Comment

Distress and Depression among Australian Law Students: Incidence, Attitudes and the Role of Universities

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Abstract

Levels of psychological distress and depression as well as attitudes and behaviours concerning depression and treatment were investigated in final-year law students attending 13 Australian universities. These law students showed elevated levels of distress compared to the general Australian population and medical students, and had personal experiences of depression and low expectations regarding treatment outcomes. Despite these expectations, surprisingly large numbers of the students who had experienced depression had sought treatment. Issues concerning the role of educational institutions in preventing and relieving student distress are discussed.

Background

The Tristan Jepson Memorial Foundation was established in 2006 in memory of Tristan Jepson, a young lawyer who took his own life as a consequence of severe clinical depression. In establishing the Foundation, Tristan's parents thought not just of honouring their son's memory, but of raising awareness and reducing stigma about mental illness among law students and practitioners. The foundation has now hosted four annual lectures which have been well attended by legal practitioners, academics, students and journalists. The first of these lectures[1] was followed by a workshop in which the claim arose, that while North American research shows unusually elevated levels of depression and other mental illnesses in law students and practitioners, the Australian situation is quite different. At that time, no research had been conducted that could confirm or refute the suggestion that Australian law students and practitioners enjoy better mental health than their North American counterparts; and the Jepsons felt their concerns could not be taken seriously in the absence of such research. Accordingly, they instigated the present research in conjunction with the Brain & Mind Research Institute (BMRI) of the University of Sydney.

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[1] Mamta Gautam, 'Towards Managing Mental Wellness in the Legal Profession' (Speech delivered at the Tristan Jepson Memorial Foundation Annual Lecture Series, Sydney, 7 September 2006).

International Research

The impact of attending law school upon students' mental health has been investigated both cross-sectionally and longitudinally in North America. The cross-sectional studies typically compare law students with medical students and what they reveal is that law students report higher perceived stress scores; greater depression and anger, and lower contentment and feelings of friendliness[2] than do medical students (particularly with regard to academic, time, fear of failure, classroom and economic stress).[3] Naturally, one question to arise from these results concerns whether students entering into law bring with them pre-existing personality characteristics and mental health problems from which their medical counterparts are freer. In order to shed light on this question, one must turn to the findings of the longitudinal studies.

Longitudinal studies of law students' mental well-being have been designed for the dual purposes of discovering whether or not these students differ significantly from the general population and other undergraduate populations prior to entering law school, and whether or not their mental well-being really deteriorates during their candidature as reported anecdotically. One study found that prior to starting their law degree , new law students demonstrated higher positive affect, life satisfaction and subjective well-being than did other undergraduates (with no statistically significant differences found for negative affect).[4] Another study found pre-law students' depression scores to be within the normal range for an industrialised nation.[5] However, a rapid decline was seen across studies regarding students' mental well-being with the onset of symptoms of obsessive-compulsiveness, interpersonal sensitivity, paranoid ideation, hostility, depression, anxiety and loss of subjective well-being within the first year of law school attendance.[6] These symptoms worsened throughout the students' candidatures and, according to at least one study, were still present two years after the students' graduation.[7]

The present research is part of a larger study that was designed to assess the mental health literacy, attitudes, personal experiences and behaviours of both law students and practising lawyers. Comprehensive details of the study are available in the report *Courting*

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2 Robert Kellner, Roger J Wiggins and Dorothy Pathak, 'Distress in Medical and Law Students' (1986) 27 *Comprehensive Psychiatry* 220.

3 See, Marilyn Heins, Shirley Nickols Fahey and Roger C Henderson, 'Law Students and Medical Students: A Comparison of Perceived Stress' (1983) 33 *Journal of Legal Education* 511; Marilyn Heins, Shirley Nickols Fahey and Lisa I Leiden, 'Perceived Stress in Medical, Law, and Graduate Students' (1984) 59 *Journal of Medical Education* 169.

4 Kennon M Sheldon and Lawrence S Krieger, 'Does Legal Education Have Undermining Effects on Law Students? Evaluating Changes in Motivation, Values, and Well-Being' (2004) 22 *Behavioral Sciences and the Law* 261.

