

Research

The Mental Health Status of Law Students: Implications for College Counselors

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The purpose of this study was to describe law students' psychological symptoms, assess the role of law school stress in students' symptoms, and suggest ways college counselors can help this population. More than half of the 316 participants displayed symptoms of depression and psychological distress, and nearly half showed symptoms of anxiety. Law school stressors significantly predicted students' symptoms. Workload, peers, and low instrumental support most impacted students, thus providing specific directions and implications for college counselors.

Keywords: law students, depression, anxiety, stress, school–life balance

Although approximately 119,000 students attend law school on college campuses each year (American Bar Association, 2014), there have been no studies using a counseling framework to describe the psychological needs of this population or how to therapeutically address those needs. Increased awareness of law students by college counselors is essential, because this population is especially likely to experience psychological distress. For instance, research has shown that half of law students experience depression (Reifman, McIntosh, & Ellsworth, 2000) and one third experience anxiety (Organ, Jaffe, & Bender, 2016). In contrast, 9% of medical students experience depression and 25% experience anxiety (MacLean, Booza, & Balon, 2016). Earlier studies showed that law students scored significantly higher on measures of psychological symptoms compared with both medical students and the general population (Shanfield & Benjamin, 1985). Studies of well-being, as opposed to psychological symptoms, have shown that law students' well-being significantly declines as they progress through their programs (see Sheldon & Krieger, 2004, 2007).

Although their rates of psychological symptoms may be elevated, law students are especially reluctant to seek mental health treatment (Organ et al., 2016). In a 2016 study, Organ et al. showed that only half of law students who needed mental health services received them. This was particularly true for male law students. The researchers found that law students believed getting mental health treatment would stigmatize them and negatively impact their career, ability to get a job, or ability to gain admission to the bar. Nearly half of the

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study participants reported that they did not have time to seek counseling. Other studies have shown that graduate students' mental health needs and lifestyles on campus are different from those of undergraduate students, and that they require special attention from counselors (Benshoff, Cashwell, & Rowell, 2015; Polson, 2003). Thus, college counselors play an important role in increasing awareness of law students' psychological symptoms, promoting service utilization, and destigmatizing help seeking.

The Role of Law School in Students' Mental Health

There are several reasons to believe that the law school climate plays a role in students' mental health and that law students are not especially vulnerable to psychological disorders before entering law school. To show this, researchers studied students as they progressed through law school and compared them with undergraduate students (Pritchard & McIntosh, 2003; Reifman et al., 2000; Sheldon & Krieger, 2004, 2007). Results revealed that before entering law school, law students had higher ratings of subjective well-being, positive affect, and satisfaction with life compared with undergraduate students (Sheldon & Krieger, 2004). However, students in their first and third years of law school showed significant decreases in well-being, positive affect, and life satisfaction, and significant increases in negative affect compared with their levels before law school (Sheldon & Krieger, 2004, 2007). Likewise, law students experienced significant increases in health problems, negative affect, and depression, and decreases in positive affect and positive attitudes in their first year (Pritchard & McIntosh, 2003). Another study showed that before starting law school, 21% of students displayed symptoms of clinical depression (Reifman et al., 2000). By the end of the first year of law school, that percentage jumped to 50%, and it remained at 52% at the end of students' third year (Reifman et al., 2000). Taken as a whole, law students' mental health seems typical prior to starting law school but declines as they enter and progress through their programs. However, there is no direct, empirical evidence showing a relationship between law school and declines in students' mental health. Therefore, one goal of this study is to show how stressors in law school impact students.

Stressors and Psychological Symptoms

The law school climate is widely criticized as being detrimental to students (Dammeyer & Nunez, 1999), and there are numerous descriptions of the stressors in law school (Benjamin, Kasniak, Sales, & Shanfield, 1986; Iijima, 1998; McIntosh, Keywell, Reifman, & Ellsworth, 1994; Segerstrom, 1996; Sheehy & Horan, 2004). While these studies are critical of the law school climate, they have not investigated if and how law school actually impacts students. Therefore, it is unknown whether law school stressors are related to students' psychological symptoms.

