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Nerissa Soh  
*The University of Sydney*

Fiona Burns  
*The University of Sydney*

Rita Shackel  
*The University of Sydney*

Bruce Robinson  
*The University of Sydney*

Michael Robertson  
*The University of Sydney*

*See next page for additional authors*

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# Law Student Mental Health Literacy and Distress: Finances, Accommodation and Travel Time

## **Authors**

Nerissa Soh, Fiona Burns, Rita Shackel, Bruce Robinson, Michael Robertson, and Garry Walter

# LAW STUDENT MENTAL HEALTH LITERACY AND DISTRESS: FINANCES, ACCOMMODATION AND TRAVEL TIME

NERISSA SOH,\* FIONA BURNS,\*\* RITA SHACKEL,† BRUCE  
ROBINSON, ††MICHAEL ROBERTSON††† AND GARRY  
WALTER†

## I INTRODUCTION

University students often have higher levels of psychological distress than the general population.<sup>1</sup> Ibrahim et al in 2013<sup>2</sup> conducted a systematic review of literature from 1990-2010 dealing with the prevalence of depression in university students generally. Twelve of the studies related to medical students and eleven related to data from a range of different faculties. The studies, which were drawn from a wide range

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\* Clinical Senior Lecturer, Discipline of Psychiatry, Sydney Medical School - Northern, The University of Sydney, Sydney, New South Wales. We thank Ms Isabelle Youssef, President of the Sydney University Law Society, and Ms Mai Stringer, Mr Peter Finneran and Mr Pete Lead from the Faculty of Law for their assistance in participant recruitment and advice generally. We also thank Lucy Sarah Cameron, Judy Zhu and Shirley Huang for research assistance. We thank the University of Sydney Medical School for funding to undertake the survey of medical students in 2013.

\*\* Associate Professor Sydney Law School, The University of Sydney, Sydney, New South Wales.

† Associate Professor, Sydney Law School, The University of Sydney, Sydney, New South Wales.

†† Professor and Dean of Medicine, Sydney Medical School – Northern and Kolling Institute of Medical Research, The University of Sydney, Sydney, New South Wales.

††† Clinical Associate Professor, Centre for Values, Ethics and Law in Medicine, School of Public Health, The University of Sydney, Sydney, New South Wales.

† Professor of Child and Adolescent Psychiatry, Discipline of Psychiatry, Sydney Medical School – Northern, The University of Sydney, Sydney, New South Wales.

<sup>1</sup> Helen Stallman, 'Psychological Distress in University Students: A Comparison with General Population Data' (2010) 45 *Australian Psychologist* 249, 254 ('Psychological Distress in University Students'); Catherine Leahy et al, 'Distress Levels and Self-Reported Treatment Rates for Medicine, Law, Psychology and Mechanical Engineering Tertiary Students: Cross-Sectional Study' (2010) 44 *Australian and New Zealand Journal of Psychiatry* 608, 614; Wendy Larcombe et al, 'Prevalence and Socio-Demographic Correlates of Psychological Distress Among Students at an Australian University' (2014) *Studies in Higher Education* 15 ('Prevalence and Socio-Demographic Correlates'); Stefan Cvetkovski, Nicola Reavley and Anthony Jorm, 'The Prevalence and Correlates of Psychological Distress in Australian Tertiary Students Compared to Their Community Peers' (2012) 46 *Australian and New Zealand Journal of Psychiatry* 457.

<sup>2</sup> Ahmed Ibrahim et al, 'A Systematic Review of Studies of Depression Prevalence in University Students' (2013) 47(3) *Journal of Psychiatric Research* 391, 393. Only one of these studies collected data that specifically excluded medical students.

of countries, reported the prevalence of depression in undergraduate students as ranging from 10% to 84.5%.<sup>3</sup> Studies confirming that university students have high distress levels have investigated such matters as demographic factors,<sup>4</sup> students' history of mental illness,<sup>5</sup> the stigma surrounding mental illness,<sup>6</sup> and students' treatment-seeking behaviours.<sup>7</sup> Earlier studies about distress levels of university students focused more on medical students and health related disciplines rather than other disciplines in the humanities like law,<sup>8</sup> or addressed university

<sup>3</sup> Ibid 394.

<sup>4</sup> Pierre Verger et al, 'Psychiatric Disorders in Students in Six French Universities: 12-Month Prevalence, Comorbidity, Impairment and Help-Seeking' (2010) 45 *Social Psychiatry and Psychiatric Epidemiology* 189, 191–2; Bernice Andrews and John Wilding, 'The Relation of Depression and Anxiety to Life-Stress and Achievement in Students' (2004) 95 *British Journal of Psychology* 509, 512, 516; Thomas Schwenk, Lindsay Davis and Leslie Wimsatt, 'Depression, Stigma, and Suicidal Ideation in Medical Students' (2010) 304 *Journal of the American Medical Association* 1181, 1181–3; Stallman, 'Psychological Distress in University Students', above n 1, 250–1.

<sup>5</sup> Andrews and Wilding, above n 4, 514; Schwenk, Davis and Wimsatt, above n 4, 1185.

<sup>6</sup> Schwenk, Davis and Wimsatt, above n 4, 1185–9; Carolyn Chew-Graham, Anne Rogers and Nuha Yassin, "'I Wouldn't Want It on My CV or Their Records'": Medical Students' Experiences of Help-Seeking for Mental Health Problems' (2003) 37 *Medical Education* 873, 876–7; Jennifer Marie Martin, 'Stigma and Student Mental Health in Higher Education' (2010) 29 *Higher Education Research & Development* 259, 261–3.

<sup>7</sup> Verger et al, above n 4, 197; Chew-Graham, Rogers and Yassin, above n 6, 875–6; Stallman, 'Psychological Distress in University Students', above n 1, 254; Norm Kelk et al, *Courting the Blues: Attitudes towards Depression in Australian Law Students and Legal Practitioners* (Brain and Mind Research Institute, 2009) 21–27 ('*Courting the Blues*').

<sup>8</sup> Stallman, 'Psychological Distress in University Students', above n 1, 249. See, eg, Liselotte Dyrbye et al, 'Burnout and Serious Thoughts of Dropping Out of Medical School: A Multi-Institutional Study' (2010) 85 *Academic Medicine* 94; Deborah Goebert et al, 'Depressive Symptoms in Medical Students and Residents: A Multischool Study' (2009) 84 *Academic Medicine* 236; Marc Schmitter et al, 'Chronic Stress in Medical and Dental Education' (2008) 30 *Medical Teacher* 97; Michael Compton, Jennifer Carrera and Erica Frank, 'Stress and Depressive Symptoms/Dysphoria among US Medical Students: Results from a Large, Nationally Representative Survey' (2008) 196 *Journal of Nervous & Mental Disease* 891; Mirim Midtgaard et al, 'Mental Health Treatment Needs for Medical Students: A National Longitudinal Study' (2008) 23 *European Psychiatry* 505; Edgar Voltmer et al, 'Psychosocial Health Risk Factors and Resources of Medical Students and Physicians: A Cross-Sectional Study' (2008) 8 *BMC Medical Education* 46; Sergio Baldassin et al, 'The Characteristics of Depressive Symptoms in Medical Students during Medical Education and Training: A Cross-Sectional Study' (2008) 8 *BMC Medical Education* 60; Fabiana Hirata et al, 'Depression in Medical School: The Influence of Morningness-Eveningness' (2007) 24 *Chronobiology International* 939; Marie Dahlin, Nils Joneborg and Bo Runeson, 'Stress and Depression among Medical Students: A Cross-Sectional study' (2005) 39 *Medical Education* 594; Sanja Mancevska et al, 'Depression, Anxiety and Substance Use in Medical Students in the Republic of Macedonia' (2008) 109 *Bratislavske Lekarske Listy* 568; Mohammad Shariati, Masud Yunesian and Javad Vash, 'Mental Health of Medical Students: A Cross-Sectional study in Tehran' (2007) 100 *Psychological Reports* 346. See, for more recent references with a legal focus, Anthony Lester, Lloyd England and Natalia Antolak-Saper, 'Health and Wellbeing in the First Year: The Law School Experience' (2011) 36 *Alternative Law Journal* 47; Kelk et al, *Courting the Blues*, above n 7. See also, for more diverse general recent references, Stallman, 'Psychological Distress in University Students', above n 1; Australian Medical Students Association, *University Student Mental Health: The Australian Context* (2013)

student populations as a whole without demarcating students' specific areas of study — thus conflating possible discipline related differences.<sup>9</sup> More recently, a number of studies have included law student populations,<sup>10</sup> with several large-scale studies focusing specifically on law student distress.<sup>11</sup> The Brain and Mind Institute Report, published in

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<<http://www.amsa.org.au/wp-content/uploads/2013/09/AMSA-SMHW-The-Australian-Context-of-Student-Mental-Health-Report.pdf>>; David Said, Kypros Kypri and Jenny Bowman, 'Risk Factors for Mental Disorder among University Students in Australia: Findings from a Web-Based Cross-Sectional Survey' (2013) 48(6) *Social Psychiatry and Psychiatric Epidemiology* 935 (compares undergraduate with graduate students); Daniel Eisenberg et al, 'Prevalence and Correlates of Depression, Anxiety, and Suicidality among University Students' (2007) 77(4) *American Journal of Orthopsychiatry* 534 (compares undergraduate with graduate students); Leahy et al, above n 1.

<sup>9</sup> Verger et al, above n 4; Carlos Blanco et al, 'Mental Health of College Students and their Non-College-Attending Peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions' (2008) 65 *Archives of General Psychiatry* 1429; DeAnnah Byrd and Kristen McKinney, 'Individual, Interpersonal, and Institutional Level Factors Associated with the Mental Health of College Students' (2012) 60 *Journal of American College Health* 185; Jihan Mahmoud et al, 'The Relationship among Young Adult College Students' Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles' (2012) 33 *Issues in Mental Health Nursing* 149; Dana Turner et al, 'Depressive Symptoms and Academic Performance of North Carolina College Students' (2012) 73 *North Carolina Medical Journal* 169; Nicola Reavley, Terence McCann and Anthony Jorm, 'Actions Taken to Deal with Mental Health Problems in Australian Higher Education Students' (2012) 6 *Early Intervention in Psychiatry* 159; Corey Keyes et al, 'The Relationship of Level of Positive Mental Health with Current Mental Disorders in Predicting Suicidal Behavior and Academic Impairment in College Students' (2012) 60 *Journal of American College Health* 126.

<sup>10</sup> Nigar G Khawaja and Krystle Duncanson, 'Using the University Student Depression Inventory to Investigate the Effect of Demographic Variables on Students' Depression' (2008) 18 *Australian Journal of Guidance & Counselling* 195; Natalie K Skead and Shane L Rogers, 'Do Law Students Stand Apart from Other University Students in Their Quest for Mental Health: A Comparative Study on Wellbeing and Associated behaviours in Law and Psychology Students' (2014) *International Journal of Law and Psychiatry* ('Comparative Study'); Wendy Larcombe et al, above n 1; Wendy Larcombe, Sue Finch and Rachel Sore, 'Who's Distressed? Not Only Law Students: Psychological Distress Levels in University Students Across Diverse Fields of Study' (2015) 37 *Sydney Law Review* 243.

