

FINAL REPORT

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Lawyer Well-Being in Massachusetts

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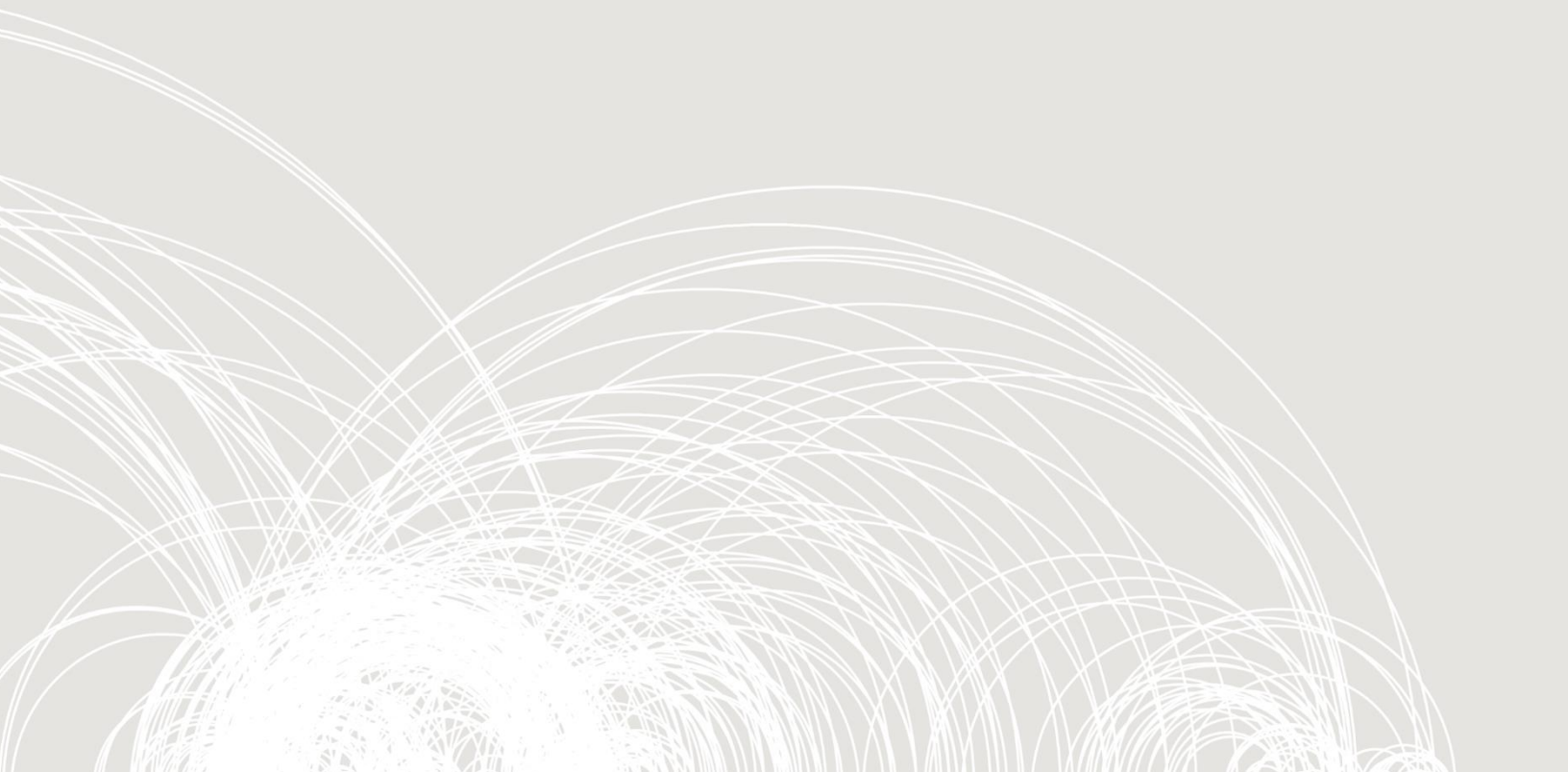


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Contributors

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Executive Summary

Recent studies have highlighted burnout, anxiety, depression, and hazardous or unhealthy alcohol use among lawyers. In response, the Massachusetts Supreme Judicial Court (SJC) established a permanent Standing Committee on Lawyer Well-Being (Standing Committee) to assess the state of well-being among Massachusetts lawyers, recommend how to improve lawyer well-being, and monitor progress.