Although research has not examined how law school stressors impact students' mental health, more is known about psychological consequences of stressors more generally. Most studies on the link between stressors and psychological symptoms have focused on depression. Experiencing stressors has been consistently shown to increase one's risk of developing major depressive disorder and depressive symptoms (Brown & Harris, 1978; Kendler, Karkowski, & Prescott, 1999; Kendler et al., 1995; McGonagle & Kessler, 1990; Monroe, Slavich, Torres, & Gotlib, 2007). For example, stressful life events increase risk for developing major depressive disorder independent of genetic risk factors (Kendler et al., 1995), possibly through physical changes at the cellular and molecular level (Slavich & Cole, 2013). However, most studies examine the impact of single, acute events (e.g., a car accident), not chronic stressors (Hammen, 2005; Liu & Alloy, 2010) like competitive academic environments. Methodological constraints make tying chronic stressors to psychological symptoms difficult (Hammen, 2005; Kendler, Hettema, Butera, Gardner, & Prescott, 2003), but chronic stressors may have a greater impact on mental health than acute events (McGonagle & Kessler, 1990). Furthermore, chronic stressors may be associated with greater severity of depression (Hammen, Brennan, & Shih, 2004).

As compared with depression, far less research has examined how stressors impact anxiety disorders (Liu & Alloy, 2010; Uliaszek et al., 2012). Some studies have identified a link between stressors and anxiety (Hankin, Abramson, Miller, & Haefffel, 2004; Uliaszek et al., 2012). Additionally, stressors increase one's risk for social phobia (Uliaszek et al., 2010), obsessive-compulsive disorder (Goldberg et al., 2015), and specific phobia (Kee-Lee, 2009). Experiencing stressful life events also predicts relapse from generalized anxiety disorder (Francis, Moitra, Dyck, & Keller, 2012) and severity of panic disorder symptoms (Moitra et al., 2011).

A handful of studies have examined how stressors within the academic environment impact psychological symptoms. Academic stress is associated with depression in adolescents (Torsheim & Wold, 2001) and with anxiety and depression in college students (Bartle-Haring, Rosen, & Stith, 2002; Frazier & Schauben, 1994; MacGeorge, Samter, & Gillihan, 2005). In medical students, increases in stress are associated with significant increases in depressive symptoms (Fried, Nesse, Guille, & Sen, 2015). Given the well-documented associations between stressors and depressive symptoms, including those within student populations, it is likely that law students' psychological symptoms are at least partially explained by law school stressors.

The Current Investigation

The extent to which law students experience psychological symptoms is unknown, and whether law school stressors play a role in their development has not been studied. Thus, the purpose of this study was threefold. First, we described contemporary law students' depression, anxiety, and overall psychological functioning. We hypothesized that our sample would report anxiety, depression, and overall psychological symptoms at significantly higher

rates than the general population. Second, we investigated whether stressors within the law school environment would predict students' symptoms. We also hypothesized that law school stressors, as measured by the Law School Stressor Measure (LSSM; Flynn, Li, & Sánchez, 2017), would significantly predict depression, anxiety, and overall psychological symptoms. Third, we propose ways that college counselors can meet the needs of law students, both therapeutically and through outreach efforts.

Method

Participants were recruited from two law schools (Schools A and B) in a large, midwestern city. At that time, School A was ranked in the top 100 law schools in the United States, and School B was ranked in the top 20 (Law School Numbers, 2018).

All juris doctor (JD) students at these schools were invited to participate during the spring semester. This study's measures, procedures, and recruitment materials were approved by the institutional review boards of our universities. Students were informed that participation was voluntary and that they would receive a \$25 gift card to their university's bookstore for completing the study.

A total of 322 participants completed the LSSM, and 316 participants completed the full study. Of the 316 participants from Schools A and B who completed the full study, 307 (97%) completed the study online and nine (3%) completed the study on paper.

The demographic makeup of the sample was consistent with the JD students enrolled at their respective law schools. Of the 316 participants who completed the study, 70% were White/European American, 9% were Asian/Asian American, 8% were Hispanic or Latina/o, 7% were American Indian or other, 6% were African American, and 1% did not report a race/ethnicity.

Female students (58%) made up a larger proportion of participants than did male students (41%). Less than 1% of participants described their gender as other. Participants ranged from 21 to 43 years of age, with a mean age of 26.61 years ($SD = 3.16$). Respondents were fairly evenly distributed in year in law school, with 33% in their first year, 37% in their second year, and 29% in their third year. (Percentages may not total 100 due to rounding.)

