The Current Rates of Substance Use, Depression and Anxiety within the Legal Profession: Utilization of Services and Current Barriers to Seeking Help
Thank you to the ABA, Hazelden Betty Ford Foundation, all bar associations, regulators, committee members, CoLAP staffs and each and every contributor for bringing this project to fruition.
History and background of the project: Co-facilitators

Linda Albert, LCSW, CSAC, CoLAP Commissioner, Wisconsin Lawyers Assistance Program Manager

Patrick R. Krill, J.D. L.L.M., Director, Hazelden Betty Ford Foundation, Legal Professionals Program

- 2013: Hazelden Betty Ford Foundation approaches the ABA to discuss potential for an innovative collaboration; both organizations recognize the critical need for reliable behavioral health data in the profession.

- 2014: ABA/HBFF collaboration officially begins; project team is formed, study is designed and administered. Data collection begins.

- 2015: Data collection concludes, data analysis commences, manuscript reporting key results is prepared and submitted for peer review at a scientific journal.
Benefits of forming a collaboration between the ABA CoLAP and Hazelden Betty Ford Foundation

- Both the Hazelden Betty Ford Foundation and the American Bar Association Commission on Lawyer’s Assistance Programs play an important role in addressing the chemical dependency and mental health needs of the legal profession, and are situated as national thought leaders and resources in that regard.

- Through the pooling of complementary talents, resources and relationships, the project enjoyed greater success.

- Stakeholder collaboration is key to tackling the significant behavioral health challenges of the profession. Hopefully this model will inspire additional and significant partnerships within the profession in order to affect much needed change.
Historical efforts to understand the impact of behavioral health problems on the legal community

- Previous data was both limited and outdated.
- Attempts to address attorney addiction, depression and impairment were greatly handicapped by lack of current, reliable and persuasive data.
- Frustrations of working with old data in a field resistant to change.
- Rate of “problem drinking” among attorneys estimated to be 18% in 1990 study.
  - This study was based on data from roughly 1200 attorneys in 1 state (WA).
- Same study found approximately 19% of Washington lawyers experienced statistically significant elevated levels of depression.
- Limited studies have also demonstrated a strong link between substance abuse and malpractice/discipline. (60% of malpractice claims and disciplinary cases involved substance abuse; 85% of trust fund violations)
Importance of new data

Data will help initiate, inform and guide important decision-making and policy development in the following key areas:

- Resource allocation for Lawyer Assistance Programs
- Bar examination and admission requirements
- Law school curriculum requirements;
- Continuing legal education requirements
- Discipline guidelines and regulatory association procedures
- Malpractice reduction strategies
- Monitoring
- Referral to treatment
- Delivery of treatment services
- Public awareness and stigma reduction
- Cultivating increased career satisfaction and longevity
THE PUBLICATION

- The Prevalence Of Substance use and Other mental Health Concerns Among American Attorneys
- Authors: Krill, Patrick, Johnson, Ryan, Albert, Linda
ABA, Hazelden Betty Ford Study-2015

- 12,825 licensed employed attorneys & judges
- Males 53.4%
- Females 46.5%
- Transgender .1%
- Diversity of race
  - Asian 1.2%
  - Black/African American 2.5%
  - Caucasian/White 90.9%
  - Latino/Hispanic 2.6%
  - Native American .3%
  - Other .7%
  - Missing .5%
<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sample:</strong></td>
<td>12,825</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Years in Field:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-10 years:</td>
<td>4,455</td>
<td>(34.8)</td>
</tr>
<tr>
<td>11-20 years:</td>
<td>2,905</td>
<td>(22.7)</td>
</tr>
<tr>
<td>21-30 years:</td>
<td>2,623</td>
<td>(20.5)</td>
</tr>
<tr>
<td>31-40 years:</td>
<td>2,204</td>
<td>(17.2)</td>
</tr>
<tr>
<td>41 or more years:</td>
<td>607</td>
<td>(4.7)</td>
</tr>
<tr>
<td><strong>Work Environment:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Private firm:</td>
<td>5,226</td>
<td>(40.9)</td>
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<td>Sole practitioner, private practice:</td>
<td>2,678</td>
<td>(21.0)</td>
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<td>2,500</td>
<td>(19.6)</td>
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<td>In-house: corporation or for-profit institution:</td>
<td>937</td>
<td>(7.3)</td>
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<td>Judicial chambers:</td>
<td>750</td>
<td>(7.3)</td>
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<tr>
<td>Other law practice setting:</td>
<td>289</td>
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<tr>
<td>College or law school:</td>
<td>191</td>
<td>(1.5)</td>
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<tr>
<td>Other setting (not law practice):</td>
<td>144</td>
<td>(1.1)</td>
</tr>
<tr>
<td>Bar Administration or LAP:</td>
<td>55</td>
<td>(0.4)</td>
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</table>
### Professional Characteristics (cont.)