NORC at the University of Chicago (NORC) worked with Lawyers Concerned for Lawyers, Massachusetts (LCL), a nonprofit lawyer assistance program, with input from the Standing Committee to examine lawyer well-being in Massachusetts and variation by demographics, employment characteristics, and workplace environmental factors. The study also sought to understand barriers to accessing mental health and substance use care and offer recommendations for policies and programs to improve lawyer well-being. The NORC study team conducted a literature review, convened two focus groups, and fielded a survey to all lawyers registered in Massachusetts.

Key Findings

Well-being measures: Satisfaction with life, burnout, depression, and anxiety

- A majority of Massachusetts lawyers (77%) reported burnout from their work. Almost half considered leaving or have left their legal employer or the legal profession due to burnout or stress in the last three years.
- Massachusetts lawyers reported high rates of anxiety (26%); depression (21%); suicidal ideation (7%); and hazardous or unhealthy alcohol use (42%).
- A majority of Massachusetts lawyers (66%) reported overall satisfaction with their lives.
- Massachusetts lawyers self-reporting better overall health, diet, or more physical activity had lower rates of burnout, anxiety, depression and greater satisfaction with life.
- Lawyers from some groups that have been marginalized reported higher burnout, anxiety, and depression and lower satisfaction with life. This includes lawyers who identify as female; Black/African American; Hispanic/ Latino/a/e; having a disability; or non-heterosexual.

Well-being measure: Hazardous or unhealthy alcohol use

- Hazardous or unhealthy alcohol use was more common among lawyers who identify as White, do not have a disability, are earning more than \$150,000 annually, or are younger, aged 24-44 compared to 45-64. Moreover, such use was more common among lawyers who identify as female than lawyers who identify as male—the reverse of the trend commonly found among the general population.

Supportive work environment

- A supportive work environment may be critical to well-being. Having a supportive work environment was associated with lower rates of burnout, anxiety, and depression and greater satisfaction with life.

Bias, harassment, discrimination, and vicarious trauma

- Experiences of bias, harassment, and/or discrimination and experiences of vicarious trauma have negative impacts on well-being. Lawyers with these experiences reported higher burnout, anxiety, and depression. Lawyers from some marginalized groups and those working in the public sector were more likely to have experienced bias, harassment, and/or discrimination and vicarious trauma.
- When asked about where they had experienced bias, harassment, and/or discrimination, over one-third of lawyers reported that such treatment came from attorneys representing other parties or from their current places of employment.

Access to mental health and substance use care

- Half of lawyers who screened for anxiety, depression, or suicidal ideation did not seek mental health care. Almost all of the lawyers who reported hazardous or unhealthy alcohol use did not seek care.
- Stigma, time constraints, and punitive concerns prevent lawyers from seeking mental health care.

The survey revealed the prevalence of Massachusetts lawyers who experience burnout, anxiety, depression, and hazardous or unhealthy alcohol use. We also identified an alarming gap between lawyers who reported anxiety, depression, suicidal ideation, and hazardous or unhealthy alcohol use and those who sought care. The largest perceived barriers preventing lawyers from seeking care include concerns about stigma, including loss of dignity, embarrassment, injury to pride, not acknowledging their own need for care, or family, friends, or colleagues finding out.

To affirmatively pursue well-being strategies and encourage lawyers to engage in mental health and substance use care requires an approach that works at the individual, interpersonal, organizational, and societal levels. Those who have supportive work environments benefited from protective factors, such as being treated with kindness and respect by colleagues, positive supervisor relationships, supportive colleagues, schedule flexibility, time to recharge, access to mentorship, and opportunities for promotion. Encouraging healthier work environments may reduce stigma and normalize care-seeking behaviors but will require leadership and commitment from legal employers as well as courts, bar associations, regulators, and support service organizations.