5 G Andrew Benjamin et al, 'The Role of Legal Education in Producing Psychological Distress Among Law Students and Lawyers' (1986) 11 *American Bar Foundation Research Journal* 225.

6 See generally, ibid; Sheldon and Krieger, above n 4; Kennon M Sheldon and Lawrence S Krieger, 'Understanding the Negative Effects of Legal Education on Law Students: A Longitudinal Test of Self-Determination Theory' (2007) 33 *Personality and Social Psychology Bulletin* 883.

7 Benjamin et al, above n 5.

the Blues: Attitudes Towards Depression in Australian Law Students and Legal Practitioners.[8] Only results pertaining to law students are reported here.

Methods

Population

The participants were 741 (65.8 per cent female) final-year law students who were recruited from 13 Australian universities. Ages ranged from 19–53 years with an average age of 25 years. Most participants (84.9 per cent) spoke English at home and the majority (82.8 per cent) lived in urban regions.

The Questionnaire

All participants received a letter explaining the purpose of the study, a participant information sheet and the International Depression Literacy Survey (IDLS). The IDLS was devised by staff of the BMRI and has been used in several projects spanning many years.[9] It is referred to as a questionnaire about 'depression literacy'; that is, it assesses a participant's understanding of the character of depression and how it affects individuals and the community. The questionnaire also assesses the participant's self-awareness of depression and his or her risk of experiencing depression. Self-awareness and risks of experiencing depression were assessed with the use of the K10 (the Kessler Psychological Distress Scale) in which participants are asked how often in the last 30 days they have experienced certain psychological or behavioural events.[10] The responses available for selection include: none of the time; a little of the time; some of the time; most of the time; all of the time. The possible range of scores is 10–50 and individuals' scores are classified as follows: 10–15 = no or low distress; 16–21 = moderate distress; 22–29 = high distress; 30–50 = very high distress. The IDLS is reproduced in the *Courting the Blues: Attitudes Towards Depression in Australian Law Students and Legal Practitioners* report.[11]

The IDLS was administered at various times during the academic term and was available for completion on both a password-protected web-site and on paper. The surveys using one or other of these media differed only in that the online version allowed for the randomisation of the ordering of some of the variables. Several universities' ethics committees decided that a classroom was an inappropriate setting for completing the survey and students of these universities had only the option of the web-based version.[12] One

[8] Norm Kelk et al, *Courting the Blues: Attitudes Towards Depression in Australian Law Students and Legal Practitioners* (2009).

[9] See, eg, Ian Hickie et al, 'The Assessment of Depression Awareness and Help-Seeking Behaviour: Experiences with the International Depression Literacy Survey' (2007) 13 *BMC Psychiatry* 48.

[10] Ronald Kessler et al, 'Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress' (2002) 32 *Psychological Medicine* 959.

[11] Kelk et al, above n 8, 57–82.

[12] Research ethics approval was initially sought and received from the Human Research Ethics Committee of the University of Sydney. Approval from the University of Sydney Human Research Ethics Committee was

university offered both the online and paper options to its students and three others used the paper version only. This resulted in 60.4 per cent of participants completing the survey online and 39.6 per cent completing it on paper.

Results

Analysis

Analyses were conducted using Statistical Package for the Social Sciences (SPSS 15.0 and 17.0) for Windows and Microsoft Excel.[13] Some comparisons are made with data that have been derived from other surveys previously conducted by BMRI staff[14] or national surveys reported by the Australian Bureau of Statistics.[15]

Psychological Distress

For purposes of statistical analysis, results were collapsed into 'low or moderate' levels of distress and 'high or very high' levels of distress (see Table 1 for uncollapsed percentages). Overall, the law student sample had a higher level of reported distress than did other Australian samples for which this measure is available. For example, in a large community sample of the general Australian population, approximately 13 per cent of people aged between 18 and 34 years reported having high or very high levels of distress whereas 35.4 per cent of law students reported high or very high levels of distress ($\chi^2(1) = 307.79$, $p<0.001$). Somewhat smaller but similar differences existed between law students and final-year medical students ($\chi^2(1) = 15.9$, $p<0.001$).[16] Odds ratios revealed that law students were 2.4 times as likely to fall into the 'high or very high' grouping than medical students and 3.5 times as likely to fall into the 'high or very high' grouping than members of the general population.

