwork, based upon mutual respect, collaboration, and open communication. Psychological safety has become a watch word for firms seeking to create a workplace where all members feel they can speak their mind, ask for help, and admit mistakes. Additionally, firms should be mindful of micro-aggressions that can accumulate to the detriment of women and minority lawyers who may ultimately find they must leave to simply protect their own well-being.

“Firms [must] be willing to have tough conversations to address more nuanced interactions that are isolating and demoralizing, including passive-aggressive behavior, condescension and intimidation, failure to observe personal boundaries, and micro-aggressions.”

— The American Lawyer’s 2022 Young Lawyer Editorial Board.

- Conducting a review of resources available for lawyers and staff who may be experiencing a behavioral health problem. Often, personnel are directed to the firm’s employee assistance program, which may present a daunting challenge to quickly finding an available, culturally appropriate, and high-quality therapist or other behavioral health provider. Firms should also confirm that their behavioral health insurance coverage meets California (or relevant state) and federally mandated parity requirements.

3. ENHANCE ATTENTION TO LEADERSHIP TRAINING AND PROFESSIONAL DEVELOPMENT

The behavior of a firm’s leaders sets the tone for the entire firm and is the most definitive influence – for ill or otherwise – on their members’ quality of life. Because their words and deeds are scrutinized by all members of the firm, they have an outsized role in creating or ameliorating the attrition crisis. Professional development is an area where legal employers can also have a strong impact on their members’ experiences, signaling that the firm is invested in their professional success and well-being.

- For all law firm personnel in leadership and supervisory positions, training on effective, empathetic communication should be offered at regular intervals. They are also primarily responsible for creating the firm’s culture, particularly when it comes to shaping members’ perceptions about the extent to which the firm does – or does not – support well-being and work-life balance. Depending upon their actions and attitudes, employees quickly learn whether behavioral health issues and general well-being are valued or taboo topics at the firm. When stigma around mental health is observable, personnel will predictably remain silent and avoid engaging in efforts to seek help for a behavioral health issue for themselves or a colleague.

“Firm leaders [must] prioritize culture like they do revenue, billable hours, superior client service, and business development, by evaluating themselves and talking about culture as much as they do those other things.”

— The American Lawyer’s 2022 Young Lawyer Editorial Board

- The true leadership capacity of women lawyers should be highlighted and nurtured. When women are empowered with leadership skills, critical psychological needs of autonomy and competence are met with a resulting increase in one’s sense of well-being, a strong protective factor against the corrosive effects of stress and, by extension, attrition. Professional staff should also be included in these efforts given their indispensable role in providing supports for all functions of the firm.
- Leadership training programs should focus on traits that are frequently associated with women and that are often overlooked in the business and legal world, including a leader’s capacity for empathy, level of emotional quotient (EQ), and how she combines her empathy and EQ to effectively communicate with clients and colleagues. Clients are looking to be understood, listened to, and appreciated —all traits of effective leaders.
- Law firms that are intent upon retaining talent should provide career or executive coaching, as lack of career progression contributes to dissatisfaction and a desire to leave. Likewise, a lack of interest in professional progress by the firm’s lawyers drives diminished well-being in and of itself. A [2022 study](#) by Patrick Krill revealed a striking health hierarchy among lawyers that appears linked to their employers’ values, such that lawyers with the best mental and physical health — and lowest rate of attrition — work in environments that make them feel most valued for their skill, talent, professionalism, or inherent worth as a human being. In contrast, lawyers who were valued merely for their billing ability — coupled with those who were given little to no feedback — were experiencing worse health, an increase in alcohol usage, and — by a large margin — were more likely to report attrition intentions. By focusing on a lawyer’s career path, the firm conveys to the lawyer that she is valued for her skills as a lawyer rather than as “a cog in the wheel.” Well-designed and supported mentoring programs can bolster efforts to highlight career paths within a firm, potentially obviating intentions to move where the “the grass is greener.” These programs should focus on creating opportunities and supports that will increase the lawyer’s ability to move up the firm ladder, such as client interaction, taking the lead on a case, ensuring recognition for achievements, etc.

“When women face barriers to advancement, and don’t see a path forward, they won’t stay.”

— Jacqueline Bell in A Deep Dive Into the Glass Ceiling Report, 2022

4. DEPLOY STRATEGIES TO PROMOTE CONNECTION AND A SENSE OF BELONGING

Lawyers who feel connected to their work, their employers, their peers, and their legal community are apt to be less stressed and more likely to stick with their legal careers. Legal employers are well-served, then, by encouraging and promoting these types of connections:

- Connections to work. Employers can help lawyers, especially newer lawyers, feel more connected to their work and career path by providing formal or informal development plans, mentoring, check-ins about work allocation and projects, and discussions of future opportunities and plans.
- Connections to colleagues. Firms can create intentional network groups – based in or across practice groups and offices – to allow lawyers to connect and find mutual support. Well-organized mentoring programs can also provide means for productive and supportive relationships.
- Connections to the legal community. Employers should encourage lawyers to participate in local bar associations, whether based on geography (city or county bar associations), practice area (e.g., employment law groups), diversity (e.g., [California Asian Pacific American Bar Association](#), [California Women Lawyers](#), or other women’s bar associations) or affinity (e.g., LGBTQ+ bar associations, including regional affiliates of [The LGBTQ Bar](#)). Inns of Court are also great ways to connect with local lawyers and judges.
- Connections to peer support groups. The [State Bar of California’s Lawyer Assistance Program \(LAP\)](#) helps current, former, and disbarred lawyers, law students and State Bar applicants dealing with mental health and/or substance use issues affecting their personal and professional lives.⁶ Local bar associations also may offer peer support groups to help lawyers who are struggling. Law firms, too, may provide peer support groups or other in-house support, as well as Employee Assistance Programs that provide counseling for behavioral health issues.⁷ Finally, the Lawyers Depression Project provides peer-to-peer mental health support groups for those in the legal profession.