A comprehensive approach will facilitate more sustainable change, helping to normalize self-care, reduce stigma, and create a more inclusive space in the legal profession. Currently, LCL and the Standing Committee are collaborating to lead improvements in strategy, program implementation, and efficiency of well-being efforts for lawyers in Massachusetts.

Introduction

Recent studies have highlighted concerns of significant burnout, anxiety, depression, and unhealthy alcohol use among lawyers.^{1,2,3} In response to these findings, the Massachusetts Supreme Judicial Court (SJC) established a permanent Standing Committee on Lawyer Well-Being (Standing Committee) responsible for assessing the state of well-being among Massachusetts lawyers, recommending how to improve lawyer well-being, and monitoring progress (see **Appendix A** for additional historical context).^a

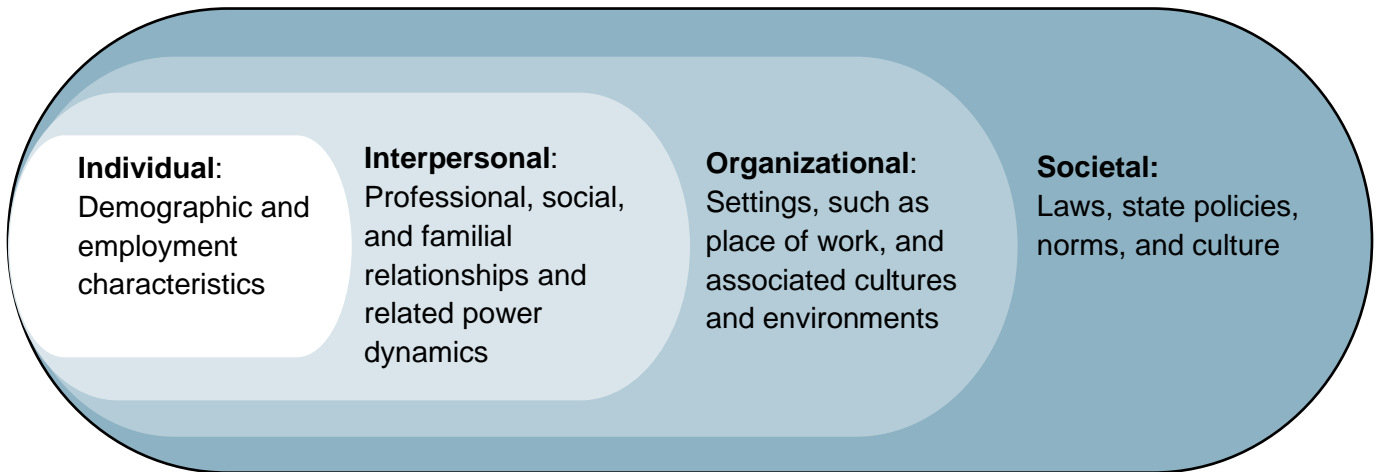
Beginning in January 2021, NORC at the University of Chicago (NORC) worked with Lawyers Concerned for Lawyers, Massachusetts (LCL), a nonprofit lawyer assistance program dedicated to helping with the personal and professional challenges of Massachusetts legal professionals, and with input from the Standing Committee to develop research questions, select and adapt a well-being model, and conduct a needs assessment. As part of the needs assessment, NORC conducted a literature review, convened two focus groups, and fielded a survey to all lawyers registered in Massachusetts to address the following research questions:

1. What is the current state of well-being among Massachusetts lawyers?
2. How does well-being vary by lawyer demographics, employment characteristics, and work experiences?
3. What are the barriers and facilitators to Massachusetts lawyers seeking and receiving mental health or substance use care?
4. What public, community, and workplace policies and programs are lawyers recommending to improve Massachusetts lawyers' well-being?

Our analysis is informed by the Social-Ecological Model⁴ that highlights the complex interplay among individual, interpersonal, organizational, and societal factors that influence well-being (**Exhibit 1**). More information about the research methods used to conduct the focus groups and statewide survey of lawyers in Massachusetts is in **Appendix B**.