<table>
<thead>
<tr>
<th><strong>Firm Position:</strong></th>
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<tbody>
<tr>
<td>Clerk or Paralegal</td>
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<td>(2.5)</td>
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<tr>
<td>Junior associate:</td>
<td>1,063</td>
<td>(20.5)</td>
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<tr>
<td>Senior associate:</td>
<td>1,052</td>
<td>(20.3)</td>
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<tr>
<td>Junior partner:</td>
<td>608</td>
<td>(11.7)</td>
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<tr>
<td>Managing partner:</td>
<td>738</td>
<td>(14.2)</td>
</tr>
<tr>
<td>Senior partner:</td>
<td>1,294</td>
<td>(25.0)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Hours per Week:</strong></th>
<th>$n$</th>
<th>(%)</th>
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</thead>
<tbody>
<tr>
<td>Under 10 hours</td>
<td>238</td>
<td>(1.9)</td>
</tr>
<tr>
<td>11 – 20</td>
<td>401</td>
<td>(3.2)</td>
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<tr>
<td>21 – 30</td>
<td>595</td>
<td>(4.7)</td>
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<tr>
<td>31 – 40</td>
<td>2,946</td>
<td>(23.2)</td>
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<tr>
<td>41 – 50</td>
<td>5,624</td>
<td>(44.2)</td>
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<tr>
<td>51 – 60</td>
<td>2,310</td>
<td>(18.2)</td>
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<tr>
<td>61 – 70</td>
<td>474</td>
<td>(3.7)</td>
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<tr>
<td>71 or more</td>
<td>136</td>
<td>(1.1)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Any Litigation:</strong></th>
<th>$n$</th>
<th>(%)</th>
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<tr>
<td>Yes</td>
<td>9,611</td>
<td>(75.0)</td>
</tr>
<tr>
<td>No</td>
<td>3,197</td>
<td>(25.0)</td>
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</table>
SUBSTANCE USE FINDINGS
Survey Instruments

- **AUDIT 10-Alcohol Use Identification Test**
  - Developed by World Health Organization
  - Widespread use by health workers and alcohol researchers
  - Screens for hazardous, harmful and possible alcohol dependence
Alcohol Use - AUDIT 10

- 20.6% scored at a level consistent with problematic drinking - Using Audit 10 = problem behaviors and levels of use
  - Problematic drinking = hazardous drinking and possible dependence
  - More males (25.1%) than females (15.5%) among lawyers
- Using the Audit 3 = levels of use
  - Physicians 15% problematic drinking
  - Lawyers 36.4%
  - More females than males among lawyers
- Position in the field
  - Higher scores for those working in private firms or Bar Associations
### Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