<sup>11</sup> Molly Townes O'Brien, Stephen Tang and Kath Hall, 'Changing Our Thinking: Empirical Research on Law Student Wellbeing, Thinking Styles and the Law Curriculum' (2011) 21 *Legal Education Review* 149; Natalie Skead and Shane L Rogers, 'Stress, Anxiety and Depression in Law Students: How Student Behaviours Affect Student Wellbeing' (2014) 40 *Monash University Law Review* 564 ('Stress, Anxiety and Depression in Law Students'); Wendy Larcombe and Katherine Fethers, 'Schooling the Blues? An Investigation of Factors Associated with Psychological Distress Among Law Students' (2013) 36 *UNSW Law Journal* 390; Wendy Larcombe, Ian Malkin and Pip Nicholson, 'Law Students' Motivations, Expectations and Levels of Psychological Distress: Evidence of Connections' (2012) 22 *Legal Education Review* 71; Stephen Tang and Annika Ferguson, 'The Possibility of Wellbeing: Preliminary Results from Surveys of Australian Professional Legal Education Students' (2014) 14 *QUT Law Review* 27; Wendy Larcombe et al, 'Does an Improved Experience of Law School Protect Students from Depression, Anxiety and Stress? An Empirical Study of Wellbeing and the Law School Experience of LLB and JD Students' (2013) 35 *Sydney Law Review* 407 ('An Empirical Study').

2009, found that 35% of law students recorded high or very high levels of psychological distress as measured by the K-10 test.<sup>12</sup>

The literature since then has generally affirmed the findings of the Brain and Mind Research Institute report, similarly finding high levels of psychological distress amongst the law student population. For example, several studies reported that about 25% of law students report severe to extremely severe symptoms on at least one of the test's subscales, and/or that approximately 25-30% of students scored in the moderate to extreme ranges for depression, and the same number for anxiety.<sup>13</sup> Correspondingly, one study found that 51.7% reported in the normal or mild range for all three subscales,<sup>14</sup> with another reporting that less than half of students were in the normal range for all three measures of the DASS-21 test.<sup>15</sup>

That said, the literature also indicated that law students as a group do not necessarily experience more psychological distress than non-law university students. For example, Larcombe, Finch and Sore found that veterinary medicine students at the University of Melbourne had higher levels of psychological distress.<sup>16</sup> However, law students did record higher levels of stress than certain other cohorts, such as biomedicine, engineering and science.<sup>17</sup> Mean scores on the DASS-21 stress scale were higher for law students than for non-law students, but there were only small differences for anxiety and depression. Moreover, when looking at the odds of reporting a severe or extremely severe score on any of the three DASS subscales, there were no significant differences between law and non-law students.<sup>18</sup> Indeed, 25.8% of university students sampled in one study recorded severe or very severe symptoms on at least one of the DASS-21 measures.<sup>19</sup>

This paper compares findings of a survey of law students conducted in 2013 with an earlier survey of medical students conducted in 2011 at the same University. The law student survey was modelled on the medical student survey to permit a direct comparison between the two groups of students. Though experiences of law students and medical students are likely very different, a comparison between these two groups of students is arguably a particularly interesting one, as both groups represent high performing students undertaking a demanding professional degree.<sup>20</sup> Few

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<sup>12</sup> Kelk et al, *Courting the Blues*, above n 7, 10–12.

<sup>13</sup> Larcombe and Fethers, above n 11, 406; Larcombe, Finch & Sore, above n 10, 259; Townes O'Brien, Hall and Tang, above n 11, 160; Larcombe et al, 'An Empirical Study', above n 11, 415.

<sup>14</sup> Larcombe, Finch and Sore, above n 10, 259; Skead and Rogers, 'Stress, Anxiety and Depression in Law Students', above n 11.

<sup>15</sup> Larcombe et al, 'An Empirical Study', above n 11, 415.

<sup>16</sup> Larcombe, Finch and Sore, above n 10, 260.

<sup>17</sup> *Ibid.*

<sup>18</sup> *Ibid* 262.

<sup>19</sup> Larcombe et al, 'Prevalence and Socio-Demographic Correlates', above n 1, 2 7.

<sup>20</sup> See, eg, entry requirements for Law and Medicine at GO8 universities. Though it varies across universities, for those with undergraduate law programs that use the ATAR criterion, the minimum ATAR requirements in 2015 ranged from 95 at the University of Adelaide to 99.7 at the University of New South Wales:

studies have directly compared and contrasted law students with other professional degree students,<sup>21</sup> thus this research builds on existing findings and understanding of law student distress by asking whether and how it compares to that of other similar cohorts of students – in this case medical students.<sup>22</sup> In its comparison the study examines a number of factors related to student living conditions including finances, accommodation and travel time. These factors may contribute to mental stress in university students but more research is needed which looks specifically at these factors.<sup>23</sup> This study also adds to the understanding of how such factors may impact on law student distress.

Following this introduction, Part II of the paper reviews the existing literature on medical student and law student distress. Part III details the study's method. The results of the study are outlined in Part IV, followed by their discussion in Part V. Part VI of the paper makes some concluding comments.

## II REVIEW OF EXISTING LITERATURE

### A *Medical Students and Distress*

As mentioned already, there is a sizeable literature on mental stress in medical students from Australia and internationally which reports that a large proportion of medical students have elevated levels of mental distress compared to the general population.<sup>24</sup>

Though a US study found that upon entering medical school, students had a similar rate of emotional distress to the normative population,<sup>25</sup> the bulk of the literature suggests this does not hold true throughout the degree, as confirmed by literature reviews.<sup>26</sup> For example, one UK study found that through terms 1 to 3 of their university year, the incidence of psychological morbidity as well as the mean GHQ-12 scores increased

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<[http://www.adelaide.edu.au/degree-finder/blaws\\_llb.html](http://www.adelaide.edu.au/degree-finder/blaws_llb.html)>; <<http://www.law.unsw.edu.au/future-students/undergraduate/entry>>; <<http://programsandcourses.anu.edu.au/program/ALLB>>; <<http://sydney.edu.au/law/fstudent/undergrad/faq.shtml>>; <<http://monash.edu/study/coursefinder/course/L3003/>>. Medicine entry requirements are similarly stringent but may take into account other performance criterion, including the UMAT and interviews.

<sup>21</sup> Leahy et al, above n 1; Skead and Rogers, 'Comparative Study', above n 10; Larcombe, Finch and Sore, above n 10.

<sup>22</sup> See Leahy et al, above n 1.

<sup>23</sup> Larcombe, Finch and Sore, above n 10, 423; Tang and Ferguson, above n 11, 45.

<sup>24</sup> See above n 8.

<sup>25</sup> Carol Klose Smith et al, 'Depression, Anxiety and Perceived Hassles Among Entering Medical Students' (2007) 12 *Psychology, Health and Medicine* 31, 36.

<sup>26</sup> Liselotte N Dyrbye, Matthew R Thomas and Tait D Shanafelt, 'Medical Student Distress: Causes, Consequences, and Proposed Solutions' (2005) 80 *Mayo Clinic Proceedings* 1613; Liselotte N Dyrbye, Matthew R Thomas and Tait D Shanafelt, 'Systematic Review of Depression, Anxiety, and Other Indicators of Psychological Distress Among U.S. and Canadian Medical Students' (2006) 81 *Academic Medicine* 354.

significantly.<sup>27</sup> Australian studies have also confirmed that medical students suffer higher distress levels than the normative Australian adult population,<sup>28</sup> though it is comparable to age-matched student peers.<sup>29</sup>

Soh et al in 2011 investigated mental distress levels in medical students at Sydney Medical School in relation to financial stress, housing circumstances and travel times.<sup>30</sup> The findings of this research, consistent with the findings of previous studies, revealed that medical students were more distressed than the general population and that being female, living in rental accommodation, and being younger in age than their fellow medical students were factors associated with greater distress levels.<sup>31</sup>

The association between housing and travel and student wellness or distress are two areas that have received limited attention in the literature generally.<sup>32</sup> The Soh et al study was the first to investigate the association between psychological distress and duration of travel between home and places of study in university students. This study found that medical students who travelled more hours each day to the site of study were more likely to suffer greater distress levels than fellow medical students who travelled fewer hours per day.<sup>33</sup> As few studies have specifically examined the association between housing and travel and student wellness and distress, the current study builds on the work of Soh et al in relation to law students.

### B Law Students and Distress

The professional and general media has, in the last decade, increasingly recognised that mental health distress is a significant issue facing the legal profession.<sup>34</sup> The high level of stress faced by law

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<sup>27</sup> Katrina J Moffat et al, 'First Year Medical Student Stress and Coping in a Problem-Based Learning Medical Curriculum' (2004) 38 *Medical Education* 482, 482. The GHQ-12 is an English screening instrument that measures psychological morbidity. It is closer to the K-10 than the DASS-21 in that it tests for non-specific psychological distress. See D P Goldberg et al, 'The Validity of Two Versions of the GHQ in the WHO Study of Mental Illness in General Health Care' (1997) 27 *Psychological Medicine* 191.

<sup>28</sup> Leahy et al, above n 1, 611; Jessica Slonim et al, 'The Relationships Among Self-care, Dispositional Mindfulness, and Psychological Distress in Medical Students' (2015) 20 *Medical Education Online*.

<sup>29</sup> Slonim et al, above n 28.

<sup>30</sup> Nerissa Li-Wey Soh et al, 'Mental Distress in Australian Medical Students and its Association with Housing and Travel Time' (2013) 1 *Journal of Contemporary Medical Education* 163.

<sup>31</sup> Ibid 167–8.

<sup>32</sup> Stallman, 'Psychological Distress in University Students', above n 1, 255–256; Khawaja and Duncanson, above n 10, 206; Hazel Christie, Moira Munro and Heidi Rettig, 'Accommodating Students' (2002) 5 *Journal of Youth Studies* 209.

<sup>33</sup> Soh et al, above n 30, 168.