[6] Information about LAP is online at <https://www.calbar.ca.gov/Attorneys/For-Attorneys/Lawyer-Assistance-Program>. The website includes a Resources page that includes links to self-assessment tests, publications, and other online resources.

[7] Other resources include the Lawyers Depression Project (<https://www.lawyersdepressionproject.org/>), an online peer-to-peer support group for legal professionals, and the American Bar Association’s Commission on Lawyer Assistance Programs (https://www.americanbar.org/groups/lawyer_assistance/), which provides a directory of LAPs throughout the country as well as links to mental health and other resources.

5. UTILIZE STRATEGIES FOR ACCOUNTABILITY

While the foregoing ideas can begin to effectively “move the dial” on well-being in a law firm, competing interests and agendas can distract from their successful implementation. Inclusion of accountability strategies to track the firm’s progress – or the lack thereof – towards greater well-being should also lead to improved recruitment and retention of personnel, women in particular.

- Use internal surveys to identify well-being needs, causes of poor mental health, experiences of work-life conflict, etc. While best intentions may spur action on these issues, a sustainable and effective overall strategy for promoting well-being should be created in direct response to perceived needs of the firm’s members. To that effect, we recommend use of anonymous surveys to determine how members perceive their well-being needs and whether those are met, how current policies and practices impact those needs, and how they believe the firm should respond in the future.
- In the annual cycle of performance reviews, systematically include a review of well-being needs, perceived barriers to improved well-being, and other factors that impact work-life conflict and retention.
- Sign on to the Well-Being in Law Pledge Campaign. The [ABA Well-Being Pledge Campaign](#), which currently boasts 212 signatories and includes some of the largest firms in the world, sets out a seven-point framework for guiding those signatories in the creation and maintenance of a variety of initiatives designed to promote the well-being of their members. The ABA holds semi-annual meetings for signatories to share and learn from one another.
- Review the [U.K.’s Mindful Business Charter](#) tenets to which signatories pledge, including a commitment to openness and respect, running “smart” meetings and time-saving communications, honoring rest periods, and being mindful when assigning work. International firms should consider signing on to the charter.

III. RECOMMENDATIONS FOR THOSE SEEKING LEGAL EMPLOYMENT

A. RECOMMENDATIONS TO FIND THE BEST WORK ENVIRONMENT FOR WELL-BEING

For those seeking employment as a lawyer – whether for a first job or a mid-career lateral move – finding the right employer fit is key to good mental health in the future. Here are some basic tips and considerations for how to include well-being criteria into one’s job search.

1. LEARN ABOUT THE WELL-BEING IN LAW CRISIS

For prospective employees, including law students and lateral hires, we recommend the following:

- Spend time researching and learning about the well-being crisis in the legal profession. Know where you fall on the spectrum of well-being and identify the supports that you will need in your employment to thrive. One resource that provides free and confidential behavioral health services to law students is each state's [lawyers assistance program](#).
- Use readily available well-being indicia (e.g., [Vault's annual rankings of the best law firms for wellness, the ABA Well-Being Pledge Campaign](#)) to help you evaluate firms and see which aspects of the ratings align authentically with you so that your professional dreams and needs are realized.
- Learn more about the well-being in law crisis as it affects law students by listening to the seven-part podcast series, [The Path to Law Student Well-Being](#), created by the ABA Commission on Lawyer Assistance Programs.

2. ASSESS THE FIRM'S CULTURE AND THE PRIORITIZATION OF THE WELL-BEING OF ITS PERSONNEL

Better understanding your prospective employer's approach to well-being will allow for more informed decisions about the type of work environment you choose and increase the likelihood of it being a good fit over time.

- Reviewing a firm's website for declarations regarding well-being of employees, benefits and programs is just the beginning of learning about a firm's work culture. Dedicate time to looking at ALL the offerings by an employer and ask questions such as these:
 - Do the employer's core values match yours? A firm will typically advertise their guiding values and mission on their website. In the absence of this transparency, ask about this topic during your interview process.
 - What do others say about this employer? Can you interview current or past employees to find out the truth of how employees are treated?
 - What does your gut tell you about the employer? How does this information sync up with the well-being indicia that you researched?
- [NALP](#) (formerly known as the National Association for Law Placement) also provides valuable guidance regarding well-being issues for those involved in the job search process.
- Spend time compiling any questions and comments you have about an employer and then go through your network for answers. [LinkedIn](#) can be most helpful in finding a current or former employee who is willing to provide objective feedback.

B. WOMEN LAW STUDENTS AS CHANGEMAKERS IN THE PROFESSION

The Stress Drink Leave study found that younger lawyers were two to four times more likely than their older colleagues to report moderate or high stress. The distress of young lawyers is a natural result of distress levels of those in law school. A [major study of law students](#) published in 2021 showed that rates of those coming into law school with depression and anxiety had increased significantly since an earlier study conducted by the same authors in 2014. New questions asked in 2021 showed that 70% of students reported experiencing at least two or more types of trauma, with at least a quarter of these respondents having a score high enough to recommend evaluation for PTSD. Most concerning of all, nearly 70% of respondents reported needing help in the prior twelve months for mental health problems, up 42% from 2014.

Given the difficulty new lawyers can have with onboarding to a law firm, law schools can and should play an increased role in better equipping their students for the stresses of the legal profession. In fact, [academics](#) have begun to posit that law schools have an ethical duty to ensure they are creating a learning experience that promotes law student well-being and prevents a decline in their psychological health.