^a A census of Massachusetts lawyers is available [here](#).

Exhibit 1. Social-Ecological Model for Lawyer Well-Being



Notes: This model for lawyer well-being was adapted from the Center for Disease Control and Prevention's Social-Ecological Model: A Framework for Prevention.⁴

Results

In January-April 2022, NORC fielded a survey to all lawyers registered in Massachusetts, and 4,450 registered and active lawyers in Massachusetts completed the survey.^b Survey responses were weighted to be representative of lawyers in Massachusetts more generally and to mitigate nonresponse bias. Researchers also conducted two virtual focus groups in April 2021 to inform the development of the survey instrument and provide in-depth information on factors associated with well-being. This section presents the results, followed by an interpretation of these results in the discussion section.

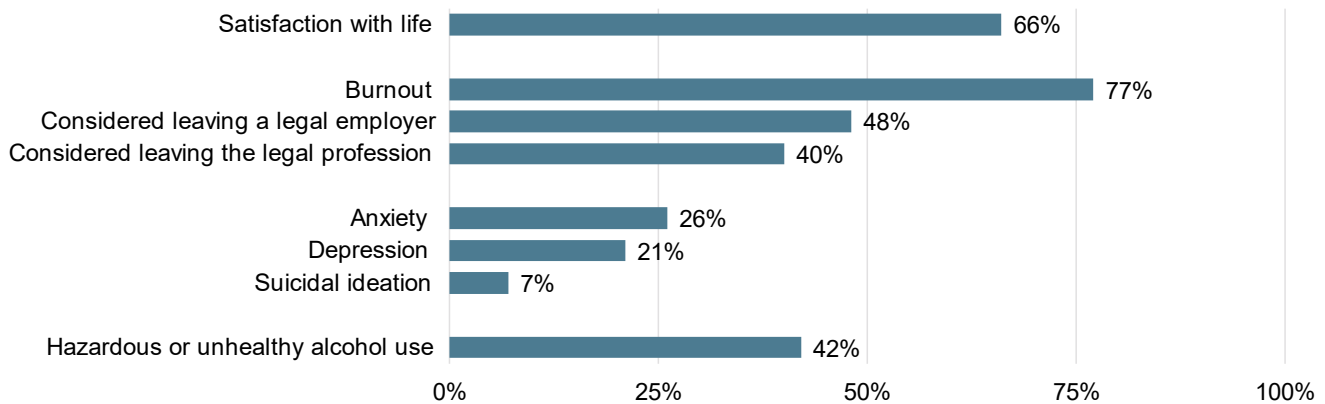
This assessment of well-being used validated measures to assess satisfaction with life (Satisfaction with Life Scale),⁵ anxiety (Generalized Anxiety Disorder Scale 2-Item [GAD-2]),⁶ depression (Patient Health Questionnaire-9 [PHQ-9]),⁷ and hazardous or unhealthy alcohol use (Alcohol Use Disorders Identification Test-Consumption [AUDIT-C]).⁸ An adapted single question was used to assess burnout.⁹ A more detailed description of each well-being assessment measure is in [Appendix C](#).

^b All active, registered attorneys (e.g., full-time, part-time, and temporarily on leave) were eligible to complete the survey. We used 2021 Massachusetts Board of Bar Overseers (BBO) registration data to determine eligibility. We identified 58,382 lawyers who met the eligibility criteria (i.e., active, registered attorneys), however, the full email list for the Massachusetts BBO was invited to participate. The study team could not independently verify that all contact information was valid or that all 58,382 eligible lawyers received the invitation. The overall survey sample was weighted using information on eligible lawyers from the 2021 SJC Demographic and Law Practice Survey to enable the survey results to reflect the characteristics of active lawyers in Massachusetts. Weighting is a common approach in survey analysis to make the sample of survey respondents more representative of the entire population.