Instruments

The following measures were implemented in this study:

Brief Symptom Inventory (BSI). The BSI (Derogatis, 1993; Derogatis & Melisaratos, 1983) is a normed, 53-item self-report measure of psychological symptoms in individuals age 13 years or older. Participants are asked to rate how distressed they have been by each of the 53 symptoms over the previous 7 days on a 5-point Likert rating scale: 0 = *not at all*, 1 = *a little bit*, 2 = *moderately*, 3 = *quite a bit*, and 4 = *extremely* (Derogatis, 1993; Derogatis & Melisaratos, 1983).

The BSI includes 12 dimensions, including three global indices and nine symptom subscales (Derogatis, 1993; Derogatis & Melisaratos, 1983). In

this study, we used three dimensions to assess mental health outcomes: (a) Global Severity Index (GSI; measure of overall psychological distress), (b) Depression (dysphoric mood, loss of interest in life), and (c) Anxiety (nervousness, tension, feelings of apprehension; Derogatis, 1993; Derogatis & Melisaratos, 1983). All subscale results were converted to *T* scores (based on norms in adult, nonpatient populations) using the instructions in the BSI manual (Derogatis, 1993). According to Derogatis (1993), *T*-score values indicating a clinical diagnosis for a psychological disorder have not yet been established. However, for all three dimensions, a *T* score of 60 indicates that a participant is in the 84th percentile and a *T* score of 70 indicates that the participant is in the 98th percentile for that dimension (Derogatis, 1993).

In large-scale studies of adult outpatient samples, the BSI demonstrates evidence of reliability (Derogatis & Melisaratos, 1983). Cronbach's alphas for the BSI subscales were GSI = .96, Depression = .86, and Anxiety = .80.

Demographic information. A self-report demographic measure was used to assess participants' race/ethnicity, gender, institution, age, and year in school.

LSSM. The LSSM (Flynn et al., 2017) was used to measure stressors within the law school environment. Higher LSSM scores reflect higher stressor frequency. The LSSM is composed of 52 items. Each LSSM item assesses one objective stressor experienced by students in the law school setting. Participants are asked to rate the frequency of each occurrence during their current academic term using the following scale: 0 = *never* (0% of the time), 1 = *infrequently* (25% of the time), 2 = *sometimes* (50% of the time), 3 = *often* (75% of the time), and 4 = *always* (100% of the time). Of the 52 items, 27 of these items are reverse scored before further calculations are conducted.

The LSSM is scored by calculating the LSSM composite and five subscale scores. The LSSM composite is calculated by averaging all 52 items (Flynn et al., 2017). LSSM subscale scores are calculated by averaging the items in each subscale. LSSM subscales include Instrumental Support (being unable to access social support or other informational resources when needed; 17 items), Grading (stressors related to grading practices; eight items), Law School Workload (conflicts due to time constraints created by law classes; eight items), Peers (problems with classmates; seven items), and Course Design (grade curving and other structural concerns about law classes; eight items). In this study, the Cronbach's alpha for the LSSM composite was .90. Cronbach's alphas for the Instrumental Support, Grading, Law School Workload, Peers, and Course Design subscales were .88, .81, .84, .78, and .75, respectively.

Procedure

All participants consented to the study then completed the study's measures. Participants completed the LSSM, BSI, and demographic measures during the academic term (spring semester), when students were enrolled in law classes. Participants who completed paper versions of the study measures did so in a semiprivate location at their law school. The procedure for completion of the study using paper measures was otherwise equivalent.

Results

Preliminary analyses were conducted to determine whether background characteristics meaningfully impacted depression, anxiety, and GSI scores. A multivariate analysis of variance was used to evaluate whether there were significant differences in depression, anxiety, or GSI scores due to gender, race/ethnicity, year in law school, or institution. There was not a significant effect for race/ethnicity, Wilks's $\Lambda = .96$, $F(12, 691) = 0.871$, $p = .577$, $\eta_p^2 = .01$; gender, Wilks's $\Lambda = .99$, $F(3, 261) = 0.651$, $p = .583$, $\eta_p^2 = .01$; year in law school, Wilks's $\Lambda = .98$, $F(6, 522) = 0.978$, $p = .439$, $\eta_p^2 = .01$; or institution, Wilks's $\Lambda = .98$, $F(3, 261) = 1.895$, $p = .131$, $\eta_p^2 = .02$. Thus, these variables were not controlled for in subsequent linear regression analyses.