If you are a law student, please know that you are empowered to advocate for programs and practices that will go towards creating a culture of care rather than one of competition, ones that will help you maintain well-being over the course of both your law school and legal career. The aim is to support you and your fellow students in graduating with a sense of well-being and having tools to use to support your well-being as you begin your practice. Likely, the best first contact in these efforts will be your dean of student affairs.

In 2017, the National Task Force on Lawyer Well-Being launched the current well-being in law movement with the groundbreaking study titled, [The Path to Lawyer Well-Being: Practical Recommendations for Positive Change](#), which set out nine recommendations directed at law schools for improving student well-being. In your advocacy, you may suggest that your school adopt or consider the following strategies which are based upon that report:

- Incorporate well-being into the curriculum by either offering a well-being class as a required (or at least “for credit”) course or including the topic in courses on professional responsibility. For more detailed information on implementation of this idea, see [this article](#) by University of Miami School of Law Dean of Students Janet Stearns.
- Conduct an anonymous well-being survey of the student body to determine rates of disorders, barriers to accessing help, needed resources, etc.
- Provide confidential peer support groups for students who may be struggling with the effects of chronic stress or other behavioral health concerns, as well as a student organization dedicated to mental health issues.
- Embed a mental health counselor from either the main campus mental health center or the [state’s lawyers assistance program](#).

- Hold social events that are not centered around drinking alcohol so that those who do not imbibe (for reasons related to health, religious beliefs, addiction, etc.) may also be included in the event.
- Work to reduce the stigma associated with mental health and substance use problems, and to promote help-seeking by students by hosting regular well-being events and sending student body-wide communications on behavioral health topics.

The ABA Committee that governs law school standards adopted [revisions to Standard 508](#) (effective February 2022), with implementation being mandatory by fall 2023. Look to see how your school is implementing requirements that schools provide all students with information about or services related to mental health, including substance use disorder. Interpretation 508-1 also directs law schools to mitigate barriers or stigma to accessing such services within the law school and wider legal community.

“Take care of yourself’ messages do little for students who feel as though they are drowning. Law schools need to forge a culture in which self-care is not only possible but also valued.”

— Jonathan Todres of Georgia State University College of Law, in [Bloomberg Law, 2022](#)

C. SPECIAL CONSIDERATIONS FOR WOMEN LAWYERS SEEKING NEW EMPLOYMENT

As a lawyer, you should and can advocate for policies, practices, and programs at your workplace that will promote – rather than diminish – your well-being. Change in any setting does not happen without advocacy and access to information from those who work there. Regardless of the size of your practice and firm, consider spearheading, or at least suggesting, in-depth and continuous training and coaching with respect to each lawyer’s well-being and person, peer support groups, more consistent attention to time off for rejuvenation, and a focus on healthy workplaces and processes. Many major law firms who are making a real effort to bring about change begin with the creation of a well-being committee which allows for a space for the firm’s other would-be well-being advocates to coalesce and strategize. Another common means to ensure the inclusion of well-being into the firm culture is to create a position dedicated to this topic.

IV. CONCLUSION

As revealed in the Stress, Drink, Leave study and others cited above, current trends in legal employment are pointing to a potential loss of some of the most talented and valuable legal minds, those of its women lawyers. Unless consistent and effective efforts are made to create a profession that is more sustainable for the humans that comprise its ranks, law is set to experience a backslide in diversity.

“A career in law should not be antagonistic to the full expression of lawyer’s humanity.”

— Patrick Krill, Stress, Drink Leave study

The detrimental humanitarian and corporate impact will be difficult to reverse. By supporting the well-being of its people – and allowing them to work in this esteemed profession while also honoring the basic tenets that make our humanity worth living – law firms and legal employers of all types can remain competitive, profitable, and desirable places to work for the absolute best minds.

APPENDIX A – ACKNOWLEDGEMENTS

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OPEN

The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys

Patrick R. Krill, JD, LLM, Ryan Johnson, MA, and Linda Albert, MSSW

Objectives: Rates of substance use and other mental health concerns among attorneys are relatively unknown, despite the potential for harm that attorney impairment poses to the struggling individuals themselves, and to our communities, government, economy, and society. This study measured the prevalence of these concerns among licensed attorneys, their utilization of treatment services, and what barriers existed between them and the services they may need.

Methods: A sample of 12,825 licensed, employed attorneys completed surveys, assessing alcohol use, drug use, and symptoms of depression, anxiety, and stress.

Results: Substantial rates of behavioral health problems were found, with 20.6% screening positive for hazardous, harmful, and potentially alcohol-dependent drinking. Men had a higher proportion of positive screens, and also younger participants and those working in the field for a shorter duration ($P < 0.001$). Age group predicted Alcohol Use Disorders Identification Test scores; respondents 30 years of age or younger were more likely to have a higher score than their older peers ($P < 0.001$). Levels of depression, anxiety, and stress among attorneys were significant, with 28%, 19%, and 23% experiencing symptoms of depression, anxiety, and stress, respectively.

Conclusions: Attorneys experience problematic drinking that is hazardous, harmful, or otherwise consistent with alcohol use disorders at a higher rate than other professional populations. Mental health distress is also significant. These data underscore the need for greater resources for lawyer assistance programs, and also the expansion of available attorney-specific prevention and treatment interventions.

Key Words: attorneys, mental health, prevalence, substance use

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Send correspondence and reprint requests to Patrick R. Krill, JD, LLM, Hazelden Betty Ford Foundation, PO Box 11 (RE 11), Center City, MN 55012-0011. E-mail: pkrill@hazeldenbettyford.org.