Current State of Massachusetts Lawyers’ Well-Being

In 2022, two-thirds (66%) of Massachusetts lawyers reported overall satisfaction with their lives (**Exhibit 2**). Despite this level of satisfaction, more than three in four Massachusetts lawyers (77%) reported burnout (i.e., sometimes, often, or frequent burnout from work as an attorney). Almost half indicated they considered leaving their legal employer, and 40 percent reported considering leaving the legal profession entirely in the last three years due to burnout or stress. Additionally, there were high rates of reported anxiety (26%); depression (21%); suicidal ideation (7%); and hazardous or unhealthy alcohol use (42%).

Exhibit 2. Well-Being Among Lawyers in Massachusetts



Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Satisfaction with life was measured using an adapted Satisfaction with Life Scale and includes lawyers scoring both extremely satisfied and satisfied. Burnout was measured using a single question and includes lawyers reporting sometimes, often, or frequent feelings of burnout from their work as an attorney. Considered leaving a legal employer and leaving legal profession were measured as single item yes or no questions on considerations of leaving due to burnout or stress in the last three years. Anxiety was measured using the GAD-2 with a score of 3 or higher indicating a potential anxiety condition. Depression was measured using the PHQ-9 with a cut point of 10. Suicidal ideation was measured as a positive response to question 9 of the PHQ-9. Hazardous or unhealthy alcohol use was measured using the AUDIT-C with a score of 3 or higher for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a 'prefer not to answer' response to gender identify and a score of 4 or higher for individuals who identify as male and do not identify as transgender.

Findings Consistent with Previous Studies on Well-Being

These findings are consistent with previous studies using similar well-being measures among lawyers but are generally higher than rates reported in nationally representative surveys of the general population. Given the known mental health crises associated with the COVID-19 pandemic,^{10–13} we expected that well-being measures may be trending higher in data collected during this period (March 2020 and later) than before the pandemic. Our study does not have a comparison point before March 2020, so we are unable to isolate the pandemic’s impact on well-being. Similarly, while there are limited contemporary studies with comparable measures to contextualize our findings, we provide best possible comparison data for our study findings below. We note the timing of these studies (i.e., when they were fielded), variations of the well-being measures, and the population (i.e., lawyers vs. general population).

A 2022 study on burnout among lawyers in Utah using a comparable measure^c found similarly high rates of burnout (75% vs. 77% in this study).¹⁴ A 2021 study of lawyers in California and Washington, D.C., identified 19 percent as experiencing anxiety (using the 7-item GAD-7 scale^d) compared to 26 percent in this study.¹⁵ In comparison to a nationally representative survey of U.S. adults conducted monthly, anxiety rates^e found among lawyers in our study (26%) are more than triple those found among U.S. adults before the pandemic (8% in 2019), slightly higher than the first few months of the pandemic (21% in March-April 2020), and over double during the rest of the first year of the pandemic (11% in May-December 2020).¹⁶

California and Washington, D.C., lawyers also reported comparable rates of depression (18% vs. 21% in this study).¹⁵ Rates of depression in our study are over double the rates identified in a nationally representative survey of U.S. adults from 2015 to 2018 (8% vs. 21% in this study).¹⁷ Our findings related to suicidal ideation are also higher than general population estimates from 2017-March 2020 (4% vs. 7% in this study).¹⁸ In contrast, rates of suicidal ideation in Massachusetts are lower than those identified in a 2021 study of lawyers in Utah (12% vs. 7% in this study).²

California and Washington, D.C., lawyers reported similar rates of hazardous or unhealthy alcohol use (51% vs. 42% in this study).¹⁵ Rates of hazardous or unhealthy alcohol use in our study were also similar to California and Washington, D.C., lawyers when using a higher threshold (i.e., more drinks or frequent drinking)^f that has been used to screen for hazardous alcohol use in other studies¹⁹ (30% vs. 24% in this study).¹⁵ Rates among lawyers in our study are higher than among U.S. physicians when using this higher threshold (15% vs. 24% in this study).²⁰

Factors Associated with Lawyers' Well-Being

Findings are organized to highlight associations among lawyers' demographic, employment, and workplace environmental factors with the following well-being measures: satisfaction with life, burnout, anxiety, depression, and hazardous or unhealthy alcohol use (**Exhibit 3**).