<sup>34</sup> Alan Macarenhas, 'Lawyers Most Prone to Depression: Study', *Sydney Morning Herald* (online), 24 April 2007, <<http://www.smh.com.au/news/national/lawyers-most-prone-to-depression-study/2007/04/23/1177180569491.html>>; Candice Marcus, 'Lawyers' Alarming Depression Rates Prompt Efforts to Boost Mental Health Support', *ABC News* (online), 21 November 2014 <<http://www.abc.net.au/news/2014-11-21/lawyers-depression-rates-alarming/5903660>>; Leanne Mezrani, 'Firms' Efforts to Tackle



students, although mostly discussed in academic literature, is increasingly also the focus of media reports in Australia and overseas.<sup>35</sup> Research in this area has confirmed that rates of depression and mental health distress are high amongst law students,<sup>36</sup> and seem to increase at least through the early stages of law studies.<sup>37</sup> Greater awareness of law student distress has prompted legal educators to ask why law students may be stressed at law school;<sup>38</sup> what factors may be contributing to their stress;<sup>39</sup> and what

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Depression 'Genuine', *Lawyers Weekly* (online), 22 February 2013, <<http://www.lawyersweekly.com.au/news/11380-firms-efforts-to-tackle-depressiogenuine>>; Peter Gregory, 'Lawyers Stressed and Depressed, Says Survey', *Sydney Morning Herald* (online), 18 September 2008 <<http://www.smh.com.au/national/lawyers-depressed-and-stressed-says-survey-20080918-4iym>>; Marianna Pappadakis, 'Depression a Critical Issue for Lawyers: Justice Shane Marshall', *Australian Financial Review* (online), 12 February 2015 <<http://www.afr.com/business/legal/depression-a-critical-issue-for-lawyers-justice-shane-marshall-20150212-13cse0>>; Justin Whealing, 'This is the Depression We Don't Have to Have', *Lawyers Weekly* (online), 13 May 2013 <[www.lawyersweekly.com.au/news/14169-this-is-the-depression-we-don-t-have-to-have](http://www.lawyersweekly.com.au/news/14169-this-is-the-depression-we-don-t-have-to-have)>; 'Lawyers Battling Depression', *Sky News* (online), 30 September 2015 <<http://www.skynews.com/business/business/personal/2015/09/30/lawyers-battling-depression.html>>; Nicola Berkovic, 'Research Finds Depression Very High in Legal Profession', *The Australian* (online), 19 September 2008.

<sup>35</sup> See, eg, Felicity Nelson, 'This Is Why You Are Stressing Out About Law School', *Lawyers Weekly* (online), 14 January 2015 <<http://www.lawyersweekly.com.au/news/16030-this-is-why-you-are-stressingout-about-law-school>>; Rosa Flores and Rose Marie Arce, 'Why Are Lawyers Killing Themselves?', *CNN* (online), 20 January 2014 <<http://edition.cnn.com/2014/01/19/us/lawyer-suicides/>>; Yuko Narushima, 'Legal Eaglets Learn to Fend Off Depression' *Sydney Morning Herald* (online), 18 March 2011 <<http://www.smh.com.au/lifestyle/life/legal-eaglets-learn-to-fend-off-depression-20110317-1byvn.html>>; Jerome Doraisamy, 'Taking the Initiative on Mental Health', *Lawyers Weekly* (online), 30 September 2015 <<http://www.lawyersweekly.com.au/opinion/17232-taking-the-initiative-on-mental-health>>; Jeremy Story Carter, 'Courting Mental Illness: The Legal Profession and Mental Health', *ABC Online* (online), 8 October 2015, <http://www.abc.net.au/radionational/programs/lawreport/courting-mental-illness-the-legal-system-and-mental-health/6837090>>; Nicola Berkovic, 'Mental Wellbeing Should Be Taught to Law Students, Says Judge', *The Australian* (online), 7 February 2015 <<http://www.theaustralian.com.au/business/legal-affairs/mental-wellbeing-should-be-taught-to-law-students-says-judge/story-e6frg97x-1227210997862>>; Yuko Nakashima, 'Legal Eaglets Learn to Fend Off Depression', *Sydney Morning Herald* (online), March 18 2011 <<http://www.smh.com.au/lifestyle/life/legal-eaglets-learn-to-fend-off-depression-20110317-1byvn.html>>; Kate Mayer Mangan, 'Law School Quadruples the Chances of Depression for Tens of Thousands: Some Changes That Might Help', *Huffington Post* (online), 29 August 2014 <[http://www.huffingtonpost.com/kate-mayer-mangan/law-school-quadruples-dep\\_b\\_5713337.html?ir=Australia](http://www.huffingtonpost.com/kate-mayer-mangan/law-school-quadruples-dep_b_5713337.html?ir=Australia)>.

<sup>36</sup> Jennifer Jolly-Ryan, 'The Last Taboo: Breaking Law Students with Mental Illnesses and Disabilities Out of the Stigma Straitjacket' (2010) 79 *UMKC Law Review* 123, 125; Lara Dresser, 'Promoting Psychological Health in Law Students' (2005) 24 *Legal Reference Services Quarterly* 41, 4.

<sup>37</sup> Townes O'Brien, Tang and Hall, above n 11, 160; Alan Reifman, Daniel McIntosh and Phoebe Ellsworth, 'Depression and Affect Among Law Students During Law School: A Longitudinal Study' 2(1) *Journal of Emotional Abuse* 93, 99; G Andrew H 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, 240-1; Susan Daicoff, 'The Future of the Legal Profession' (2003) 37 *Monash University Law Review* 7, 12.

<sup>38</sup> See, eg, Townes O'Brien, Tang and Hall, above n 11, 159-160.

strategies may be needed to better support law student wellness at law school.<sup>40</sup> Law school has been described as a ‘breeding ground for depression, anxiety and other stress-related illnesses’.<sup>41</sup>

Much of the early work on mental health of law students was undertaken in the United States. A longitudinal study led by G Andrew H Benjamin investigated 320 graduate law students in the US over four years.<sup>42</sup> For first year students, somatisation, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism and global severity index, as assessed by Brief Symptom Inventory scores,<sup>43</sup> all increased between pre-enrolment and six months into their studies after first exams.<sup>44</sup> Symptoms at enrolment were within the normal range but within six months, the students’ scores were two standard deviations above normative data,<sup>45</sup> suggesting a clinically important increase in symptomatology. However, the mean Beck Depression Inventory score in these first few months was 8.85,<sup>46</sup> below the 15 point cut-off which is used as an indication that the general population (including law students) should seek professional help.<sup>47</sup> In a study of first-year students, testing was undertaken over the second half of the academic year and found no difference between the two time points, suggesting changes in psychological symptoms occur in the early months of law school.<sup>48</sup> Another longitudinal study of law students at the University of Michigan in the 1990s involved five sequential waves of study, including a pre-

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<sup>39</sup> See, eg, Anna Huggins, ‘Autonomy Supportive Curriculum Design: A Salient Factor in Promoting Law Students’ Wellbeing’ (2012) *UNSW Law Journal* 683; Kate Galloway et al, ‘Approaches to Student Support in the First Year of Law School’ (2011) 12 *Legal Education Review* 236; Rachael Field and Sally Kift, ‘Addressing the High Levels of Psychological Distress in Law Students Through Intentional Assessment and Feedback Design in the First Year Law Curriculum’ (2010) 1 *The International Journal of the First Year in Higher Education* 65.

<sup>40</sup> See, eg, Kelk et al, *Courting the Blues*, above n 7, i–ix, 43–50; Norm Kelk et al, ‘Distress and Depression Amongst Australian Law Students: Incidence, Attitudes and the Role of Universities’ (2010) 32 *Sydney Law Review* 113, 113, 122; Rachael Field and Wendy Larcombe (eds), ‘Wellness for Law [special issue]’ (2014) 14(1) *Queensland University of Technology Law Review*; Linda Crowley-Cyr, ‘Promoting Mental Wellbeing of Law Students: Breaking Down Stigma and Building Bridges with Support Services in the Online Learning’ (2014) 14(1) *Queensland University of Technology Law Review* 129, 129–31; Sharon Medlow, Norm Kelk and Ian Hickie, ‘Depression and the Law: Experiences of Australian Barristers and Solicitors’ (2011) 33 *Sydney Law Review* 770, 795.

<sup>41</sup> Larcombe et al, ‘An Empirical Study’, above n 11, 430.

<sup>42</sup> Benjamin et al, above n 37.

<sup>43</sup> The Brief Symptom Inventory is a short form of the SCL-90 and assesses psychological symptoms: Leonard Derogatis and Nick Melisaratos, ‘The Brief Symptom Inventory: An Introductory Report’ (1983) 13 *Psychological Medicine* 595.

<sup>44</sup> Benjamin et al, above n 37, 237–40.

<sup>45</sup> *Ibid* 240.

<sup>46</sup> The Beck Depression Inventory score is a self-report measure of symptoms of depression: Aaron Beck et al, ‘An Inventory for Measuring Depression’ (1961) 4 *Archives of General Psychiatry* 561.

<sup>47</sup> Benjamin et al, above n 37, 230 (cohort 3).

<sup>48</sup> *Ibid* 240 (cohort 1).

orientation wave, two waves during the first year of study, one at the end of second year and one at the end of third year.<sup>49</sup> The study found that the proportion of students with depression and the intensity of depressive symptoms increased from enrolment to the end of the first year,<sup>50</sup> plateauing throughout the remainder of the three-year course.<sup>51</sup> Together with the Benjamin et al 1986 study,<sup>52</sup> it suggested that the period of greatest increase in stress is the first six months of the first year of law study.<sup>53</sup>

More recent US studies have affirmed these findings. For example, Sheldon and Krieger found that at the outset of law school, the students surveyed had a higher subjective well-being than their control sample; but that at the end of their first year of law school there was a decline in this subjective well-being, as well as in positive affect, and significant increases in negative affect, depression and physical symptoms.<sup>54</sup>

Though law students in the US face an educational and professional context different to that faced by Australian law students, the findings of research conducted in the US on law student distress may be useful to help us unpack the issues that Australian law students face.

In view of the significant and influential US literature on the subject of the mental health of law students, it is not surprising that Australian researchers began to explore the Australian situation. Fundamentally, there is a correlation between Australia and the US in the sense that a number of Australian studies have found that Australian law students also suffer mental health distress, sometimes at the level of their US counterparts. At the forefront of research was the ground-breaking study of the Brain and Mind Research Institute in 2009,<sup>55</sup> which surveyed 741 law students from eight universities and found that 35% of the students recorded high or very high levels of psychological distress as measured by the Kessler-10 test. Notwithstanding the significance of this finding, it did not and could not provide a complete picture. Accordingly, since that study, Australian researchers have continued to grapple with a number of important aspects of law students' mental health. For current purposes, it is important to note that five research trends (which have not necessarily been consistent, complete or complementary) have become evident in the published research. First, a number of studies have confirmed that law

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<sup>49</sup> Of the 370 students enrolled in first year, the first wave comprised 175 students, the second wave comprised 136 and the third 244. Wave 4 had 74 responses and wave 5 had 118 responses: Reifman, McIntosh and Ellsworth, above n 37, 99–100.

<sup>50</sup> Ibid 99–101.

<sup>51</sup> Ibid 101.

<sup>52</sup> Above n 37.

<sup>53</sup> See Reifman, McIntosh and Ellsworth, above n 37, 99; Benjamin et al, above n 37, 240–1, 343.

<sup>54</sup> 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 *Behavioural Sciences and the Law* 261, 280.