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Little is known about the current behavioral health climate in the legal profession. Despite a widespread belief that attorneys experience substance use disorders and other mental health concerns at a high rate, few studies have been undertaken to validate these beliefs empirically or statistically. Although previous research had indicated that those in the legal profession struggle with problematic alcohol use, depression, and anxiety more so than the general population, the issues have largely gone unexamined for decades (Benjamin et al., 1990; Eaton et al., 1990; Beck et al., 1995). The most recent and also the most widely cited research on these issues comes from a 1990 study involving approximately 1200 attorneys in Washington State (Benjamin et al., 1990). Researchers found 18% of attorneys were problem drinkers, which they stated was almost twice the 10% estimated prevalence of alcohol abuse and dependence among American adults at that time. They further found that 19% of the Washington lawyers suffered from statistically significant elevated levels of depression, which they contrasted with the then-current depression estimates of 3% to 9% of individuals in Western industrialized countries.

While the authors of the 1990 study called for additional research about the prevalence of alcoholism and depression among practicing US attorneys, a quarter century has passed with no such data emerging. In contrast, behavioral health issues have been regularly studied among physicians, providing a firmer understanding of the needs of that population (Oreskovich et al., 2012). Although physicians experience substance use disorders at a rate similar to the general population, the public health and safety issues associated with physician impairment have led to intense public and professional interest in the matter (DuPont et al., 2009).

Although the consequences of attorney impairment may seem less direct or urgent than the threat posed by impaired physicians, they are nonetheless profound and far-reaching. As a licensed profession that influences all aspects of society, economy, and government, levels of impairment among attorneys are of great importance and should therefore be closely evaluated (Rothstein, 2008). A scarcity of data on the current rates of substance use and mental health concerns among lawyers, therefore, has substantial implications and must be addressed. Although many in the profession have long understood the need for greater resources and support for attorneys struggling with addiction or other mental health concerns, the formulation of cohesive and informed strategies for addressing those issues has been handicapped by the

outdated and poorly defined scope of the problem (Association of American Law Schools, 1994).

Recognizing this need, we set out to measure the prevalence of substance use and mental health concerns among licensed attorneys, their awareness and utilization of treatment services, and what, if any, barriers exist between them and the services they may need. We report those findings here.

METHODS

Procedures

Before recruiting participants to the study, approval was granted by an institutional review board. To obtain a representative sample of attorneys within the United States, recruitment was coordinated through 19 states. Among them, 15 state bar associations and the 2 largest counties of 1 additional state e-mailed the survey to their members. Those bar associations were instructed to send 3 recruitment e-mails over a 1-month period to all members who were currently licensed attorneys. Three additional states posted the recruitment announcement to their bar association web sites. The recruitment announcements provided a brief synopsis of the study and past research in this area, described the goals of the study, and provided a URL directing people to the consent form and electronic survey. Participants completed measures assessing alcohol use, drug use, and mental health symptoms. Participants were not asked for identifying information, thus allowing them to complete the survey anonymously. Because of concerns regarding potential identification of individual bar members, IP addresses and geo-location data were not tracked.

Participants

A total of 14,895 individuals completed the survey. Participants were included in the analyses if they were currently employed, and employed in the legal profession, resulting in a final sample of 12,825. Due to the nature of recruitment (eg, e-mail blasts, web postings), and that recruitment mailing lists were controlled by the participating bar associations, it is not possible to calculate a participation rate among the entire population. Demographic characteristics are presented in Table 1. Fairly equal numbers of men (53.4%) and women (46.5%) participated in the study. Age was measured in 6 categories from 30 years or younger, and increasing in 10-year increments to 71 years or older; the most commonly reported age group was 31 to 40 years old. The majority of the participants were identified as Caucasian/White (91.3%).

As shown in Table 2, the most commonly reported legal professional career length was 10 years or less (34.8%), followed by 11 to 20 years (22.7%) and 21 to 30 years (20.5%). The most common work environment reported was in private firms (40.9%), among whom the most common positions were Senior Partner (25.0%), Junior Associate (20.5%), and Senior Associate (20.3%). Over two-thirds (67.2%) of the sample reported working 41 hours or more per week.

TABLE 1. Participant Characteristics

	n (%)
Total sample	12825 (100)
Sex	
Men	6824 (53.4)
Women	5941 (46.5)
Age category	
30 or younger	1513 (11.9)
31–40	3205 (25.2)
41–50	2674 (21.0)
51–60	2953 (23.2)
61–70	2050 (16.1)
71 or older	348 (2.7)
Race/ethnicity	
Caucasian/White	11653 (91.3)
Latino/Hispanic	330 (2.6)
Black/African American (non-Hispanic)	317 (2.5)
Multiracial	189 (1.5)
Asian or Pacific Islander	150 (1.2)
Other	84 (0.7)
Native American	35 (0.3)
Marital status	
Married	8985 (70.2)
Single, never married	1790 (14.0)
Divorced	1107 (8.7)
Cohabiting	462 (3.6)
Life partner	184 (1.4)
Widowed	144 (1.1)
Separated	123 (1.0)
Have children	
Yes	8420 (65.8)
No	4384 (34.2)
Substance use in the past 12 mos*	
Alcohol	10874 (84.1)
Tobacco	2163 (16.9)
Sedatives	2015 (15.7)
Marijuana	1307 (10.2)
Opioids	722 (5.6)
Stimulants	612 (4.8)
Cocaine	107 (0.8)

*Substance use includes both illicit and prescribed usage.

Materials

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001) is a 10-item self-report instrument developed by the World Health Organization (WHO) to screen for hazardous use, harmful use, and the potential for alcohol dependence. The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake, and also possible dependence (Babor et al., 2001). Scores are categorized into zones to reflect increasing severity with zone II reflective of hazardous use, zone III indicative of harmful use, and zone IV warranting full diagnostic evaluation for alcohol use disorder. For the purposes of this study, we use the phrase “problematic use” to capture all 3 of the zones related to a positive AUDIT screen.