Table 1: Distribution of K10 scores across law students, medical students and a general population sample (percentages)

Level of distress	Law Students	Medical Students[17]	General Population[18] (ages 18–34 years)
Low or no psychological distress	31.5	45.2	57.9

accepted by some of the universities whose law schools participated in the research. A number of other universities required independent approval from their own research ethics committee, and this was granted.

13 Andy Field, *Discovering Statistics Using SPSS* (3rd ed, 2009).

14 Hickie et al, above n 9.

15 Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results* (2007); Australian Bureau of Statistics, *National Health Survey 2004-05: Summary of Results* (2006).

16 Hickie et al, above n 9.

17 See generally, Hickie et al, above n 9.

18 Australian Bureau of Statistics, *National Health Survey 2004-05: Summary of Results*, above n 15, 35.

Moderate distress	33.3	37	28.8
High distress	21.9	12.3	10.2
Very high distress	13.3	5.5	3.1

Experience of Depression and Help-Seeking

Approximately one third (35.1 per cent) of participants reported that they had experienced depression personally, and half (50.2 per cent) of the participants reported that someone very close to them had experienced depression — there was some overlap between these groups.

Attitudes towards seeking help were assessed through a series of questions for all participants about their *likely behaviour* should they become depressed. A second series of questions, directed only to those participants who reported themselves as having had depression, clarified which *actual treatments* (if any) they had received.

Attitudes

Nearly four in 10 (39.1 per cent) participants reported that they *would not* seek professional help if they were to experience depression. Among those who reported that they would seek help, the major professional groups from which they would seek help were: general practitioners (75.0 per cent), counsellors (71.1 per cent), psychologists (68.0 per cent) and psychiatrists (54.1 per cent) (n = 422; multiple answers permitted).

Many people prefer to seek help for mental illness or emotional problems from non-professional sources or from 'alternative or complementary' practitioners.[19] The major non-professional groups from which participants would seek help were: friends (75.8 per cent), family members (74.0 per cent), personal trainers (52.4 per cent), naturopaths or herbalists (20.7 per cent) and the clergy (19.9 per cent) (n = 734; multiple answers permitted).

One of the factors which might influence attitudes towards help-seeking is the participant's belief about the effectiveness of different forms of intervention. Only 8.4 per cent of participants believed that professional help would lead to a complete recovery without relapse and a further 15.7 per cent believed that recovery would be followed by relapse. However, 70.9 per cent of participants believed that people who had no help for depression were likely not to improve or to get worse. So, not only did they see professional intervention as ineffective, they also saw the eventual untreated outcome as gloomy.

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[19] See, Ian D Coulter and Evan M Willis 'The Rise and Rise of Complementary and Alternative Medicine: A Sociological Perspective' (2004) 180 *Medical Journal of Australia* 587; Alan Bensoussan 'Complementary Medicine — Where Lies Its Appeal?' (1999) 170 *Medical Journal of Australia* 247.

Behaviours

Of those participants who had had personal experiences of depression, 77.0 per cent had received treatment (largely from general practitioners, psychiatrists, psychologists and counsellors). This figure greatly exceeds the percentage of people who have reported receiving help in general community surveys.[20] For example, in the recently released 'National Survey of Mental Health and Well Being', only 35 per cent of people who reported experiencing mental illness in the previous 12 months achieved access to treatment.[21] This suggests, as might be expected with a group with such a high level of education, employment and income, that the population from which the law student sample is drawn is well connected with medical services and other sources of support. Finally, of those participants who had experienced depression personally, just 7.8 per cent believed their depression had been affected by life stressors.

