

Lawyer Assistance Program Oversight Committee Meeting



The Current Rates of Substance Use and Other Mental Health Problems within the Legal Profession

Friday, August 19, 2016
State Bar of California
180 Howard Street
San Francisco, CA 94105



Objectives

- Understand the newly published data on the substance use and mental health concerns of U.S. attorneys.
- Understand what the profession can do to address these problems.



History and Background of the Project

- **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.



What We Knew Previously

- Previous data was both limited and outdated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
- 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 Study

- 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%



Professional Characteristics

	n	(%)
Total Sample:	12,825	(100)
Years in Field:		
0-10 years:	4,455	(34.8)
11-20 years:	2,905	(22.7)
21-30 years:	2,623	(20.5)
31-40 years:	2,204	(17.2)
41 or more years:	607	(4.7)
Work Environment:		
Private firm:	5,226	(40.9)
Sole practitioner, private practice:	2,678	(21.0)
In-house: government, public, or non-profit:	2,500	(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 LAP:	55	(0.4)



Professional Characteristics (cont.)

	n	(%)
Firm Position:		
Clerk or Paralegal	128	(2.5)
Junior associate:	1,063	(20.5)
Senior associate:	1,052	(20.3)
Junior partner:	608	(11.7)
Managing partner:	738	(14.2)
Senior partner:	1,294	(25.0)
Hours per Week:		
Under 10 hours	238	(1.9)
11 – 20	401	(3.2)
21 – 30	595	(4.7)
31 – 40	2,946	(23.2)
41 – 50	5,624	(44.2)
51 – 60	2,310	(18.2)
61 – 70	474	(3.7)
71 or more	136	(1.1)
Any Litigation:		
Yes	9,611	(75.0)
No	3,197	(25.0)



Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

		AUDIT Statistics			Problematic Percentage*
		n	M	SD	
Total Sample:		11,278	5.18	4.53	20.6%
Gender:					
	Male:	6,012	5.75	4.88	25.1%
	Female:	5,217	4.52	4.00	15.5%
Age Category:					
	30 or younger:	1,393	6.43	4.56	31.9%
	31-40:	2,877	5.84	4.86	25.1%
	41-50:	2,345	4.99	4.65	19.1%
	51-60:	2,548	4.63	4.38	16.2%
	61-70:	1,753	4.33	3.80	14.4%
	71 or older:	297	4.22	3.28	12.1%
Years in Field:					
	0-10 years:	3,995	6.08	4.78	28.1%
	11-20 years:	2,523	5.02	4.66	19.2%
	21-30 years:	2,272	4.65	4.43	15.6%
	31-40 years:	1,938	4.39	3.87	15.0%
	41 or more years:	524	4.18	3.29	13.2%



Summary Statistics for Alcohol Use Disorders Identification Test (AUDIT)

Work Environment:					
	Private firm:	4,712	5.57	4.59	23.4%
	Sole practitioner, private practice:	2,262	4.94	4.72	19.0%
	In-house: government, public, or non-profit:	2,198	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 LAP:	50	5.32	4.62	24.0%
Firm Position:					
	Clerk or paralegal:	115	5.05	4.13	16.5%
	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:	1,159	4.99	4.26	18.5%

* 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



SUBSTANCE USE FINDINGS



Survey Instrument

AUDIT 10-ALCOHOL USE DISORDERS 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 – Continued

▪ Using the Audit C = levels of use only

- Physicians 15% problematic drinking
- Lawyers 36.4%
- More females than males among lawyers



Warning Label?

“...being in the early stages of one's legal career is strongly correlated with a high risk of developing an alcohol use disorder.”