The AUDIT is a widely used instrument, with well established validity and reliability across a multitude of populations (Meneses-Gaya et al., 2009). To compare current rates of problem drinking with those found in other populations, AUDIT-C scores were also calculated. The AUDIT-C is a subscale comprised of the first 3 questions of the AUDIT

TABLE 2. Professional Characteristics

	n (%)
Total sample	12825 (100)
Years in field (yrs)	
0–10	4455 (34.8)
11–20	2905 (22.7)
21–30	2623 (20.5)
31–40	2204 (17.2)
41 or more	607 (4.7)
Work environment	
Private firm	5226 (40.9)
Sole practitioner, private practice	2678 (21.0)
In-house government, public, or nonprofit	2500 (19.6)
In-house: corporation or for-profit institution	937 (7.3)
Judicial chambers	750 (7.3)
Other law practice setting	289 (2.3)
College or law school	191 (1.5)
Other setting (not law practice)	144 (1.1)
Bar Administration or Lawyers Assistance Program	55 (0.4)
Firm position	
Clerk or paralegal	128 (2.5)
Junior associate	1063 (20.5)
Senior associate	1052 (20.3)
Junior partner	608 (11.7)
Managing partner	738 (14.2)
Senior partner	1294 (25.0)
Hours per wk	
Under 10 h	238 (1.9)
11–20 h	401 (3.2)
21–30 h	595 (4.7)
31–40 h	2946 (23.2)
41–50 h	5624 (44.2)
51–60 h	2310 (18.2)
61–70 h	474 (3.7)
71 h or more	136 (1.1)
Any litigation	
Yes	9611 (75.0)
No	3197 (25.0)

focused on the quantity and frequency of use, yielding a range of scores from 0 to 12. The results were analyzed using a cut-off score of 5 for men and 4 for women, which have been interpreted as a positive screen for alcohol abuse or possible alcohol dependence (Bradley et al., 1998; Bush et al., 1998). Two other subscales focus on dependence symptoms (eg, impaired control, morning drinking) and harmful use (eg, blackouts, alcohol-related injuries).

Depression Anxiety Stress Scales-21 item version

The Depression Anxiety Stress Scales-21 (DASS-21) is a self-report instrument consisting of three 7-item subscales assessing symptoms of depression, anxiety, and stress. Individual items are scored on a 4-point scale (0–3), allowing for subscale scores ranging from 0 to 21 (Lovibond and Lovibond, 1995). Past studies have shown adequate construct validity and high internal consistency reliability (Antony et al., 1998; Clara et al., 2001; Crawford and Henry, 2003; Henry and Crawford, 2005).

Drug Abuse Screening Test-10 item version

The short-form Drug Abuse Screening Test-10 (DAST) is a 10-item, self-report instrument designed to screen and quantify consequences of drug use in both a clinical and

research setting. The DAST scores range from 0 to 10 and are categorized into low, intermediate, substantial, and severe-concern categories. The DAST-10 correlates highly with both 20-item and full 28-item versions, and has demonstrated reliability and validity (Yudko et al., 2007).

RESULTS

Descriptive statistics were used to outline personal and professional characteristics of the sample. Relationships between variables were measured through χ^2 tests for independence, and comparisons between groups were tested using Mann-Whitney *U* tests and Kruskal-Wallis tests.

Alcohol Use

Of the 12,825 participants included in the analysis, 11,278 completed all 10 questions on the AUDIT, with 20.6% of those participants scoring at a level consistent with problematic drinking. The relationships between demographic and professional characteristics and problematic drinking are summarized in Table 3. Men had a significantly higher proportion of positive screens for problematic use compared with women (χ^2 [1, *N* = 11,229] = 154.57, *P* < 0.001); younger participants had a significantly higher proportion compared with the older age groups (χ^2 [6, *N* = 11,213] = 232.15, *P* < 0.001); and those working in the field for a shorter duration had a significantly higher proportion compared with those who had worked in the field for longer (χ^2 [4, *N* = 11,252] = 230.01, *P* < 0.001). Relative to work environment and position, attorneys working in private firms or for the bar association had higher proportions than those in other environments (χ^2 [8, *N* = 11,244] = 43.75, *P* < 0.001), and higher proportions were also found for those at the junior or senior associate level compared with other positions (χ^2 [6, *N* = 4671] = 61.70, *P* < 0.001).

Of the 12,825 participants, 11,489 completed the first 3 AUDIT questions, allowing an AUDIT-C score to be calculated. Among these participants, 36.4% had an AUDIT-C score consistent with hazardous drinking or possible alcohol abuse or dependence. A significantly higher proportion of women (39.5%) had AUDIT-C scores consistent with problematic use compared with men (33.7%) (χ^2 [1, *N* = 11,440] = 41.93, *P* < 0.001).

A total of 2901 participants (22.6%) reported that they have felt their use of alcohol or other substances was problematic at some point in their lives; of those that felt their use has been a problem, 27.6% reported problematic use manifested before law school, 14.2% during law school, 43.7% within 15 years of completing law school, and 14.6% more than 15 years after completing law school.