<sup>55</sup> Kelk et al, *Courting the Blues*, above n 7, 11.

students do suffer high levels of stress, anxiety or depression, thereby deepening the psychological profile of the law student cohort.<sup>56</sup>

Second, several studies have compared and contrasted students from other disciplines with law students. Skead and Rogers undertook a comparative study of law and psychology students and found that law students had higher mean anxiety and higher mean depressive scores than psychology students.<sup>57</sup> So too, law students have been found to have higher levels of stress in contrast to biomedicine, engineering and science students.<sup>58</sup> However, this is not always the case. Studies have also found not only that university students as a whole suffer from higher levels of stress or depressive symptoms than the Australian community,<sup>59</sup> but that there were students from other disciplines who indicated levels of severe stress, anxiety or depression that were equal to or exceeded that manifested by law students.<sup>60</sup> For example, Soh et al have found that 37% of medical students had high or very high stress levels, a figure comparable to the Brain and Mind Research Institute study.<sup>61</sup> Therefore, it has been suggested that investigations into the characteristics of legal education or the kinds of persons attracted to the study of law may not be helpful because studying in the university sector is marked by above average stress levels.<sup>62</sup>

Third, researchers have asked whether there are factors within the law school environment that may contribute to or exacerbate stress, anxiety or depression. Although the data is not necessarily complete, studies suggest that there are a number of potential factors. For example, studies have found that law students can be notoriously competitive amongst each other,<sup>63</sup> leading to a sense of exclusion for some.<sup>64</sup> Students are required to undertake a demanding core professional curriculum and associated assessment, creating concerns about the level of support available in law schools.<sup>65</sup> Some studies have focused on whether the nature of legal reasoning or the legal curriculum is an underlying cause of mental health problems.<sup>66</sup> Indeed, a study conducted at Monash University reported a statistically significant increase in symptoms of depression in law students from the beginning to the end of the first year of law school.<sup>67</sup> By the end of the first year of law school 15% of the sample surveyed reported symptoms indicating moderate to very high levels of depression

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<sup>56</sup> Larcombe, Finch and Sore, above n 10, 260.

<sup>57</sup> Skead and Rogers, 'Comparative Study', above n 10, 2.

<sup>58</sup> Larcombe, Finch and Sore, above n 10, 260.

<sup>59</sup> Larcombe et al, 'Prevalence and Socio-Demographic Correlates', above n 1, 2 5-5.

<sup>60</sup> Larcombe, Finch and Sore, above n 10, 260.

<sup>61</sup> Soh et al, above n 30, 165; Kelk et al, *Courting the Blues*, above n 7.

<sup>62</sup> Larcombe, Finch and Sore, above n 10, 266.

<sup>63</sup> Helen Stallman, 'A Qualitative Evaluation of Perceptions of the Role of Competition in the Success and Distress of Law Students' (2012) 31 *Higher Education Research & Development* 891.

<sup>64</sup> See, eg, Larcombe et al, 'An Empirical Study', above n 11, 430.

<sup>65</sup> Larcombe et al, 'An Empirical Study', above n 11, 418-19, 430.

<sup>66</sup> See, eg, Townes O'Brien, Hall and Tang, above n 11.

<sup>67</sup> Lester, England and Antolak-Saper, above n 8, 48-9.

which would warrant further clinical investigation compared to only 8.5% at the beginning of first year.<sup>68</sup> These findings suggest that the psychological distress of law students increases immediately from the time of entry to law school. However, it has been suggested that a good law school experience in terms of small seminar class sizes and strong social connections with first year lecturers may not necessarily correlate with lower stress or anxiety scores.<sup>69</sup>

Fourth, some researchers have considered the broader socio-economic context in which law students are located in order to ascertain whether there are predictive patterns for stress, anxiety and depression. What the studies highlighted was that socio-economic factors such as youth,<sup>70</sup> gender,<sup>71</sup> the number of hours worked<sup>72</sup> and carer responsibilities<sup>73</sup> could contribute to higher levels of stress, anxiety and depression, but that care needed to be taken before making broad assumptions.<sup>74</sup>

Finally, researchers into student mental health have re-evaluated and criticised the conclusions drawn from empirical studies measuring stress, anxiety and depression. In the law context, Parker has contended,<sup>75</sup> *inter alia*, that studies that stress that law in terms of the nature of legal thinking or the law school experience may be the ‘problem’ have missed the wider picture. Rather, she warns that mental distress is a society-wide issue. A neo-liberal approach to mental distress ought to be eschewed. Mental distress ought not to be simply treated as something that can be successfully and clinically treated at an individual level.<sup>76</sup> Parker’s warning is particularly salient, as mental health and mental literacy generally have taken a centre-stage outside or irrespective of the context of university education.<sup>77</sup>

### III METHOD

The study that is the subject of this article was framed in view of several of the research trends outlined above. The study of the law and medical students was inspired by significant and consistent reports that these students suffered from high levels of stress, anxiety and depression. Therefore, the surveys were framed to (i) determine whether there were similar levels and kinds of stress amongst law and medical students at the

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<sup>68</sup> Ibid 48–9.

<sup>69</sup> Larcombe et al, ‘An Empirical Study’, above n 11, 418–19, 422.

<sup>70</sup> Larcombe et al, ‘Prevalence and Socio-Demographic Correlates’, above n 1, 3, 14.

<sup>71</sup> Larcombe et al, ‘An Empirical Study’, above n 11, 418–19, 423.

<sup>72</sup> Helen Stallman and Ian Shochet, ‘Prevalence of Mental Health Problems in Australian University Health Services’ (2009) 44 *Australian Psychologist* 122, 135; cf. Larcombe et al, ‘Prevalence and Socio-Demographic Correlates’, above n 1, 2-3, 14.

<sup>73</sup> Larcombe and Fethers, above n 11, 419.

<sup>74</sup> See, eg, Larcombe et al, ‘An Empirical Study’, above n 11, 418–419, 423.

<sup>75</sup> Christine Parker, ‘The “Moral Panic” Over Psychological Wellbeing in the Legal Profession: A Personal or Political Ethical Response?’ (2014) 37 *UNSW Law Journal* 1103, 1121.

<sup>76</sup> Ibid 1123-1129.

<sup>77</sup> See, eg, Anthony F Jorm, ‘Mental Health Literacy: Empowering the Community to take Action for Better Mental Health’ (2012) 67(3) *American Psychologist* 231.

same institution, and whether the trends reported in earlier literature were evident in these student cohorts; (ii) test a variety of socio-economic factors some of which had not been tested previously (such as housing and travel); and (iii) consider the nature and extent of mental health literacy amongst law and medical students.

The study reported in this paper descriptively compares data collected from law students in 2013 to data that was collected from medical students at the same university in 2011,<sup>78</sup> using similar questionnaires and techniques. The survey assessed psychological distress using the Kessler-10 and collected data on students' self-rated distress and socio-demographic data. The association between psychological distress and socio-demographic variables were analysed. The full study had two parts. The present paper reports only on the quantitative data collected from a cohort of law students. The second component focuses on qualitative data collected from the same cohort of students, but is not discussed in this article and will be published separately.

### *A Participants*

All undergraduate and postgraduate students enrolled at Sydney Law School were invited to participate in the survey. According to Sydney Law School enrolment data, in second semester 2013 there were 1,360 LLB, 617 Juris Doctor, 386 Masters of Law by Coursework and 345 Specialist Masters students enrolled in the faculty.<sup>79</sup>

### *B Survey*

The study was conducted as an anonymous online survey over six months from June until the end of November 2013. Students were made aware of the study by advertising on the Law School's electronic noticeboard, notification via emails sent to students each month for the first four months (four emails in total), and an advertisement placed in the law students' society weekly electronic newsletter.<sup>80</sup>

The survey collected demographic data including: age; gender; the degree in which the student was enrolled; year of enrolment; category of student (domestic/international); course enrolment (full time/part time); and whether the student was a parent. Socio-economic factors that were the subject of consideration included accommodation type (family home, own residence or renting); number of people living at the same residence; travelling time to site of academic study; paid work; and type of financial support received during their studies. To allow comparison with the 2011 medical student study, the survey largely followed the medical student survey.

Mental distress was measured using the Kessler-10 as was done in the 2011 medical study survey. The Kessler-10 has been widely used

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<sup>78</sup> Soh et al, above n 30.

<sup>79</sup> Sydney Law School enrolment data, 2013.

<sup>80</sup> This was sent to subscribed students on 10 June 2013.

internationally, including in Australia,<sup>81</sup> and measures non-specific psychological distress in the previous 30 days.<sup>82</sup> It yields a score between 10 and 50 points, and higher total scores indicate higher levels of psychological distress. The Kessler-10 has excellent internal consistency (Cronbach's alpha = 0.93) and has good discrimination for severe cases of mental illness as defined by Global Assessment Functioning scores (area under curve = 0.955), for anxiety and mood disorders, and for non-affective psychosis as diagnosed by the Structured Clinical Interview for DSM-IV (area under curve = 0.876).<sup>83</sup> The Kessler-10 was chosen for both the medical student and law student surveys because it has been used in other Australian studies as well as by the Australian Bureau of Statistics, thereby allowing a comparison and contrast of the results of the study with Australian population data.

### C Statistical Analyses

Statistical analyses were conducted using IBM SPSS Statistics (Version 21, 2012: Armonk, New York). Responses were excluded if they did not contain measurable values or were implausible.

Multiple linear regression of K-10 scores was undertaken against the main variables: type of accommodation during the study semester; number of bedrooms in the residence; number of people also living in the residence; type of degree the student was enrolled in; and total travel time to site of study. Co-variables included for face validity were age and gender. In addition, potential confounding variables were tested using backwards elimination: the amount of money spent on alcohol during the past four weeks; using recreational drugs during the past four weeks; doing paid work of any kind; having dependent children; having other dependents; receiving economic support from family; whether the student studied full or part time; time spent on independent study per week; year of study; and whether the student was domestic or international. The study tested two interaction terms: the number of people also living in the student's residence x number of bedrooms, and the type of degree the student was enrolled in x year of study.

In addition, students were asked questions about their mental and emotional state, knowledge of support services, and certain lifestyle issues.<sup>84</sup> The K-10 questions asked students to rank perceived level of

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<sup>81</sup> See, eg, Stallman, 'Psychological Distress in University Students', above n 1; Leahy et al, above n 1; Kelk et al, *Courting the Blues*, above n 7; Ghorban Koochaki et al, 'Prevalence of Stress Among Iranian Medical Students: a Questionnaire Survey' (2011) 17 *Eastern Mediterranean Health Journal* 593; Jean Caron and Aihua Liu, 'A Descriptive Study of the Prevalence of Psychological Distress and Mental Disorders in the Canadian Population: Comparison between Low-Income and Non-Low-Income Populations' (2010) 20 *Chronic Diseases in Canada* 84.

<sup>82</sup> Ronald Kessler et al, 'Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress' (2002) 32 *Psychological Medicine* 959.

<sup>83</sup> Ibid.