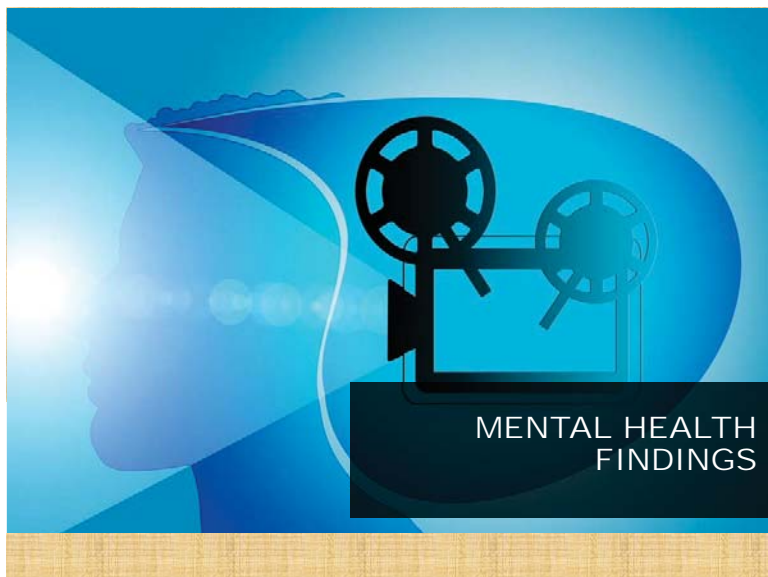
Alcohol Use – AUDIT 10

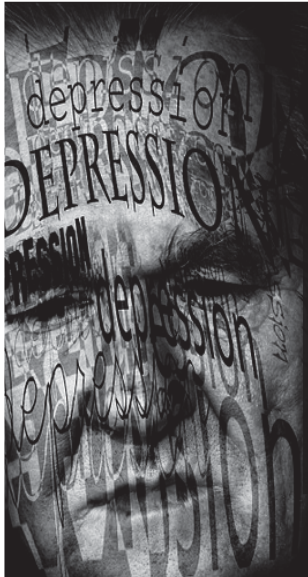
- **20.6 % scored at a level consistent with problematic drinking-Using Audit 10 = problem behaviors and levels of use**
 - Problematic drinking = hazardous drinking and possible dependence
 - More males than females among lawyers
- **Position in the field**
 - Higher scores for those working in private firms or Bar Associations
 - Rates decreased as age increased
 - Junior positions = higher rates



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
- **43.7 % 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.





Depression, Anxiety and Stress Scale = DASS-21

- Depression 28%
- Males higher levels of depression than females
 - Rates decreased 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 decreased 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



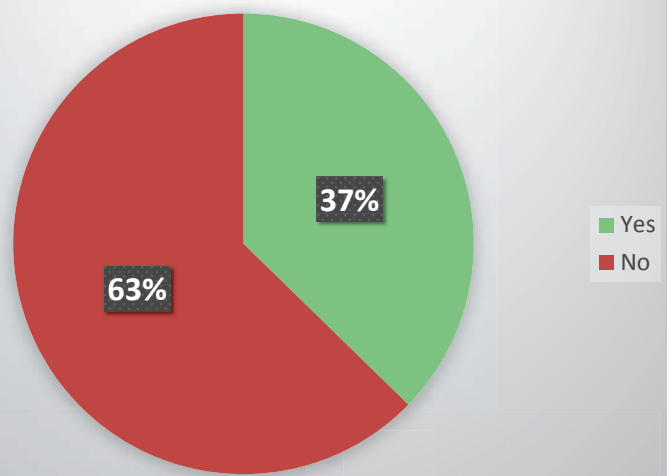
Help Seeking Behaviors – 2 Common Barriers



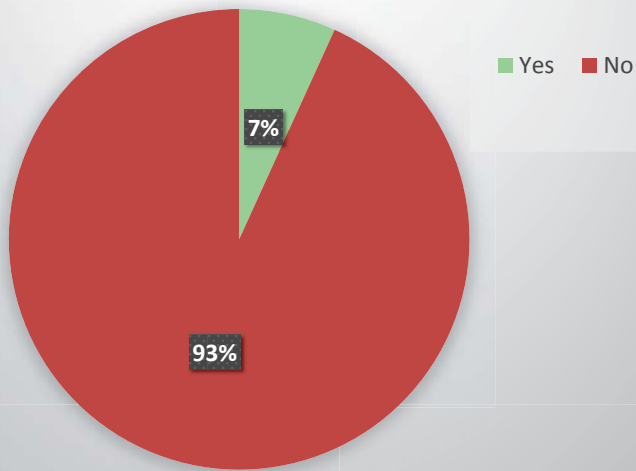
1. Not wanting others to find out they needed help- Stigma
2. Concerns regarding privacy or confidentiality