An ordinal regression was used to determine the predictive validity of age, position, and number of years in the legal field on problematic drinking behaviors, as measured by the AUDIT. Initial analyses included all 3 factors in a model to predict whether or not respondents would have a clinically significant total AUDIT score of 8 or higher. Age group predicted clinically significant AUDIT scores; respondents 30 years of age or younger were significantly more likely to have a higher score than their older peers (β = 0.52, Wald [*df* = 1] = 4.12, *P* < 0.001). Number of years in the field

TABLE 3. Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

	AUDIT Statistics			Problematic %*	P**
	n	M	SD		
Total sample	11,278	5.18	4.53	20.6%	
Sex					
Men	6012	5.75	4.88	25.1%	<0.001
Women	5217	4.52	4.00	15.5%	
Age category (yrs)					
30 or younger	1393	6.43	4.56	31.9%	<0.001
31–40	2877	5.84	4.86	25.1%	
41–50	2345	4.99	4.65	19.1%	
51–60	2548	4.63	4.38	16.2%	
61–70	1753	4.33	3.80	14.4%	
71 or older	297	4.22	3.28	12.1%	
Years in field (yrs)					
0–10	3995	6.08	4.78	28.1%	<0.001
11–20	2523	5.02	4.66	19.2%	
21–30	2272	4.65	4.43	15.6%	
31–40	1938	4.39	3.87	15.0%	
41 or more	524	4.18	3.29	13.2%	
Work environment					
Private firm	4712	5.57	4.59	23.4%	<0.001
Sole practitioner, private practice	2262	4.94	4.72	19.0%	
In-house: government, public, or nonprofit	2198	4.94	4.45	19.2%	
In-house: corporation or for-profit institution	828	4.91	4.15	17.8%	
Judicial chambers	653	4.46	3.83	16.1%	
College or law school	163	4.90	4.66	17.2%	
Bar Administration or Lawyers Assistance Program	50	5.32	4.62	24.0%	
Firm position					
Clerk or paralegal	115	5.05	4.13	16.5%	<0.001
Junior associate	964	6.42	4.57	31.1%	
Senior associate	938	5.89	5.05	26.1%	
Junior partner	552	5.76	4.85	23.6%	
Managing partner	671	5.22	4.53	21.0%	
Senior partner	1159	4.99	4.26	18.5%	

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.

**Comparisons were analyzed using Mann-Whitney U tests and Kruskal-Wallis tests.

approached significance, with higher AUDIT scores predicted for those just starting out in the legal profession (0–10 yrs of experience) ($\beta = 0.46$, Wald [$df = 1$] = 3.808, $P = 0.051$). Model-based calculated probabilities for respondents aged 30 or younger indicated that they had a mean probability of 0.35 (standard deviation [SD] = 0.01), or a 35% chance for scoring an 8 or higher on the AUDIT; in comparison, those respondents who were 61 or older had a mean probability of 0.17 (SD = 0.01), or a 17% chance of scoring an 8 or higher.

Each of the 3 subscales of the AUDIT was also investigated. For the AUDIT-C, which measures frequency and quantity of alcohol consumed, age was a strong predictor of subscore, with younger respondents demonstrating significantly higher AUDIT-C scores. Respondents who were 30 years old or younger, 31 to 40 years old, and 41 to 50 years old all had significantly higher AUDIT-C scores than their older peers, respectively ($\beta = 1.16$, Wald [$df = 1$] = 24.56, $P < 0.001$; $\beta = 0.86$, Wald [$df = 1$] = 16.08, $P < 0.001$; and $\beta = 0.48$, Wald [$df = 1$] = 6.237, $P = 0.013$), indicating that younger age predicted higher frequencies of drinking and quantity of alcohol consumed. No other factors were significant predictors of AUDIT-C scores. Neither the predictive model for the dependence subscale nor the harmful use subscale indicated significant predictive ability for the 3 included factors.

Drug Use

Participants were questioned regarding their use of various classes of both licit and illicit substances to provide a basis for further study. Participant use of substances is displayed in Table 1. Of participants who endorsed use of a specific substance class in the past 12 months, those using stimulants had the highest rate of weekly usage (74.1%), followed by sedatives (51.3%), tobacco (46.8%), marijuana (31.0%), and opioids (21.6%). Among the entire sample, 26.7% (n = 3419) completed the DAST, with a mean score of 1.97 (SD = 1.36). Rates of low, intermediate, substantial, and severe concern were 76.0%, 20.9%, 3.0%, and 0.1%, respectively. Data collected from the DAST were found to not meet the assumptions for more advanced statistical procedures. As a result, no inferences about these data could be made.

Mental Health

Among the sample, 11,516 participants (89.8%) completed all questions on the DASS-21. Relationships between demographic and professional characteristics and depression, anxiety, and stress subscale scores are summarized in Table 4. While men had significantly higher levels of depression ($P < 0.05$) on the DASS-21, women had higher levels of anxiety ($P < 0.001$) and stress ($P < 0.001$). DASS-21 anxiety,

TABLE 4. Summary Statistics for Depression Anxiety Stress Scale (DASS-21)