Psychological Symptoms

Descriptive statistics were performed for the BSI scores for the entire sample (see Table 1). Results showed that over half of the participants scored above the 84th percentile for depression (57%) and overall psychological distress (55%). Nearly half (46%) scored above the 84th percentile for anxiety. It is also notable that significant portions (13%–21%) of the sample means were at or above the 98th percentile for the three dimensions.

One-sample t tests (see Table 1) were used to evaluate the likelihood of obtaining sample means on BSI dimensions. For all three BSI dimensions, results showed that the current sample's scores were statistically significantly greater than the norms established for the population. Furthermore, effect sizes for depression and overall psychological distress were large and in the upper end of the medium range for anxiety, according to standards established by Cohen (1992).

Predicting Mental Health

The LSSM composite, comprising all of the LSSM items, was used to predict depression, anxiety, and GSI scores using linear regression analyses. Results (see Table 2) showed that the LSSM composite significantly predicted depression, anxiety, and GSI scores.

TABLE 1
Means, Standard Deviations, and Percentage of Participants
With T Scores Above 60 and 70 for Each BSI Dimension

BSI Dimension	M	SD	$t(314)$	Cohen's d	95% CI	T Score 60 or Above		T Score 70 or Above	
						n	%	n	%
GSI	60.14	9.97	107.04***	1.02	[59.04, 61.25]	172	54	57	18
Depression	60.04	10.50	101.54***	0.96	[58.88, 61.20]	178	56	65	21
Anxiety	57.58	10.33	98.94***	0.73	[56.44, 58.73]	144	46	42	13

Note. $N = 316$. BSI = Brief Symptom Inventory; CI = confidence interval; GSI = Global Severity Index.

*** $p < .001$.

TABLE 2

Law School Stressor Measure (LSSM) Composite and Subscales Predicting Depression, Anxiety, and Global Severity Index (GSI) Scores

Predictor	Depression			Anxiety			GSI		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
LSSM composite	8.49	1.37	.33***	8.06	1.36	.32***	9.70	1.27	.40***
Instrumental Support	2.03	0.98	.13*	1.06	0.95	.07	1.74	0.89	.11*
Grading	0.49	1.23	.02	-0.35	1.19	-.02	0.06	1.11	.00
Law School Workload	2.73	0.84	.19***	4.03	0.81	.29***	3.65	0.76	.27***
Peers	1.97	1.02	.11*	3.08	0.98	.18**	3.48	0.92	.20***
Course Design	1.27	1.06	.07	0.29	1.02	.02	1.06	0.96	.06

Note. The adjusted R^2 values for Models 1 (depression), 2 (anxiety), and 3 (GSI) were .11, .10, and .16, respectively.

* $p < .05$. ** $p < .01$. *** $p < .001$.

We conducted linear regression analyses to determine whether the LSSM subscales predicted depression, anxiety, and GSI scores. All LSSM subscales were entered at the same time and were used in all analyses. Before conducting regression analyses with the LSSM subscales, we examined the variance inflation factors (VIFs) for the LSSM subscales to ensure that the linear regression was not affected by multicollinearity. The VIFs ranged from 1.13 to 1.31, far below the maximum acceptable value of 10 (Bowerman & O’Connell, 1990). In each of the regression models, LSSM subscales were used to predict depression (Model 1), anxiety (Model 2), and GSI (Model 3) scores. Results revealed that increased levels of instrumental support, law school workload, and peer stressors predicted significantly higher depression and GSI scores (see Table 2). Additionally, law school workload and peer stressors predicted significantly higher levels of anxiety.

Discussion

The results of this study show that law students urgently need additional attention from college counselors. Over half of our sample participants met clinical criteria for depression and overall symptomatology, and nearly half met the criteria for anxiety. Furthermore, more than one fifth of our participants demonstrated severe depressive symptoms. Extreme anxiety and overall psychological distress scores were also observed in a large number of students. Large effect sizes suggest these findings are significant and robust. Because of the stigma of experiencing mental health problems and reluctance to seek treatment (Organ et al., 2016), many of these students are likely to be suffering in silence and failing to seek out assistance from counselors.