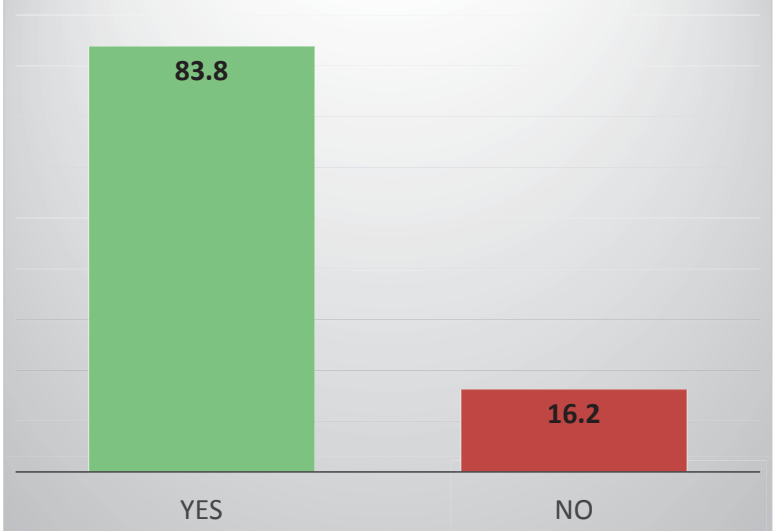
% Received MH Services, Treatment or Help



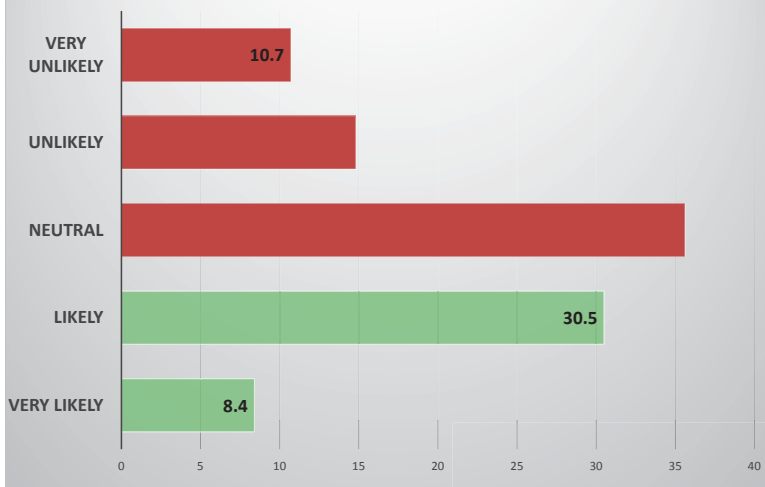
% Received AODA Services Treatment OR HELP



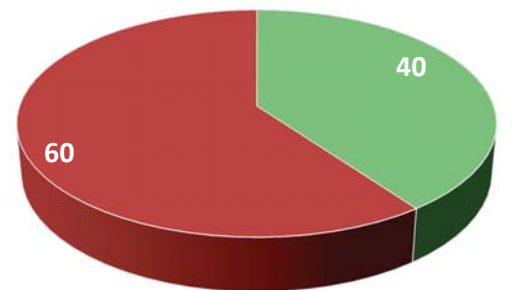
Aware of a LAP in your state?



If you needed services how likely are you to utilize a LAP?



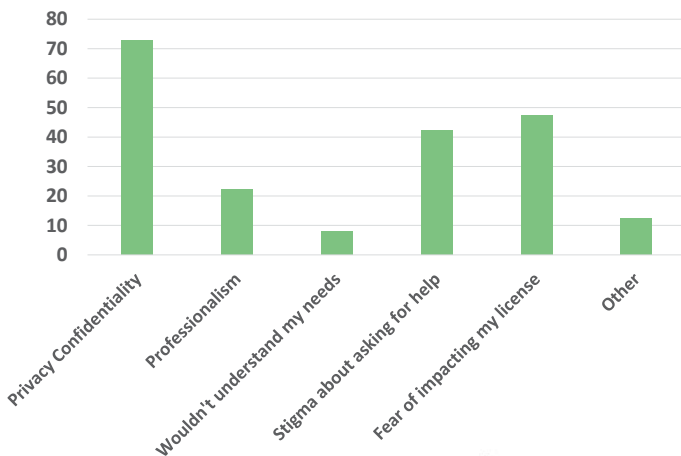
How Likely to Use a LAP?



■ Likely-Very Likely ■ Neutral - Very Unlikely

KRILL STRATEGIES
TRANSFORMING THE LEGAL PROFESSION

Cited Concerns about Using a LAP



KRILL STRATEGIES
TRANSFORMING THE LEGAL PROFESSION

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 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.

KRILL STRATEGIES
TRANSFORMING THE LEGAL PROFESSION

What Have We Learned? (cont.)

- 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.



Questions

Comments



From Our Conclusions:

“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.”



Specific Recommendations (cont.)

- 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.