	DASS Depression				DASS Anxiety				DASS Stress			
	n	M	SD	P*	n	M	SD	P*	n	M	SD	P*
Total sample	12300	3.51	4.29		12277	1.96	2.82		12271	4.97	4.07	
Sex												
Men	6518	3.67	4.46	<0.05	6515	1.84	2.79	<0.001	6514	4.75	4.08	<0.001
Women	5726	3.34	4.08		5705	2.10	2.86		5705	5.22	4.03	
Age category (yrs)												
30 or younger	1476	3.71	4.15		1472	2.62	3.18		1472	5.54	4.61	
31–40	3112	3.96	4.50		3113	2.43	3.15		3107	5.99	4.31	
41–50	2572	3.83	4.54	<0.001	2565	2.03	2.92	<0.001	2559	5.36	4.12	<0.001
51–60	2808	3.41	4.27		2801	1.64	2.50		2802	4.47	3.78	
61–70	1927	2.63	3.65		1933	1.20	2.06		1929	3.46	3.27	
71 or older	326	2.03	3.16		316	0.95	1.73		325	2.72	3.21	
Years in field												
0–10 yrs	4330	3.93	4.45		4314	2.51	3.13		4322	5.82	4.24	
11–20 yrs	2800	3.81	4.48		2800	2.09	3.01		2777	5.45	4.20	
21–30 yrs	2499	3.37	4.21	<0.001	2509	1.67	2.59	<0.001	2498	4.46	3.79	<0.001
31–40 yrs	2069	2.81	3.84		2063	1.22	1.98		2084	3.74	3.43	
41 or more yrs	575	1.95	3.02		564	1.01	1.94		562	2.81	3.01	
Work environment												
Private firm	5028	3.47	4.17		5029	2.01	2.85		5027	5.11	4.06	
Sole practitioner, private practice	2568	4.27	4.84		2563	2.18	3.08		2567	5.22	4.34	
In-house: government, public, or nonprofit	2391	3.45	4.26		2378	1.91	2.69		2382	4.91	3.97	
In-house: corporation or for-profit institution	900	2.96	3.66	<0.001	901	1.84	2.80	<0.001	898	4.74	3.97	<0.001
Judicial chambers	717	2.39	3.50		710	1.31	2.19		712	3.80	3.44	
College or law school	182	2.90	3.72		188	1.43	2.09		183	4.48	3.61	
Bar Administration or Lawyers Assistance Program	55	2.96	3.65		52	1.40	1.94		53	4.74	3.55	
Firm position												
Clerk or paralegal	120	3.98	4.97		121	2.10	2.88		121	4.68	3.81	
Junior associate	1034	3.93	4.25		1031	2.73	3.31		1033	5.78	4.16	
Senior associate	1021	4.20	4.60	<0.001	1020	2.37	2.95	<0.001	1020	5.91	4.33	<0.001
Junior partner	590	3.88	4.22		592	2.16	2.78		586	5.68	4.15	
Managing partner	713	2.77	3.58		706	1.62	2.50		709	4.73	3.84	
Senior partner	1219	2.70	3.61		1230	1.37	2.43		1228	4.08	3.57	
DASS-21 category frequencies												
Normal	8816	71.7			9908	80.7			9485	77.3		
Mild	1172	9.5			1059	8.6			1081	8.8		
Moderate	1278	10.4			615	5.0			1001	8.2		
Severe	496	4.0			310	2.5			546	4.4		
Extremely severe	538	4.4			385	3.1			158	1.3		

*Comparisons were analyzed using Mann-Whitney U tests and Kruskal-Wallis tests.

depression, and stress scores decreased as participants' age or years worked in the field increased ($P < 0.001$). When comparing positions within private firms, more senior positions were generally associated with lower DASS-21 subscale scores ($P < 0.001$). Participants classified as nonproblematic drinkers on the AUDIT had lower levels of depression, anxiety, and stress ($P < 0.001$), as measured by the DASS-21. Comparisons of DASS-21 scores by AUDIT drinking classification are outlined in Table 5.

Participants were questioned regarding any past mental health concerns over the course of their legal career, and provided self-report endorsement of any specific mental health concerns they had experienced. The most common mental health conditions reported were anxiety (61.1%), followed by depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%). In addition, 11.5% of the participants reported suicidal thoughts at some point during their career, 2.9% reported self-injurious behaviors, and 0.7% reported at least 1 prior suicide attempt.

Treatment Utilization and Barriers to Treatment

Of the 6.8% of the participants who reported past treatment for alcohol or drug use ($n = 807$), 21.8% ($n = 174$) reported utilizing treatment programs specifically tailored to legal professionals. Participants who had reported prior treatment tailored to legal professionals had significantly lower mean AUDIT scores ($M = 5.84$, $SD = 6.39$) than participants who attended a treatment program not tailored to legal professionals ($M = 7.80$, $SD = 7.09$, $P < 0.001$).

Participants who reported prior treatment for substance use were questioned regarding barriers that impacted their ability to obtain treatment services. Those reporting no prior treatment were questioned regarding hypothetical barriers in the event they were to need future treatment or services. The 2 most common barriers were the same for both groups: not wanting others to find out they needed help (50.6% and 25.7% for the treatment and nontreatment groups, respectively), and concerns regarding privacy or confidentiality (44.2% and 23.4% for the groups, respectively).

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TABLE 5. Relationship AUDIT Drinking Classification and DASS-21 Mean Scores

	Nonproblematic		Problematic*	P**
	M (SD)	M (SD)	M (SD)	
DASS-21 total score	9.36 (8.98)	14.77 (11.06)		<0.001
DASS-21 subscale scores				
Depression	3.08 (3.93)	5.22 (4.97)		<0.001
Anxiety	1.71 (2.59)	2.98 (3.41)		<0.001
Stress	4.59 (3.87)	6.57 (4.38)		<0.001

AUDIT, Alcohol Use Disorders Identification Test; DASS-21, Depression Anxiety Stress Scales-21.

*The AUDIT cut-off for hazardous, harmful, or potential alcohol dependence was set at a score of 8.

**Means were analyzed using Mann-Whitney U tests.

DISCUSSION

Our research reveals a concerning amount of behavioral health problems among attorneys in the United States. Our most significant findings are the rates of hazardous, harmful, and potentially alcohol dependent drinking and high rates of depression and anxiety symptoms. We found positive AUDIT screens for 20.6% of our sample; in comparison, 11.8% of a broad, highly educated workforce screened positive on the same measure (Matano et al., 2003). Among physicians and surgeons, Oreskovich et al. (2012) found that 15% screened positive on the AUDIT-C subscale focused on the quantity and frequency of use, whereas 36.4% of our sample screened positive on the same subscale. While rates of problematic drinking in our sample are generally consistent with those reported by Benjamin et al. (1990) in their study of attorneys (18%), we found considerably higher rates of mental health distress.