<sup>84</sup> Garry Walter, 'Medical Students' Subjective Ratings of Stress Levels and Awareness of Student Support Services About Mental Health' (2013) 89 *Postgraduate Medical Journal* 311.

stress from lifestyle issues and to indicate: (i) their awareness and use of services for mental health issues; (ii) their concerns about emotional state; and (iii) whether they considered terminating their studies. The questions were the same for both law and medical students.

#### D *Ethics Approval*

The study was approved by the Human Research Ethics Committee of the University of Sydney.<sup>85</sup> Participation was voluntary and completion of the survey was taken as an indication of consent. The data was collected anonymously. At the end of the survey, participants were given the opportunity to enter a lucky-draw to win one of 50 cinema tickets as reimbursement for the time spent completing the survey.

#### E *Limitations of Study*

This study has several limitations. First, law students are a more diverse student population than medical students, given the range of different courses and levels of study students may enrol in.

Second, although this study included students from four different degrees and the analyses controlled for degree type, the small number of students may have contributed to type II error (false negative): very unwell students may not have had the capacity to respond and very well students may have viewed the survey as irrelevant to them. The multiple linear regression analyses were conducted on a small subset of responses, owing to incomplete data, and so may not be representative of the entire study sample. Third, the low response rate due to the voluntary nature of this study also means that the results may not be representative of the entire university's law student population. The cross-sectional study design did not allow for determining cause and effect.

Fourth, Sydney Law School may have some unique cultural and demographic characteristics that may limit the generalisability of the findings to all law schools. On the one hand Sydney Law School students may, for example, experience less distress compared to other law students from other universities, if Sydney Law School graduates fair better in gaining employment during or after their law studies.<sup>86</sup> On the other hand, Sydney Law School students may be more distressed compared to comparable law student cohorts, as it is very competitive to gain entry into some degree programs, which are limited to students with very high ATAR scores and/or high academic achievement.<sup>87</sup> These students may

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<sup>85</sup> Study Protocol Approval Number 03–2011/13517.

<sup>86</sup> See, eg, Tim Dodd and Edmund Tatros, 'The Degrees of Unemployment: Universities' Jobless', *Australian Financial Review* (online), 18 August 2014 <<http://www.afr.com/news/policy/education/the-degrees-of-unemployment-universities-jobless-20140818-j8hpd>>. Whilst data for some universities is incomplete on some criteria, Sydney University had the second highest average graduate salary (\$67,154) and the fourth lowest job-seeker rate (12.5%).

<sup>87</sup> In 2015 the ATAR cut-off for LLB (Combined) programs at the University of Sydney was 99.5, which is at least several percentage points higher compared to most other law



enter law school with already elevated levels of distress, as they may have experienced high levels of stress during high school in achieving such high academic results. Arguably, these high performing students may not have experienced many previous academic disappointments prior to entry into law school. They may feel pressured to perform at law school and may have less resilience with which to respond to academic and professional disappointments. It is likely, however, that other law school cohorts face similar problems in a competitive degree program and profession.

## IV RESULTS

In this paper we present only a selection of the study's findings. The study examined a broad range of variables, all of which cannot be adequately discussed in this publication. We have therefore focused on those aspects of the study that we consider would be of most interest to this journal's readership and which are most interesting in comparison with medical students. Other aspects of the study will be published elsewhere. Results not reported upon here are noted below for readers' information.

### *A Demographic and Descriptive Data*

In total, 610 students responded to the survey. Two hundred and six respondents were male, 397 female, and seven answered 'no gender'. Two hundred and eighty-eight respondents were enrolled in the LLB combined degree, 172 in the Juris Doctor (JD), one in the Masters by Research, 67 in the Masters by Coursework, 54 in the Specialist Masters, 11 in the Graduate Diploma, 16 in the PhD and one in the Doctor of Juridical Studies. Given the small number of respondents who were enrolled in the Masters by Research, PhD, Graduate Diploma and Doctor of Juridical Studies program, analyses were restricted to respondents enrolled in the LLB combined degree, Juris Doctor, Masters by Coursework and Specialist Masters. No respondents reported being enrolled in the Masters of Criminology. LLB and JD respondents comprised 78% of the study sample. In 2013, Sydney Law School had 1200 LLB students and 250 JD students enrolled in CSP. There were 69 LLB and 252 JD students enrolled as domestic full fee paying students and 248 LLB and 113 JD students were enrolled as international full fee paying students.<sup>88</sup>

The mean age of the respondents for LLB, JD, Masters by Coursework and Specialist Masters degrees (N = 579) was 24.8 years (SD 8.6 years).<sup>89</sup> *Table 1* shows the mean age by enrolled degree.

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schools in NSW and many other degree programs at the University of Sydney. For students starting in 2011 and 2012, the cut off was 99.7 and in 2009 to 2010 it was 99.65.

<sup>88</sup> Sydney Law School enrolment data, above n 79.

<sup>89</sup> Two of the respondents did not report their age.

*Table 1: Mean Age by Degree Type*

Degree	N	Total enrolled in Semester 2 2013	% response	Mean age of respondents (years) (SD)
LLB	287	1,360	21.1	20.7 (2.0)
Juris Doctor	171	617	27.7	26.5 (5.9)
Masters of Law by Coursework	67	386	17.4	31.3 (6.5)
Specialist Masters	54	345	15.7	32.7 (8.0)

One-way analysis of variance showed a significant difference in age across the degree types ( $F_{3,575} = 166.99, p < 0.001$ ). Post-hoc Scheffe tests showed LLB students were significantly younger than students enrolled in the other three degrees ( $p < 0.001$ ). JD students were also significantly younger than Masters by Coursework and Specialist Masters students ( $p < 0.001$ ). There was no significant difference in age between Masters by Coursework and Specialist Masters students ( $p = 0.4$ ). *Tables 2 and 3* show descriptive data for both continuous and categorical variables.

*Table 2: Descriptive Results for Independent Study Time, Travel Time, Hours of Paid Work, Alcohol and Recreational Drug Use, Number of Bedrooms in Residence and Number of People Living at the Residence*

	Law Students		Medical Students <sup>90</sup>	
	N	Mean	N	Mean (SD)
Independent study (h/week)	460	19.1 (14.8)	481	49.0 (15.7) <sup>91</sup>
Total travel time (min)	495	43.2 (37.0)	479	39.2 (33.2)
Paid work (h/week)	389	20.2 (16.8)	116	12.3 (6.9)
Number of standard drinks per week (examples of a standard drink are 1 schooner light beer, 1 middy regular beer, 100ml glass of wine, 30ml nip of spirits or 60ml glass of sherry or port)	338	6.0 (6.4)	—*	
Money spent on alcohol per week (A\$)	338	33.2 (36.9)	382	26.8 (26.4)
Money spent on recreational drugs per week	35	12.3 (16.7)	—*	
Number of bedrooms in residence <sup>***</sup>	495	12.6 (45.1)	479	7.5 (32.5)
Number of people living at the residence, apart from the respondent (including any children)**	495	11.2 (44.3)	479	7.2 (32.9)

\* Comparable medical student data was not available.

\*\* Some respondents lived in student residences or dormitories. The maximum number of bedrooms reported was 300 by law students and 286 by medical students.

<sup>90</sup> Medical student data sourced from Soh et al, above n 30, 166.

<sup>91</sup> For medical students 'independent study' includes time spent on face to face teaching, independent studying and clinical placements: Soh et al, above n 30. Unpublished study data provided to the authors also found that independent study alone accounted for 17.1 h/week (SD 11.2) for medical students: Sanna Norgren, *The Impact of Socio-Economic Factors on Mental Distress Levels in Australian Medical Students* (Coursework, Karolinska Institute, 2012) xiv.

*Table 3: Descriptive Results for Categorical Data: Full Versus Part Time Study, Site of Study, Domestic Versus International, Having Dependents, Financial Support, Alcohol and Recreational Drug Use, Living Arrangements*

	Law students N (%)	Medical students <sup>92</sup> N (%)
Full time	474 (82.1%)	519 (99.4%)
Part time	103 (17.9%)	3 (0.6%)
Main site of study		
Main campus	563 (97.6%)	301 (57.7%)
Other	14 (2.4%)	221 (42.3%)*
Domestic student	429 (86.8%)	398 (82.9%)
International	65 (13.2%)	82 (17.1%)
Do you have dependent children?		
No	517 (89.6%)	498 (95.4%)
Yes	60 (10.4%)	24 (4.6%)
How are you financially supported through your studies?*** (more than one response permitted)		
Family or domestic partner	246 (49.7%)	287 (59.8%)
Paid work	335 (67.7%)	223 (46.5%)
Student allowance	138 (27.9%)	222 (46.3%)
Other	45 (9.1%)	83 (17.3%)
Scholarship	86 (17.4%)	86 (18.0%)
Have you used alcohol in the past 4 weeks?		
Yes	342 (69.4%)	382 (79.7%)
No	151 (30.6%)	97 (20.3%)
Have you used recreational drugs over the past 4 weeks?		
Yes	39 (8.0%)	29 (6.1%)
No	450 (92.0%)	449 (93.9%)

<sup>92</sup> Ibid.

Table 3 continued

	Law students N (%)	Medical students N (%)
Living arrangements during semester***		
Family home	190 (38.2%)	142 (29.5%)
Renting	250 (50.3%)	298 (62.0%)
Own residence	57 (11.5%)	41 (8.5%)

\* Includes teaching hospitals (220 responses) and 'other' (1 response).

\*\* Law students 495 respondents.

\*\*\* Law students 497 respondents.

Of the law student respondents who answered the question about having other dependants (N = 567), 480 reported none, 70 reported parents, 13 reported grandparents and 13 reported 'other', which included aunts, cousins, siblings, domestic partners, pets, and adult child and partner.

Forty-five law students reported other types of financial support: own savings (16), government student loans or HECs or FEE-HELP (6), non-specified loans (5), bank credit line (2), disability allowance (2), employer (2), rental income (2), disability support pension together with inheritance (1), Newstart allowance (1), own business (1), parents (1), pension (1), family loan (1), university student loans (1), redundancy payout (1), sold real estate (1), and inheritance (1).

Of the recreational drugs used, respondents reported cannabis (n = 27), ecstasy (n = 11), cocaine or other amphetamine-like substances such as ice (n = 9), and other drugs (n = 5). The categories of residents who live with the respondents were also examined but are not reported upon in this paper.

### B Kessler 10 – Measuring Psychological Distress

Of the students enrolled in LLB, JD, Masters by Coursework and Specialist Masters degrees, 526 completed the K-10. Of these, 85 (16.2%) had low levels of psychological distress, 154 (29.3%) had medium levels of distress, 144 (27.4%) had high levels of distress, and 143 (27.2%) had very high levels of distress. Table 4 shows K-10 categories of distress in male and female law students, with medical student and Australian population data for comparison. The study also probed students' self-ratings for stressors, however these findings will be reported in a separate publication.