Experience of Depression and Help-Seeking

Just under half (49.3 per cent) of the participants had sought information about depression. Participants who had experienced depression (or who had a close acquaintance who had experienced depression) looked for information much more frequently (58.0 per cent) than those who had not experienced depression (16.0 per cent). However, note that 42 per cent of those who had experienced depression never reported having sought information about it.

By far the most common source of information cited is the internet (83.7 per cent) followed by doctors (31.2 per cent), friends (25.7 per cent), family (20.4 per cent) and books or magazines (16.6 per cent). Just 7.5 per cent of participants who had sought information did so from a mental health organisation.

Knowledge of Depression as a Public Health Issue in Australia

Just under half of the participants (49.6 per cent) correctly estimated the proportion (one in five) of Australians who might be expected to experience depression. Those participants who had had an experience of depression themselves or through a close acquaintance gave the correct response in 56.6 per cent of cases, whereas those who had no such experiences reported the correct response in only 28.7 per cent of cases.

Participants also selected up to six illnesses or injuries from a pre-determined list which they believed to cause the most death or disability in Australia. Only 39.6 per cent of participants included depression as one of the top six maladies whereas 49.7 per cent included alcohol abuse (which does not appear in the factual list).[22]

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[20] See generally, Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, above n 15.

[21] Ibid 45 (Table 13).

[22] Australian Institute of Health and Welfare, *Australia's Health 2008 The Eleventh Biennial Health Report of the Australian Institute of Health and Welfare* (2008) 55 (Table 2.17).

Attitudes Towards Depression

Attitudes towards depression are likely to affect self-care and treatment-seeking; such attitudes and help-seeking behaviour, however, are not necessarily closely linked in all populations.

The survey asked participants to report on a number of possible sources of discrimination which might be experienced by depressed people. Almost a third (30.6 per cent) of participants thought that their friends might discriminate against them if they experienced depression and 20.4 per cent thought that their family might do so. Given that these two groups are likely to be important in assisting people to find treatment or to support them during periods of acute illness, it is of concern that such numbers of participants expected discrimination from this quarter. Two-thirds (66.9 per cent) of participants also thought that it was likely that their employers would be discriminatory and 83.6 per cent of participants expected discrimination from strangers.

Participants were asked how strongly they agreed or disagreed with various positive and negative attitudes towards people with depression (see Tables 2 and 3). Overall, most of the participants disagreed with the negative attitudes and agreed with the positive attitudes indicating that as a population, the participants generally report positive attitudes towards depressed people.

However, a substantial minority of the sample reported negative views about depressed people. For example, as can be seen in Table 2, 22.8 per cent of participants think that depressed people are dangerous to others. Similarly, in Table 3, it appears that 8.9 per cent of students with positive attitudes believe that people with depression are unable to be productive in work situations even when they are not depressed.

Table 2: Negative attitudes towards people with severe depression (percentages)

People with severe depression …	n	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
are dangerous to others	737	17.1	51.3	19.8	3.0	8.8
are hard to talk to	738	2.7	17.3	62.1	12.5	5.4
have themselves to blame	738	47.5	39.9	6.6	0.8	5.2
often perform poorly as parents	735	11.2	27.5	31.1	4.9	25.3
should pull themselves together	735	30.3	26.3	28.0	4.2	11.2
should not have children	735	46.3	39.3	2.9	1.2	10.3

Table 3: Positive attitudes towards people with severe depression (percentages)

People with severe depression …	n	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
are often productive people when they are well	737	1.2	7.7	52.5	19.0	19.5
often make good employees when they are well	736	1.0	6.9	51.2	16.2	24.7
often try even harder to contribute to their families or work when they are well	735	1.5	11.6	41.9	12.9	32.1
are often artistic or creative people when they are well	738	4.5	19.6	33.7	11.2	30.9

Discussion

The present research was designed to provide a 'snapshot' (cross-sectional) view of Australian law students' experiences and knowledge of, and attitudes towards depression and help-seeking. Like their North American counterparts, Australian law students have higher rates of psychological distress than those in the general population of a similar age, and approximately one-third of participants reported having experienced depression personally.