We also found interesting differences among attorneys at different stages of their careers. Previous research had demonstrated a positive association between the increased prevalence of problematic drinking and an increased amount of years spent in the profession (Benjamin et al., 1990). Our findings represent a direct reversal of that association, with attorneys in the first 10 years of their practice now experiencing the highest rates of problematic use (28.9%), followed by attorneys practicing for 11 to 20 years (20.6%), and continuing to decrease slightly from 21 years or more. These percentages correspond with our findings regarding position within a law firm, with junior associates having the highest rates of problematic use, followed by senior associates, junior partners, and senior partners. This trend is further reinforced by the fact that of the respondents who stated that they believe their alcohol use has been a problem (23%), the majority (44%) indicated that the problem began within the first 15 years of practice, as opposed to those who indicated the problem started before law school (26.7%) or after more than 15 years in the profession (14.5%). Taken together, it is reasonable to surmise from these findings that being in the early stages of one's legal career is strongly correlated with a high risk of developing an alcohol use disorder. Working from the assumption that a majority of new attorneys will be under the age of 40, that conclusion is further supported by the fact that the highest rates of problematic drinking were present among attorneys under the age of 30 (32.3%), followed by

attorneys aged 31 to 40 (26.1%), with declining rates reported thereafter.

Levels of depression, anxiety, and stress among attorneys reported here are significant, with 28%, 19%, and 23% experiencing mild or higher levels of depression, anxiety, and stress, respectively. In terms of career prevalence, 61% reported concerns with anxiety at some point in their career and 46% reported concerns with depression. Mental health concerns often co-occur with alcohol use disorders (Gianoli and Petrakis, 2013), and our study reveals significantly higher levels of depression, anxiety, and stress among those screening positive for problematic alcohol use. Furthermore, these mental health concerns manifested on a similar trajectory to alcohol use disorders, in that they generally decreased as both age and years in the field increased. At the same time, those with depression, anxiety, and stress scores within the normal range endorsed significantly fewer behaviors associated with problematic alcohol use.

While some individuals may drink to cope with their psychological or emotional problems, others may experience those same problems as a result of their drinking. It is not clear which scenario is more prevalent or likely in this population, though the ubiquity of alcohol in the legal professional culture certainly demonstrates both its ready availability and social acceptability, should one choose to cope with their mental health problems in that manner. Attorneys working in private firms experience some of the highest levels of problematic alcohol use compared with other work environments, which may underscore a relationship between professional culture and drinking. Irrespective of causation, we know that co-occurring disorders are more likely to remit when addressed concurrently (Gianoli and Petrakis, 2013). Targeted interventions and strategies to simultaneously address both the alcohol use and mental health of newer attorneys warrant serious consideration and development if we hope to increase overall well being, longevity, and career satisfaction.

Encouragingly, many of the same attorneys who seem to be at risk for alcohol use disorders are also those who should theoretically have the greatest access to, and resources for, therapy, treatment, and other support. Whether through employer-provided health plans or increased personal financial means, attorneys in private firms could have more options for care at their disposal. However, in light of the pervasive fears surrounding their reputation that many identify as a barrier to treatment, it is not at all clear that these individuals would avail themselves of the resources at their disposal while working in the competitive, high-stakes environment found in many private firms.

Compared with other populations, we find the significantly higher prevalence of problematic alcohol use among attorneys to be compelling and suggestive of the need for tailored, profession-informed services. Specialized treatment services and profession-specific guidelines for recovery management have demonstrated efficacy in the physician population, amounting to a level of care that is quantitatively and qualitatively different and more effective than that available to the general public (DuPont et al., 2009).

Our study is subject to limitations. The participants represent a convenience sample recruited through e-mails and

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news postings to state bar mailing lists and web sites. Because the participants were not randomly selected, there may be a voluntary response bias, over-representing individuals that have a strong opinion on the issue. Additionally, some of those that may be currently struggling with mental health or substance use issues may have not noticed or declined the invitation to participate. Because the questions in the survey asked about intimate issues, including issues that could jeopardize participants' legal careers if asked in other contexts (eg, illicit drug use), the participants may have withheld information or responded in a way that made them seem more favorable. Participating bar associations voiced a concern over individual members being identified based on responses to questions; therefore no IP addresses or geolocation data were gathered. However, this also raises the possibility that a participant took the survey more than once, although there was no evidence in the data of duplicate responses. Finally, and most importantly, it must be emphasized that estimations of problematic use are not meant to imply that all participants in this study deemed to demonstrate symptoms of alcohol use or other mental health disorders would individually meet diagnostic criteria for such disorders in the context of a structured clinical assessment.

CONCLUSIONS

Attorneys experience problematic drinking that is hazardous, harmful, or otherwise generally consistent with alcohol use disorders at a rate much higher than other populations. These levels of problematic drinking have a strong association with both personal and professional characteristics, most notably sex, age, years in practice, position within firm, and work environment. Depression, anxiety, and stress are also significant problems for this population and most notably associated with the same personal and professional characteristics. The data reported here contribute to the fund of knowledge related to behavioral health concerns among practicing attorneys and serve to inform investments in lawyer assistance programs and an increase in the availability of attorney-specific treatment. Greater education aimed at prevention is also indicated, along with public awareness campaigns within the profession designed to overcome the pervasive stigma surrounding substance use disorders and mental health concerns. The confidential nature of lawyer-assistance programs should be more widely publicized in an effort to overcome the privacy concerns that may create barriers between struggling attorneys and the help they need.

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