*Table 4: Kessler 10 (K-10) Categories in Male and Female Law Students,<sup>93</sup> with Medical Student<sup>94</sup> and Australian Population<sup>95</sup> Data for Comparison*

K-10 scores	Male			Female			Total		
	Law student	Med student	Aust pop	Law student	Med student	Aust pop	Law student	Med student	Aust pop
Low (10-15)	36 (20.1%)	73 (32%)	75 %	48 (14.1%)	63 (24%)	67 %	84 (16%)	136 (27%)	71 %
Medium (16-21)	63 (35.2%)	73 (32%)	18 %	88 (25.9%)	101 (38%)	21 %	151 (29%)	175 (35%)	20 %
High (22-29)	42 (23.5%)	71 (31%)	5.2%	101 (29.7%)	69 (26%)	8.5 %	173 (33%)	140 (28%)	6.9 %
Very high (30-50)	38 (21.2%)	13 (5.7%)	2.0%	103 (30.3%)	33 (12%)	3.1 %	141 (27%)	46 (9.3%)	2.6 %
Total	179 (100%)			340 (100%)			519 (100%)		

Table 5 shows the students’ self-rated concerns about their mental and emotional states. Table 6 shows respondents’ awareness of available services for mental health. Tables 7 to 8 show the proportion of students who have received treatment for mental and emotional issues and the types of services they have patronised.

<sup>93</sup> Scores for categories are replicated from Australian Bureau of Statistics, ‘Other Scales and Measures’, 4237.0 - *National Survey of Mental Health and Wellbeing: Users’ Guide*, 2007 (11 February 2009) <<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4327.0>>.

<sup>94</sup> Soh et al, above n 30, 166.

<sup>95</sup> Australian population data sourced from Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results* (23 October 2008) <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0>>.

Table 5: How Concerned Are You about Your Mental or Emotional State?<sup>96</sup>

	Not at all		A little		Somewhat		A lot		A great deal/ always		Total	
	Law	Med	Law	Med	Law	Med	Law	Med	Law	Med	Law	Med
How concerned are you about your mental or emotional state?*	75 (15.2%)	91 (19.0%)	152 (30.8%)	199 (41.5%)	148 (30.0%)	123 (25.7%)	80 (16.2%)	50 (10.4%)	38 (7.7%)	16 (3.3%)	493 (100%)	479 (100%)
Did you ever feel you had to CONCEAL mental or emotional problems while at university?	140 (28.9%)	151 (31.7%)	133 (27.4%)	138 (28.9%)	84 (17.3%)	91 (19.1%)	86 (17.7%)	60 (12.6%)	42 (8.7%)	37 (7.8%)	485 (100%)	477 (100%)
While at university, how SUPPORTED do you feel, mentally and/or emotionally?	146 (30.1%)	89 (18.7%)	176 (36.3%)	170 (35.6%)	121 (24.9%)	137 (28.7%)	38 (7.8%)	69 (14.5%)	4 (0.8%)	12 (2.5%)	485 (100%)	477 (100%)

<sup>96</sup> Medical student data sourced from *ibid*, 313.

*Table 6: Before Today, Which of the Following University Services Were You Aware of? (more than one response permitted)*

	Law students (n=441)	Medical students (n=477) <sup>97</sup>
University student counselling services	327 (74%)	358 (75%)
Students services websites	259 (59%)	199 (42%)
Student association services (eg student representative council, caseworkers, student advice and advocacy officer)	226 (55%)	177 (37%)
Financial assistance office	236 (54%)	309 (65%)
Disability services	227 (51%)	149 (31%)
University medical centre (GPs)	254 (28%)	433 (91%)
University psychology clinic	92 (21%)	92 (19%)
International student support unit	89 (20%)	123 (26%)

*Table 7: Are You Currently Receiving Treatment for a Mental or Emotional Problem?*

	Law students	Medical students
Yes	67 (13.9%)	57 (11.9%) <sup>98</sup>
No	414 (86.1%)	421 (88.1%) <sup>99</sup>

One hundred and sixty-three out of 481 law students (33.9%) reported having received treatment for mental or emotional reasons while at university; for medical students, the number was 151 out of 477 (31.7%).<sup>121</sup>

<sup>97</sup> Ibid. In addition, 127 (26.6%) medical students were aware of student support services at their hospital or clinical school. This item was not relevant to law students.

<sup>98</sup> Ibid 312.

<sup>99</sup> Unpublished study data provided to the authors by Sanna Norgren (Karolinska Institute, Sweden).



*Table 8: If You Have Ever Received Treatment, Please Tick Which Services You Have Used (you may tick more than one)*

	Law Students (n = 481)	Medical Students (n = 151) <sup>100</sup>
I have never received treatment	293 (61%)	— <sup>101</sup>
GP	105 (22%)	106 (70%)
Private psychologist	91 (19%)	62 (41.1%)
Private psychiatrist	46 (9.6%)	30 (19.9%)
Private counsellor	34 (7%)	11 (7.3%)
Other	17.3 (3.5%)	10 (6.6%)
Lifeline	7 (1.5%)	7 (4.6%)
University counsellor	4 (0.8%)	67 (44.4%)
Student association services	4 (0.8%)	4 (2.6%)
International student university counsellor	3 (0.6%)	8 (5.3%)

Law students reported that ‘other services’ included inpatient treatment, antidepressant medication, chaplain, workplace counsellor, herbal medications, crisis centre, student residence vice principal, other telephone hotlines and police help.

Of the 481 law students who responded to the question ‘If you have never received treatment for a mental or emotional problem, have you CONSIDERED seeking treatment?’, 24.7% responded ‘yes’, 40.3% responded ‘no’, and the remaining 34.9% said they had received treatment.

18% (n = 85) of law students reported they had taken time off from their studies while 82% (n = 387) reported that they had not.

Table 9 shows the proportions of respondents who had considered dropping out of their course.

*Table 9: How Seriously Have You Considered Dropping Out of Your Course Over the Last 12 Months?*

	Law students (n = 472)	Medical students (n = 475) <sup>102</sup>
Not seriously/never	301 (63.8%)	375 (78.9%)
Somewhat seriously	128 (27.1%)	90 (18.9%)
Seriously (discussed with university officials)	22 (4.7%)	6 (1.3%)
Very seriously (took time off)		

<sup>100</sup> Ibid 313.

<sup>101</sup> Medical students were not asked this question.

<sup>102</sup> Unpublished data from study reported in Soh et al, above n 31.

to consider options)		
Extremely seriously (are dropping out and in the final stages of organising this)		

C Multiple Linear Regression Model

Only 245 respondents provided sufficient data for multiple linear regression. Table 10 shows the final multiple linear regression model.

Table 10: Multiple Linear Regression Model ( $F_{19,225} = 1.69$ ,  $p = 0.04$ ,  $R^2 = 0.125$ )

	Partial regression coefficient	t <sub>225</sub>	P	95.0% confidence interval
Age (y)	-0.19	-1.14	0.3	-0.52, 0.14
Gender (reference male)	2.87	2.58	0.01	0.68, 5.06
Living arrangements (ref = living at family home)		F <sub>2,225</sub> = 1.69	0.2	
How many people APART FROM YOURSELF also reside where you are living?	-0.07	-1.55	0.1	-0.15, 0.02
Number of bedrooms	0.07	1.65	0.1	-0.01, 0.15
What year of your course are you in?	0.36	0.82	0.4	-0.51, 1.24
Total travel time (min)	-0.03	-1.83	0.07	-0.06, 0.002
Domestic versus international student (reference domestic)	2.60	1.07	0.3	-2.19, 7.38
Dependent children (No = 0, yes = 1)	2.43	1.03	0.3	-2.24, 7.09
Do you have other dependants? (No = 1; Yes = 0)	-2.67	-1.49	0.1	-6.20, 0.86
Supported by family (No = 0, Yes = 1)	-0.59	-.50	0.6	-2.96, 1.77
Paid work (h/week)	0.04	.72	0.5	-0.07, 0.15
Money spent on alcohol per week (A\$)	0.03	1.77	0.08	-0.003, 0.06

Full or part time (reference full time)	-2.75	-1.02	0.3	-8.05, 2.56
Independent study (including research projects or honours projects, library study) (h)	0.05	0.99	0.3	-0.05, 0.14
Degree type (JD, Masters of Law by Coursework, Specialist Master, ref LLB)		$F_{3,225} = 0.35$	0.8	

The co-variables for domestic versus international student status, having dependent children, having other dependants, being financially supported by a domestic partner or family, hours of paid work, working full or part time, and hours spent in independent study were not significant in themselves, but were found to be confounders during the backwards elimination process and so were retained in the final model.

## V DISCUSSION

### A Levels of Stress

A key finding of the study, confirming the findings of previous research, was that a high percentage (27%) of law students had very high distress levels (K-10 scores = 30-50), which indicates the presence of a serious mental illness.<sup>103</sup> In contrast, less than 10% of medical students surveyed at the same university fell into this category,<sup>104</sup> and only 2.6% of the Australian general population reported very high distress levels (Table 4).<sup>105</sup>

The study also found that 60% of law students scored 22 or above on the K-10 (high to very high distress levels), which is consistent with the earlier results of Leahy et al where 58% of law students scored above 22.<sup>106</sup> Larcombe et al reported less than half of their sample of Australian law students were in the normal range for all three DASS subscores.<sup>107</sup> Kelk et al reported 13.3% of law students had very high K-10 scores, with 35.2% having scores of 22 or higher.<sup>108</sup> Larcombe and Fether's results found that in a predominantly JD sample, 34% of the students had anxiety, depression or stress while 66% had increased levels of at least two out of the three DASS scales.<sup>109</sup> 37% of medical students at the same university as the present study's law students scored 22 or above on the K-10.<sup>110</sup> Therefore, the proportion of medical students having high to very high

<sup>103</sup> Stallman, 'Psychological Distress in University Students', above n 1.

<sup>104</sup> Soh et al, above n 30.

<sup>105</sup> Australian Bureau of Statistics, above n 94.

<sup>106</sup> Stallman, 'Psychological Distress in University Students', above n 1.

<sup>107</sup> Larcombe et al, 'An Empirical Study', above n 10.

<sup>108</sup> Kelk et al, *Courting the Blues*, above n 7.

<sup>109</sup> Larcombe and Fethers, above n 11.

<sup>110</sup> Soh et al, above n 30, 166.

levels of distress is lower than that of law students, but is still substantially greater than the 9.5% in the general Australia population with high levels of distress.<sup>111</sup> In contrast, Stallman found 19.2% of university students, from a range of disciplines, had very high distress levels (K-10 scores 30-50) indicative of a severe mental illness,<sup>112</sup> which is lower than the 27% of law students in the present study but higher than the 9.3% in medical students at the same university (*Table 5*).

This high level of distress in law students appears to carry over to legal practice: in Australia, 31% of solicitors and 16.7% of barristers in the Kelk et al study scored 22 or over on the K-10,<sup>113</sup> indicating high to very high psychological distress levels.