<table>
<thead>
<tr>
<th></th>
<th>AUDIT Statistics</th>
<th>Problematic Percentage*</th>
<th>P Value**</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>SD</td>
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<tr>
<td><strong>Total Sample:</strong></td>
<td>11,278</td>
<td>5.18</td>
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<tr>
<td><strong>Gender:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6,012</td>
<td>5.75</td>
<td>4.88</td>
</tr>
<tr>
<td>Female</td>
<td>5,217</td>
<td>4.52</td>
<td>4.00</td>
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<tr>
<td><strong>Age Category:</strong></td>
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<td></td>
<td></td>
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<tr>
<td>30 or younger</td>
<td>1,393</td>
<td>6.43</td>
<td>4.56</td>
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<tr>
<td>31-40</td>
<td>2,877</td>
<td>5.84</td>
<td>4.86</td>
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<td>41-50</td>
<td>2,345</td>
<td>4.99</td>
<td>4.65</td>
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<tr>
<td>51-60</td>
<td>2,548</td>
<td>4.63</td>
<td>4.38</td>
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<tr>
<td>61-70</td>
<td>1,753</td>
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<td>3.80</td>
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<tr>
<td>71 or older</td>
<td>297</td>
<td>4.22</td>
<td>3.28</td>
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<td><strong>Years in Field:</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0-10 years</td>
<td>3,995</td>
<td>6.08</td>
<td>4.78</td>
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<td>11-20 years</td>
<td>2,523</td>
<td>5.02</td>
<td>4.66</td>
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<tr>
<td>21-30 years</td>
<td>2,272</td>
<td>4.65</td>
<td>4.43</td>
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<tr>
<td>31-40 years</td>
<td>1,938</td>
<td>4.39</td>
<td>3.87</td>
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<tr>
<td>41 or more years</td>
<td>524</td>
<td>4.18</td>
<td>3.29</td>
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## Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT) (cont.)

<table>
<thead>
<tr>
<th>Work Environment:</th>
<th>Private firm:</th>
<th>4,712</th>
<th>5.57</th>
<th>4.59</th>
<th>23.4%</th>
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</thead>
<tbody>
<tr>
<td>Sole practitioner, private practice:</td>
<td>2,262</td>
<td>4.94</td>
<td>4.72</td>
<td>19.0%</td>
<td></td>
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<tr>
<td>In-house: government, public, or non-profit:</td>
<td>2,198</td>
<td>4.94</td>
<td>4.45</td>
<td>19.2%</td>
<td></td>
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<tr>
<td>In-house: corporation or for-profit institution:</td>
<td>828</td>
<td>4.91</td>
<td>4.15</td>
<td>17.8%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Judicial chambers:</td>
<td>653</td>
<td>4.46</td>
<td>3.83</td>
<td>16.1%</td>
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<tr>
<td>College or law school:</td>
<td>163</td>
<td>4.90</td>
<td>4.66</td>
<td>17.2%</td>
<td></td>
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<tr>
<td>Bar Administration or LAP:</td>
<td>50</td>
<td>5.32</td>
<td>4.62</td>
<td>24.0%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firm Position:</th>
<th>Clerk or paralegal:</th>
<th>115</th>
<th>5.05</th>
<th>4.13</th>
<th>16.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Junior associate:</td>
<td>964</td>
<td>6.42</td>
<td>4.57</td>
<td>31.1%</td>
</tr>
<tr>
<td></td>
<td>Senior associate:</td>
<td>938</td>
<td>5.89</td>
<td>5.05</td>
<td>26.1%</td>
</tr>
<tr>
<td></td>
<td>Junior partner:</td>
<td>552</td>
<td>5.76</td>
<td>4.85</td>
<td>23.6%</td>
</tr>
<tr>
<td></td>
<td>Managing partner:</td>
<td>671</td>
<td>5.22</td>
<td>4.53</td>
<td>21.0%</td>
</tr>
<tr>
<td></td>
<td>Senior partner:</td>
<td>1,159</td>
<td>4.99</td>
<td>4.26</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

* The AUDIT cutoff 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
Self Reporting - Concerns

- 22.6% felt their use of alcohol or substances was a problem sometime during their lives
- 27.6% reported problematic use prior to law school
- 14.2% reported problematic use started during law school
- 47.7% reported problematic use started within the first 15 years following law school
- 14.5% reported problematic use started more than 15 years after law school.
Regression Analysis—predictive validity of age, position and years in the field

- Age 30 and under higher Audit and Audit C scores—more hazardous drinking
- Less years working in the field = higher Audit scores
- Working in a private firm or for a bar association yielded higher Audit scores
DRUG USE-DAST
Smaller sample 26.7% completed the DAST n= 3419

- Low rates of abuse = 76%
- Intermediate = 20.9%
- Substantial = 3.0%
- Severe = .01%
Substances Used Last 12 Months

- Alcohol: 84.1%
- Tobacco: 16.9%
- Sedatives: 15.7%
- Marijuana, Hash: 10.2%
- Opioids: 5.6%
- Stimulants: 4.8%
- Cocaine, Crack: 0.8%
Substances Endorsed as Used Weekly