The results of this study also identify law school stressors as sources of students’ distress. As predicted, law school stressors, taken as a whole, significantly predicted depression, anxiety, and overall psychological symptoms. When examining specific stressors, we found that stressors related to peers and workload predicted significantly higher levels in all three symptom dimensions measured. Peer stressors involve classmates’ bullying, cheating, and use of licit and illicit substances (Flynn et al., 2017). Law school workload also

predicted significantly higher levels in all three symptom dimensions measured. Workload stressors include inadequate time to complete course work and engage in important self-care activities, such as spending time with loved ones, eating a nutritious diet, or getting enough sleep (Flynn et al., 2017). Inadequate instrumental social support predicted higher levels of depression and overall psychological symptoms. Fewer instrumental support resources include the transmission of specific information about how to succeed in law school and in one's career (Flynn et al., 2017). Counselors can address law school stressors and, especially, problems with classmates, school–life balance, and accessing career information both therapeutically and through outreach efforts.

Limitations

We acknowledge several limitations of this study. First, this study should be replicated at additional law schools with more participants to determine whether these results are generalizable. Furthermore, this study was not longitudinal, and we did not control for students' previous psychological backgrounds. This study focused on anxiety, depression, and overall symptomatology, but it did not examine other psychological symptoms or related problems, such as substance abuse. Future studies should investigate a wider range of mental health issues. This study neither measured nor accounted for other student characteristics, such as academic preparedness or coping skills. Finally, because law school stressors accounted for 10%–20% of the variance in students' symptoms, additional research should identify other contributing factors. Thus, in addition to addressing law school stressors, counselors should probe for additional sources of distress among law students.

Implications for College Counselors

Implications of this study for college counselors involve two major areas: direct therapeutic work with law students, and outreach efforts in collaboration with law school faculty and administrators. In the therapeutic context, college counselors should be aware that a large portion of law students could benefit from mental health services but may be much less likely than other student populations to seek out assistance (Organ et al., 2016). Therefore, programs and services tailored for law students, especially those that emphasize that treating psychological disorders will not impact their careers, are necessary.

To better reach law students, counselors may choose to offer counseling sessions at nontraditional times, such as evenings and weekends. Furthermore, offering support groups and stress-reduction interventions uniquely developed for law students and within the law school can be vitally important. Some preliminary evidence suggests that mindfulness may mediate the law students' stress and depression and anxiety (Bergin & Pakenham, 2016). These techniques should be further explored and evaluated.

Our results also indicate specific sources of students' distress that should be addressed by counselors. For instance, the workload in law school predicted students' symptoms. Training students to apply effective studying techniques and time-management skills may reduce students' distress. Along the same lines, counselors may partner with law schools to make work–life balance resources, such

as healthy foods and exercise facilities, more visible. Problems with peers also significantly impacted students. This is an issue that is not easily resolved, particularly because other students' behavior is not within one's control. College counselors may help students navigate difficult interpersonal circumstances and also provide larger interventions, such as encouraging law faculty to promote collegiality among students, to improve the law school climate. Receiving too little instrumental support was also a significant source of students' distress. Because of the highly competitive nature of law school, students may be reluctant to ask for help from professors and classmates. College counselors can address psychological barriers that students report about seeking support from people associated with their law schools. Counselors can also serve as a liaison between other campus resources, such as career services and academic support programs within law schools.

In addition to providing direct assistance with mental health issues after they arise, college counselors can play an essential role in prevention and intervention using outreach efforts. Counselors should collaborate with law schools to increase availability, visibility, and utilization of counseling services for this population. Furthermore, counselors can educate law school administrators and professors about psychological symptoms experienced by students and that untreated psychological disorders are likely to interfere with students' academic performance and degree completion. Law faculty may be uniquely positioned to identify students in distress and refer them to counseling services.

Additionally, counselors can educate law school faculty that students are negatively impacted by inadequate transmission of information about careers and how to succeed in law school. Likewise, since workload is such a problem for law students, being clearer about the most essential tasks and how to complete them efficiently would be extremely beneficial to students. Similarly, faculty may utilize classroom practices that increase competition among law students. Improving collegiality and cooperation in the classroom and reducing norms of rivalry will benefit students.

Although many colleges/universities do not have law schools, attending law school is a common career goal among college students. College counselors may inform students who are considering law school, particularly those already struggling with mental health concerns, about the challenges of attending law school.

Ultimately, college counselors will not only benefit law students' mental health while they are in law school but also promote their well-being once they enter the legal profession. Many lawyers will continue to face combative colleagues, time stressors, and challenges in obtaining advice and mentoring. However, by interrupting the trajectory of psychological distress in law school and promoting appropriate coping skills, college counselors may provide long-term benefits within this population. Clearly, college counselors can play a critical role in improving the mental health of law students and legal professionals.

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