## B *What Were the Associations between Psychological Distress and the Stressors Which Were Surveyed?*

### 1 *Travel Times and Family*

There has been little consideration of the effect of travel times on stress and family life. Feng and Boyle conducted a large longitudinal study of commuting durations and psychological distress in the general adult population in the UK (n = 5,216).<sup>114</sup> Feng and Boyle reported that travel time and transport time were associated with significantly greater mental distress in women, but not men.<sup>115</sup> They were unable to explain why this was the case, but reported that for the same commute times, women living with children either as single parents or with a domestic partner had greater stress levels than women living with a partner and without children.<sup>116</sup>

Our study of law and medical students indicated that average travel times were similar for the two sets of students (43.2 min and 39.2 min per day respectively) (*Table 2*), but when this was examined in relation to Kessler-10 distress scores, longer travelling times were weakly associated with less stress in law students, which is the opposite of the observation in medical students.<sup>117</sup> It is not clear why longer travel times were associated with less psychological distress for law students. One possibility is that some modes of travel may be conducive to relaxation, or indicative that

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<sup>111</sup> Australian Bureau of Statistics, above n 95, 40.

<sup>112</sup> Stallman, 'Psychological Distress in University Students', above n 1. Note that Stallman did not report the proportions of respondents by faculty.

<sup>113</sup> Kelk et al, *Courting the Blues*, above n 7, 11.

<sup>114</sup> Zhiqiang Feng and Paul Boyle, 'Do Long Journeys to Work Have Adverse Effects on Mental Health?' (2014) 46 *Environment and Behaviour* 609.

<sup>115</sup> Ibid. In contrast, Humphreys, Goodman and Ogilvie reported no association between commute time and mental wellbeing in David Humphreys, Anna Goodman and David Ogilvie, 'Associations between Active Commuting and Physical and Mental Wellbeing' (2013) 57 *Preventive Medicine: An International Journal Devoted to Practice and Theory* 135. However, this study, also from the UK, was cross-sectional and the authors noted that the study population (n = 989) was relatively affluent and that results may have been different in lower socioeconomic populations.

<sup>116</sup> Feng and Boyle, above n 114.

<sup>117</sup> Soh et al, above n 30.

the students live in a home environment that is supportive, rather than stress enhancing.

## 2 *Dependants*

The present study controlled for gender and dependants through the multiple linear regression model, including dependent children. Having dependants was not significant in the present statistical model for law students, but was still a confounder and so was retained in the final model (*Table 3*). This aligns with Larcombe and Fethers' findings that caring for family was significantly associated with increased depression, anxiety and stress in law students.<sup>118</sup> Having dependants was not significantly associated with psychological distress in medical students.<sup>119</sup> This difference between law students and medical students is not easily explained. It may be that the nature of the carer responsibilities differs between law and medical students, for example, caring for older sick family members rather than children. Little research has directly addressed this issue. As Larcombe and Fether indicate, more research is needed on this, as well as on any potential connections between this variable and financial stress.<sup>120</sup>

## 3 *Living Arrangements and International or Domestic Student Status*

It has been reported that Australian students living with other people (eg, with parents, with a partner and/or children or in university accommodation) had lower than expected frequencies of high or very high distress levels,<sup>121</sup> while students living alone or in other types of off-campus accommodation had higher than expected frequencies of high or very high levels of distress.<sup>122</sup>

In this study, the law students' living arrangements were similar to that of medical students, with more than half renting during semester.<sup>123</sup> However, the type of residence was not significantly associated with distress scores in the final model. In contrast, the findings in relation to medical students conformed to previous studies so that renting was associated with greater distress compared to living in the family home or living in one's own residence.<sup>124</sup>

Whether or not a law student was a domestic or an international student was not significantly associated with psychological distress in the final statistical model, but was a confounder and so was retained. However, being an international student may still have important

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<sup>118</sup> Larcombe and Fethers, above n 11.

<sup>119</sup> Soh et al, above n 30. This factor was removed from the model in this earlier study of medical students.

<sup>120</sup> Soh et al, above n 30.

<sup>121</sup> Stallman, 'Psychological Distress in University Students', above n 1.

<sup>122</sup> Faiza Rab, R Mamdou and S Nasir, 'Rates of Depression and Anxiety Among Female Medical Students in Pakistan' (2008) 14 *Eastern Mediterranean Health Journal* 126.

<sup>123</sup> Soh et al, above n 30.

<sup>124</sup> *Ibid.*

influences on psychological distress, as these students will usually be living away from the family home. In medical students at the same university, international students had significantly greater psychological distress compared to domestic students.<sup>125</sup>

The lack of consistency can be seen in other studies. For example, Said, Kypri and Bowman, in their recent cross-sectional study of over 6,000 students at an Australian university, reported significantly greater odds of depression in domestic students compared to international students and in undergraduate students compared to postgraduate students.<sup>126</sup>

International studies have also yielded mixed results. In Pakistan, female medical students living in dormitories were significantly more depressed than those who resided at home.<sup>127</sup> The Verger et al study in France found that the combination of low income and living away from home was associated with increased risk of major depressive disorder in first year students.<sup>128</sup> In contrast, a study by Shariati, Yunesian and Vashinin Tehran found that accommodation type was not associated with mental distress.<sup>129</sup> However, the impact of different cultural factors on these findings is very difficult to determine.

#### 4 Age

The evidence on age and risk of mental distress is inconclusive. Younger age in university students has been associated with significantly greater risk of high distress levels,<sup>130</sup> although other studies have not found a link between age and depression.<sup>131</sup> Younger age was associated with greater distress in medical students,<sup>132</sup> but was not significantly associated with distress of law students in the present study. However other studies suggest there is a relationship between age and mental distress for law students.<sup>133</sup>

#### 5 Finance and Paid Work

Compared with medical students at the same university, law students tended to rely more on paid work for financial support (68%), although half also received financial support from their families and 28% received student allowances. Medical students were mostly supported by their families or domestic partner (60%), paid work (46%) and by student allowances (46%).<sup>134</sup>

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<sup>125</sup> Ibid 166.

<sup>126</sup> Said, Kypri and Bowman, above n 8, 938. Note that only 7% of those who responded to this survey were international students.

<sup>127</sup> Rab, Mamdou, and Nasir, above n 123, 128.

<sup>128</sup> Verger et al, above n 4.

<sup>129</sup> Shariati, Yunesian, and Vash, above n 8.

<sup>130</sup> Cvetkovski, Reavley and Jorm, above n 1, 465.

<sup>131</sup> Nigar Khawaja and Krystle Duncanson, above n 10, 198.

<sup>132</sup> Soh et al, above n 30, 166.

<sup>133</sup> See, eg. Tang and Ferguson, above n 11, 42.

<sup>134</sup> Ibid.

Unfortunately the study did not provide further data that would explain why there was such a difference in the source of financial support between the two cohorts, nor the kind of paid work that was undertaken. However, there may be a couple of possible explanations. First, the curricula and learning and teaching models for both disciplines are different. Law students are taught in lectures, tutorials and seminars, but are required to undertake significant reading and studying on their own. Therefore, there is opportunity to undertake some paid work between classes, particularly paid work as clerks or paralegals in law offices. In contrast, medical students are required to undertake a more clinically based education which requires them to be on campus or in medical settings for tuition. Second, in recent years the number of law students graduating from law school has mushroomed. Generally, it is not sufficient for law students to just obtain good marks. The competitiveness of the employment market and the profession has placed pressure on law students to acquire law related work experience during law school in order to compete for jobs after finishing their degrees, as well as the need to support themselves. Therefore, law students may be pressured into work arrangements that destabilise academic life and study. Moreover, they may be exposed to professional stressors by having to work alongside legal practitioners who are also potentially suffering from high levels of psychological distress. However, another Australian study found that university students who worked 1 to 39 hours per week in paid work had significantly higher distress.<sup>135</sup>

## 6 *Substance Misuse and Abuse*

Said, Kypri and Bowman reported in their 2013 study of over 6,000 students at an Australian university that there were significantly greater odds of reported harmful alcohol consumption in men compared to women,<sup>136</sup> 17–24 year olds compared to other age groups,<sup>137</sup> students born in Australia or New Zealand compared to students born in other countries,<sup>138</sup> students who undertook paid work for more than 20 hours per week, and students who identified as bisexual.<sup>139</sup>

In the present study, the amount of money spent on alcohol was weakly associated with distress levels. The proportions of law students reporting the use of alcohol and recreational drugs were similar to that reported by medical students (*Table 3*).<sup>140</sup> The study of law and medical

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<sup>135</sup> Cvetkovski et al, above n 1. Students in this study were university students assessed in the 2007 Household, Income and Labour Dynamic in Australia (HILDA) survey, the 2007-8 National Health Survey (HS) and the 2007 National Survey of Mental Health and Wellbeing (NSMHWB).

<sup>136</sup> Said, Kypri and Bowman, above n 8, 938.

<sup>137</sup> Ibid.

<sup>138</sup> Ibid.

<sup>139</sup> Ibid 938, 941.

<sup>140</sup> One study found that 6.1% of medical students reported using recreational drugs and 79.7% reported using alcohol in the 4 weeks previous to the survey: Soh et al, above n 30, 165–6.

students did not explicitly assess for substance misuses or abuse. Nevertheless, it remains an issue in relation to students generally and the legal profession in particular. Jolly-Ryan states that alcohol and substance abuse are 'not uncommon' in the legal profession.<sup>141</sup> A recent study conducted by the University of NSW reported that close to one-third (32%) of the nearly 1,000 Australian legal practitioners surveyed in 2012-13 were medium or high risk drinkers. A significant difference was found between males and females, with 43% of males compared to 26% of females being in the medium and high risk groups.<sup>142</sup> Only a small proportion of sampled lawyers reported using drugs once a month or less (7%). The vast majority of lawyers (89%) surveyed stated they had not used drugs in the past year.

## 7 Gender

The multiple linear regression analysis demonstrated that for law students, only gender remained significant: women were more distressed than men, although the difference was not large. This finding is consistent with other studies and is not restricted to law students.<sup>143</sup> Leahy et al found a difference in distress by gender, although the magnitude of the difference was also not large.<sup>144</sup>

Several recent studies have not found gender to be significantly associated with moderate or severe levels of distress.<sup>145</sup> Larcombe et al reported no gender differences for anxiety or depression in their sample of law students, though female students scored higher (at a statistically significant level) on the DASS-21 stress scale than males. This was with the caveat that it was only a small effect and female students were overrepresented in the study sample.<sup>146</sup> In one study, across several university populations, students who recorded their gender as 'other' had a relatively higher likelihood of reporting DASS-21 stress when compared to males.<sup>147</sup>

However, it should also be noted that some literature has indicated that female students experience higher levels of depression<sup>148</sup> and/or mental distress in general;<sup>149</sup> this is true of the larger population as well.<sup>150</sup>

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<sup>141</sup> Jolly-Ryan, above n 36, 138.