- **Stimulants**: 74.1%
- **Sedatives**: 51.3%
- **Tobacco**: 46.8%
- **Marijuana**: 31%
- **Opioids**: 21.6%
Prescription Medicine used without a Script

- Yes, but not in last 12 months: 7.4%
- Yes, in the last 12 months: 6.7%
- No: 85.9%
Drugs Used Without a Script All Time Frames

Opioids: 43.1
Sedatives: 53.5
Stimulants: 34.5
Others: 12.1
MENTAL HEALTH FINDINGS
Depression, Anxiety and Stress Scale = DASS-21

- Depression 28%
- Males higher levels of depression than females
  - Same inverse relationship
  - Rates decreases as age increased
  - Junior positions = higher rates
ANXIETY/STRESS

- Anxiety 19%
  - Females higher than males
- Stress 23%
- Higher scores on Audit correlated with higher scores on the DASS
- DASS scores deceased as age and years in the field increased-similar to Audit
Self Reporting of Mental Health Concerns

- Anxiety 61%
- Depression 45.7%
- Social Anxiety 16.1%
- ADHD 16.1%
- Panic Disorder 8.0%
- Bipolar Disorder 2.4%
Suicidal Thoughts and Self Harm

- 11.5% reported suicidal thoughts during their career
- 2.9% reported self injurious behaviors
- 0.7% reported at least one suicide attempt
Help Seeking Behaviors - Two Common Barriers

- Not wanting others to find out they needed help - Stigma
- Concerns regarding privacy or confidentiality

No one can know
% Received MH Services, Treatment or Help

- Yes: 37%
- No: 63%
Barriers to MH Services

DON'T KNOW WHO TO ASK 22.6

DIDN'T WANT OTHERS TO FIND OUT 55

DIDN'T HAVE INSURANCE 29.2

DIDN'T HAVE MONEY 30.4

CONCERNS ABOUT MY LICENSE BEING IMPACTED 18.6

CONFIDENTIALITY CONCERNS 47.3

OTHER 8.3
% Received AODA Services Treatment OR HELP

- Yes: 93%
- No: 7%
Barriers to AODA Treatment

- Didn't know who to ask: 18.1%
- Didn't want others to find out: 67.5%
- Didn't have the money: 18.1%
- Didn't have the insurance: 16.9%
- Didn't want to stop using: 50.6%
- Privacy/confidentiality concerns: 63.9%
- Other: 4.8%
% Received MH services, tx or help

- Yes: 37%
- No: 63%

% Received AODA services, tx or help

- Yes: 7%
- No: 93%
### AODA Barriers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy/Confidentiality Concerns</td>
<td>63.9</td>
</tr>
<tr>
<td>Concerns about Losing My License</td>
<td>31.3</td>
</tr>
<tr>
<td>Didn't Want to Stop Using</td>
<td>50.6</td>
</tr>
<tr>
<td>Didn't Have the Insurance</td>
<td>16.9</td>
</tr>
<tr>
<td>Didn't Have the Money</td>
<td>18.1</td>
</tr>
<tr>
<td>Didn't Want Others to Find Out</td>
<td>67.5</td>
</tr>
<tr>
<td>Didn't Know Who to Ask</td>
<td>18.1</td>
</tr>
<tr>
<td>Other</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### MH Barriers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality Concerns</td>
<td>47.3</td>
</tr>
<tr>
<td>Concerns about My License</td>
<td>18.6</td>
</tr>
<tr>
<td>Didn't Have Insurance</td>
<td>29.2</td>
</tr>
<tr>
<td>Didn't Have Money</td>
<td>30.4</td>
</tr>
<tr>
<td>Didn't Want Others to Find Out</td>
<td>55</td>
</tr>
<tr>
<td>Don't Know Who to Ask</td>
<td>22.6</td>
</tr>
<tr>
<td>Other</td>
<td>8.3</td>
</tr>
</tbody>
</table>
My Doctor said "Only 1 glass of alcohol a day". I can live with that.

Denial?
Justification?

STIGMA
Where AODA topics offered in law school?

- Yes: 15.2%
- No: 67.8%
- NA: 0.6%
- I Don't Know: 16.4%

Were MH topics covered in law school?