Given these findings, it is of interest that many of the participants said that they would not seek professional help for depression should they develop it, and held quite strong negative views about the effectiveness of mental health professionals in treating people with depression. On the more positive side, those who had actually experienced depression had received treatment in far greater numbers than would be expected based upon Australian community norms. This suggests that resistance to treatment is more attitudinal than behavioural.

What can be done to prevent and treat depression among the law student population? If the experience of Australian law students is similar to that of their North American counterparts, one would expect that as new undergraduates entering into law schools, Australian students are not particularly distressed or depressed but that they quite quickly become so. Clearly, longitudinal data are needed not only to test this hypothesis, but also to uncover the precipitating factors, both personal and institutional, that account for the students' decline should it be observed.

In a situation such as the present one, where the precise causes of depression among law students are unknown, it remains possible to formulate policies and procedures which

will be effective in reducing the negative outcomes of mental illness. By focusing upon the known risk factors and establishing supportive environments with strong school, family and institutional connectedness, the onus of maintaining well-being and seeking treatment where necessary is removed from the individual and is more appropriately placed within broader, community contexts. Accordingly, within universities, law schools might consider establishing relationships with organisations which promote the mental health of students. These will include student health services, student counselling services, vocational counselling services and disability services. In addition, student organisations such as student guilds or unions may have policies and services relevant to this aspect of student support.

It has also been suggested that law education is more competitive than other forms of tertiary education.[23] Clearly, such competition might work to reduce the level of support that sub-groups of students give each other. Accordingly, competitive elements of the educational setting need to be publicly acknowledged and support mechanisms made available to students.[24] Furthermore, students must be taught that although their educational experiences may necessitate some level of competition, the competitive elements need not be taken into their personal lives. Like all professionally trained people, law students must develop differing skills that can be used in the professional and personal aspects of their lives.

As reported above, of those students who had experienced depression personally, only 7.8 per cent regarded life stressors (including study) to have impacted upon their depression in some way. This result should not be interpreted to mean that stress is low among the law student population nor that law schools need not monitor stress levels. Instead, it should be understood to mean that students' self-appraisal of the causes of their depression focuses upon issues other than stress. It remains to be seen whether stress, in both the presence and absence of depression, is or is not a significant problem among this population. Law schools taking an interest in the levels of stress among their students would be advised to use an instrument such as the K10 to conduct regular, anonymous monitoring so that trends in levels of distress can be observed across all stages of the students' candidature.

If law schools are to consider introducing curriculum changes with a view to improving students' personal and coping skills, it must be emphasised that such changes will need to be broadly based and the messages within these programmes consistently applied across all stages of the course if medium or long-term changes are to be observed.

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[23] Heins, Nickol Fahey and Henderson, 'Law Students and Medical Students: A Comparison of Perceived Stress', above n 3, 512.

[24] Benjamin et al, above n 5; Lawrence S Krieger, 'What We're Not Telling Law Students — and Lawyers — That They Really Need to Know: Some Thoughts-in-Action Toward Revitalizing the Profession from Its Roots' (1998) 13 *Journal of Law and Health* 1.

Naturally, such changes in curriculum may have significant implications for staffing levels and student-teacher contact hours.

Conclusion

The public activities of the Tristan Jepson Memorial Foundation have raised awareness within the Australian context of the problem of depression among law students and the potentially devastating consequences to students, their families and universities when this illness is not treated successfully. Following the most recent annual lecture[25] and the publication of *Courting the Blues: Attitudes Towards Depression in Australian Law Students and Legal Practitioners*,[26] interest in these issues has been heightened within a number of Australian law schools. It is hoped that the present research will further the Foundation's goal of improving the quality of life of law students by stimulating longitudinal research and, where necessary, institutional change.

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25 Attorney-General Robert McClelland, 'The Importance of Early Intervention and the Role the Profession and Service Providers Can Play in Encouraging Lawyers to Seek Early Treatment' (Speech delivered at the Tristan Jepson Memorial Foundation Annual Lecture Series, Sydney, 24 September 2009).

26 Kelk et al, above n 8.