<sup>142</sup> Janet Chan, Suzanne Poynton and Jasmine Bruce, 'Lawyering Stress and Work Culture: An Australian Study' (2014) 37 *University of New South Wales Law Journal* 1062, 1087.

<sup>143</sup> Stallman, 'Psychological Distress in University Students', above n 1; Baldassin et al, above n 8; Shariati, Yunesian, and Vash, above n 8.

<sup>144</sup> Leahy et al, above n 1.

<sup>145</sup> Larcombe and Fethers, above n 11, 419; Townes O'Brien, Tang and Hall, above n 11, 158.

<sup>146</sup> Larcombe et al, 'An Empirical Study', above n 11, 423.

<sup>147</sup> Larcombe et al, 'Prevalence and Sociodemographic Correlates', above n 1.

<sup>148</sup> Khawaja and Duncanson, above n 10, 204.

<sup>149</sup> Stallman, 'Psychological Distress in University Students', above n 1, 255.

<sup>150</sup> *Ibid.*



### C *Mental Health Literacy and Use of Mental Health Services*

In contrast to previous studies of student health and wellbeing, this study considered the mental health literacy of law and medical students. In this respect, there are two issues.

First, there is the question of what constitutes mental health literacy. Mental health literacy has been defined as ‘knowledge and beliefs about mental disorders which aid their recognition, management and their prevention.’<sup>151</sup> A number of components have been identified as constituting positive and pro-active literacy, namely:

- (a) the ability to recognise specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional health available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek health information.<sup>152</sup>

Second, there is the issue of what constitutes a mental health service. For the purpose of this article, mental health service is inclusive so that it includes not only traditional sources of mental health services such as hospitals and consultations with medical specialists and general practitioners,<sup>153</sup> but also those services provided at the University of Sydney.<sup>154</sup>

#### *1 Awareness of Counselling and Medical Services at the University*

The study indicated that law students potentially lack the mental health literacy that may be expected of students in health and medical sciences in the sense that while they were willing to assert that they felt stressed or anxious, a significant proportion did not have fundamental knowledge about where they could seek assistance for their mental stress from the university based mental health services.<sup>155</sup> Nearly half of the respondents were not aware of the existence of student association services, disability services, the university medical centre, finance assistance, the student services website and the student counselling services. In contrast, well over half of the medical students at the same

<sup>151</sup> Jorm, above n 77, 196. The term was introduced in A F Jorm, A E Korton and P A Jacomb, ‘Mental Health Literacy: A Survey of the Public’s Ability to Recognise Mental Disorders and their Beliefs about the Effectiveness of Treatment’ (1997) 166 *Medical Journal of Australia* 182.

<sup>152</sup> Jorm, above n 77, 196.

<sup>153</sup> See, eg, Australian Institute of Health and Welfare, *Overview of Mental Health Services in Australia* (2 October 2015) 2 <<http://mhsa.aihw.gov.au/background/>>.

<sup>154</sup> The University offers a wide range of services including Doctors and allied healthcare, and Counselling and Psychological Services (CAPS) that includes one to one counselling, online resources and workshops: <<http://sydney.edu.au/campus-life/health-wellbeing-success/counselling.html>>.

<sup>155</sup> Medical students will study psychiatry as part of their curriculum and students of other health professions will likely be exposed to social workers’ and psychologists’ clinical work during their training.

university were aware about the medical centre, counselling service and financial assistance:<sup>156</sup> knowledge of the medical centre and counselling services may stem from medical curricula and training. The university's psychological service was the least known by both groups, suggesting that this service may need to be better promoted to students as an option for treatment.

## 2 Accessing Treatment for Mental Health Issues

A recent Australian study of university students from a variety of faculties reported that the most common service consulted for mental health issues were GPs (30%), followed by psychologists (29%), psychiatrists (19%) and counsellors (18%).<sup>157</sup> This is not unusual and correlates with the general Australian population who utilise mental health services. For example, in 2007, 71% of the Australian population consulted a general practitioner, 38% consulted a psychologist and 23% consulted a psychiatrist.<sup>158</sup>

Of the 481 law students who answered the question on ever receiving treatment for mental or emotional reasons, about one-third reported they had received treatment (*Table 11*). At the time of the survey, 14% were currently receiving treatment (*Table 10*). This data indicates that a sizeable portion of law students evidenced the mental health literacy necessary to seek and obtain professional assistance. However, in view of the fact that 60% of law students evidenced high to very high stress levels, the level of mental health literacy of the cohort as a whole may not be high.

The main mental health services patronised by law students were private psychologists and psychiatrists, and GPs (*Table 12*). In contrast, medical students tended to utilise the university's GP service, university counsellors and private psychologists in that order.<sup>52</sup> It is unclear why law students were less likely to use university counsellors, since, as stated above, they are aware of this service and it is also free. One reason may be that the counselling service lacks capacity to cater for the number of students who would like to seek help. Another reason may be that students are concerned about preserving confidentiality about their condition and feel more confident about doing so with a private medical practitioner. There appears to be a significant stigma associated with mental health issues in the law profession and its possible negative impact on future careers.<sup>159</sup> This is likely to hamper efforts to prevent or treat

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<sup>156</sup> Walter, above n 84, 313.

<sup>157</sup> Dianne Wynaden, Helen Wichmann and Sean Murray, 'A Synopsis of the Mental Health Concerns of University Students: Results of a Text-Based Online Survey from One Australian University' (2013) 32 *Higher Education Research & Development* 846, 855.

<sup>158</sup> Australian Institute of Health and Welfare, above n 154.

<sup>159</sup> Candice Marcus, 'Lawyers' Alarming Depression Rates Prompt Efforts to Boost Mental Health Support' (online), 21 November 2014 <<http://www.abc.net.au/news/2014-11-21/lawyers-depression-rates-alarming/5903660>>; Laura Rothstein, 'Law Students and Lawyers with Mental Health and Substance Problems: Protecting the Public and the

mental problems. Such a stigma should be addressed when planning and implementing interventions. For example, assuring students of confidentiality may be beneficial.<sup>160</sup>

### 3 *Student Concerns about Their Mental Health Status*

Two hundred and twelve of the 485 law students who responded (44%, *Table 10*) reported they wished to conceal mental health or emotional problems while at law school, which is a slightly higher proportion than the 188 out of 477 (39%) in medical students at the same university.<sup>161</sup> Law students were also more concerned about their mental or emotional state, as 24% reported they were concerned a lot or a great deal with this in contrast to 14% of medical students.<sup>162</sup> However, the problem is that a student's concern about his or her mental or emotional state, may not translate into positive action towards or evidence of mental health literacy. The student may assume that the kind of distress that he or she is suffering is the norm or have no understanding of the kinds of risk factors that may be involved. It also ought not to be assumed that the lower concern amongst medical students necessarily indicates that they are mentally healthier; they may have derived resilience from better mental health literacy (based on professional knowledge and greater access to treatment services).<sup>163</sup>

### 4 *Students' Perceived Support*

A very high percentage of law students in the study (66%) felt not at all or only a little supported at university; the proportion of medical students who felt the same way was also high (54%).<sup>164</sup> Indeed, 9% of law students were considering 'seriously' to 'extremely seriously' dropping out of their course (*Table 13*). These were surprising results for both cohorts in view of the extensive array of counselling and medical services available. The survey did not ask the respondents what kind or intensity of support would alleviate their distress. However, even if the kind or level of support necessary was quantified, there is the broader question whether the university facilities and Faculties would be able to offer that kind of practical support to students.<sup>165</sup> This is an area that needs further investigation.<sup>166</sup>

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Individual' (2008) 69 *University of Pittsburgh Law Review* 531; Jolly-Ryan, above n 36.

<sup>160</sup> Rothstein, above n 160.

<sup>161</sup> Walter, above n 84, 313.

<sup>162</sup> Ibid.

<sup>163</sup> See, eg, Beyond Blue, *National Mental Health Survey of Doctors and Medical Students: Executive Summary* (October 2013) <[http://www.beyondblue.org.au/docs/default-source/research-project-files/bl1148-report---nmhdms-exec-sum-mary\\_web.pdf?sfvrsn=4](http://www.beyondblue.org.au/docs/default-source/research-project-files/bl1148-report---nmhdms-exec-sum-mary_web.pdf?sfvrsn=4)>.

<sup>164</sup> Walter, above n 82, 313.

<sup>165</sup> In 2013, the Sydney Law School had a total enrolment of 3,609 students: Sydney Law School enrolment data, above n 79.

<sup>166</sup> Nelson, above n 35.

## VI CONCLUSION

This study has highlighted three matters. First, consistent with other research, a sizeable proportion of law students are very distressed and some may have a serious mental illness. Second, the demographic or educational factors that were surveyed – such as living arrangements, degree type and age – were not significantly associated with psychological distress. Only gender remained statistically significant, with females more distressed than males, but the magnitude of difference was not large. The amount of money spent on alcohol and shorter travel times were weakly associated with psychological distress, but did not reach statistical significance. To put the present study's results into context, using the multiple linear regression model, a hypothetical female law student who spends \$70 per week on alcohol and does not travel to her site of study would score 5.8 points higher on the K-10 than a male student who travels 40 minutes to his site of study and does not spend money on alcohol. However, this difference of 5.8 points on the K-10, while slightly more than 10% of the K-10 scoring scale, is less than one standard deviation of the law students' mean K-10 score. Thus, the magnitude of the difference in psychological distress by gender, travel time and the amount of money spent on alcohol is not large, although gender was statistically significant and travel time and the amount of money spent on alcohol were weakly significant. It also suggests that other factors such as study and exams, other aspects of financial stress not included in the regression model, and/or factors specific to the study of law may have greater associations with psychological distress in law students.

Third, it is highly doubtful that law students have acquired the level of mental health literacy as a foundation for wellbeing. The study has identified that a large proportion of the cohort suffer from high to very high stress levels, yet they did not appear to be proactive from the perspective of mental health literacy. Although the study was limited to five questions concerning knowledge and access to mental health services, it was clear that over half of the cohort did not understand or ignored the full range of services that were available to students.

The high levels of distress in the present study's sample of law students may lead to adverse consequences in terms of degree progression, their experiences of legal and tertiary education and learning, and the resources the university may need to deploy in supporting distressed and dissatisfied students more generally. However, the conclusions of this study are subject to the limitations of the study's design and study sample. The present study does not provide information about what kind and level of support would be necessary to alleviate stress, or whether in the current environment it would be possible for universities to provide the necessary resources. Nevertheless, the creation and management of rational and reasonable student expectations and the nurturing of resilience in law

students may go some way to redress mental health issues.<sup>167</sup> The experience of medical students suggests that strategies at law school that seek to build mental health literacy and knowledge amongst law students may be useful.

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<sup>167</sup> Rachael Field and James Duffy, 'Better to Light a Single Candle Than to Curse the Darkness: Promoting Law Student Well-Being Through a First Year Law Subject' (2012) 12 *Queensland University of Technology Law and Justice Journal* 133, 135–140.