- Yes: 12.7%
- No: 69%
- NA: 0.8%
- Don't know: 17.6%
Aware of a LAP in your state?

83.8

16.2

YES

NO

Woopee!
Aware of support groups for lawyers in your state?

- Yes: 21.3%
- No: 78.7%
If you needed services how likely are you to utilize a LAP?

- **Very Unlikely**: 10.7%
- **Unlikely**: 14.8%
- **Neutral**: 35.6%
- **Likely**: 30.5%
- **Very Likely**: 8.4%

I'm so sorry.
How Likely to Use a LAP?

- Likely-Very Likely: 40
- Neutral - Very Unlikely: 60
Cited Concerns about Using a LAP

- Privacy Confidentiality: 70
- Professionalism: 20
- Wouldn't understand my needs: 10
- Stigma about asking for help: 40
- Fear of impacting my license: 50
- Other: 10
SUMMARY OF FINDINGS

AODA

PROBLEMATIC USE OF ALCOHOL = 20.6%

DRUGS USE PROBLEMS:
- Low rates of abuse = 76%
- Intermediate = 20.9%
- Substantial = 3.0%
- Severe = .01%

MENTAL HEALTH

- DEPRESSION = 28%
- ANXIETY = 19%
- STRESS = 23%
What Have We Learned?

- Attorneys in the United States have significantly higher rates of problematic drinking and mental health problems than the general population. According to the Substance Abuse and Mental Health Services Administration 6.6% of adult Americans experienced a major depressive episode in 2014 and 6.4 had an alcohol use disorder.*

- Younger, less experienced lawyers working in small firms or bar associations have higher levels of distress symptoms than their older, more experienced peers.

- Lawyers don’t seek help for their behavioral health problems because they fear someone will find out and it will discredit them and possibly affect their license.

*See http://www.samhsa.gov/atod/alcohol
What Have We Learned?...

- Law School research seems to demonstrate similar themes with higher levels of distress symptoms than the general population and limited help seeking behaviors.*

- This research is a call for action. The numbers we uncovered are incompatible with a sustainable professional culture. Too many individuals are struggling and suffering, and the impact on the public is too great for the profession to ignore.

* Organ, Jaffe and Bender, Helping Law Students Get the Help They Need. 2015
Specific Recommendations

- Mandatory law school classes on the importance of maintaining personal wellbeing, happiness and life satisfaction to insure fitness to practice, similar to other areas of professional responsibility.

- Comprehensive mentoring programs for new lawyers. It is imperative that these programs do not center on happy hours or other alcohol-related events to generate participation or facilitate networking.

- Bar Examiners should make automatic referrals to local lawyer assistance programs when they receive at-risk applications or have concerns about an applicant.

- All states should have conditional admission which allows lawyers who are currently fit to practice (but otherwise have conduct in their past that might warrant denial) to be admitted and monitored by a lawyers assistance program.
Recommendations continued..

- All regulatory agencies should evaluate the rules in their jurisdiction to ensure they have the means to refer to the lawyer assistance program when concerned about a lawyer prior to, during, or after discipline.

- The continuing legal education requirements of each jurisdiction should mandate a certain number of hours each reporting period on prevention of substance use and mental illness along with identification and referral information.

- State and local bar associations should form partnerships with local health organizations to learn about the best practices for increasing the health and wellbeing of their members.

- Lawyer assistance programs must be funded at a level that allows them to increase their services to provide more outreach, screenings, counseling, peer assistance, monitoring and preventive education.

- Profession-wide health and wellness summits should be organized to develop and implement comprehensive strategies and plans for improving the health and wellbeing of the legal profession. These summits should include key stakeholders from all sectors of the profession.
SOLIDIFY THE MESSAGE AND THE WORK

CLE
LAW STUDENTS
LAWYERS
JUDGES
TREATMENT/
MH/AODA
AGENCIES/
Health Forums
LAW SCHOOLS
LAPS
ADMISSIONS
BAR/
DISCIPLINE
“When Spider Webs Unite they can Tie Up a Lion”…

Old Ethiopian Proverb
TALENT, GREAT MINDS, RESOURCES, HOPE, RESILIENCE, MOTIVATION, EXPERTISE…

Thank You!