Across many of the well-being measures, there were relatively worse outcomes for lawyers who identify as female; Black/African American (vs. all non-Black/African American racial/ethnic identities); Hispanic/Latino/a/e (vs. all non-Hispanic/Latino/a/e racial/ethnic identities); having a disability; or non-heterosexual—all groups that have been marginalized by social or economic policies. While recognizing that complex factors contribute to these longstanding inequities, this study uses the

^c Burnout in this study was assessed using the Likert question: "I feel burned out from my work," with the response options: never, rarely, sometimes, often, and frequently.

^d The difference identified is potentially due to the use of long form of the GAD-2 scale, GAD-7. GAD-7 uses a more conservative threshold, which may screen fewer individuals for anxiety than the corresponding threshold used with GAD-2.

^e The study used the same anxiety measure as our study (GAD-2).

^f The higher threshold for the AUDIT-C uses a cut-point of 4 for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a prefer not to answer response to gender identity and 5 for those who identify as male and do not identify as transgender.

collective terminology of people from a “marginalized group” when referencing similar trends in well-being but also notes instances where results vary.

A table with weighted distributions for all lawyers’ demographic, employment, and workplace environmental factors is in [Appendix D](#). The table includes the full list of categories for each measure that we collapsed for analysis (from multiple to two groups) due to sample size limitations (i.e., to avoid reporting information on groups so small that they could identify individual attorneys) and to facilitate interpretation of statistical testing. Lawyers with gender identities beyond male or female (transgender, agender, nonbinary, genderqueer, and gender nonconforming) were excluded from the analysis due to sample size limitations. Lawyers who identified as asexual, bisexual or pansexual, homosexual, gay, or lesbian, and queer were grouped as “non-heterosexual” due to sample size limitations. Regardless of limitations, we recognize the importance of reporting on the well-being of all gender identities and sexual orientations and include descriptive results in [Appendix E](#).

Satisfaction with Life

Lawyers from some marginalized groups were less satisfied with life—those identifying as female, Black/African American, having a disability, and non-heterosexual. Only 54 percent of Black/African American lawyers reported satisfaction with life, compared to relatively greater satisfaction reported among Asian lawyers (75%), White lawyers (66%), and Hispanic/Latino/a/e lawyers (65%). In contrast, lawyers with childcare responsibilities reported greater satisfaction with life.

We found lower satisfaction with life among lawyers who reported:

- Earning less than \$150,000 a year
- Poor self-reported health or diet
- Less physical activity
- Working 45 or more hours a week^g
- Sometimes to frequently experiencing work-life conflict^h
- Experiencing vicarious traumaⁱ
- Experiencing bias, harassment, and/or discrimination

Lawyers who practice litigation^j or who are in solo practice^k also reported less satisfaction with life.

^g The analysis of average hours worked a week was limited to lawyers who indicated working full-time.

^h Includes lawyers who indicated rarely or never to both of the following questions: “How often does your job interfere with your home or family life?” and “How often does your job interfere with your social or leisure activities?”

ⁱ Vicarious trauma was defined as secondary trauma from experiencing or witnessing the stories, pain, fear, and/or legal ramifications that clients experience.

^j This includes all lawyers who indicated litigation as a type of law that they practice.

^k Only lawyers who indicated working in a law firm were asked about firm size.

Burnout, Anxiety, and Depression

Lawyers from some marginalized groups had higher rates of burnout, anxiety, and/or depression—those identifying as female, having a disability, non-heterosexual, and those who are younger (aged 24-44). Eighty-six percent of Black/African American and 88 percent of Hispanic/Latino/a/e lawyers reported burnout, compared to relatively lower burnout among Asian lawyers (83%) and White lawyers (77%).

There were also higher rates of burnout, anxiety, and/or depression among lawyers who reported:

- Earning less than \$150,000 annually
- Poor self-reported health or diet
- Less physical activity
- Working an average of 45 or more hours a week
- Billing an average of 36 or more hours a week^l
- Sometimes to frequently experiencing work-life conflict
- Not having flexibility to work from home^m
- Experiencing vicarious trauma
- Experiencing bias, harassment, and/or discrimination

Lawyers with childcare responsibilities also had higher rates of burnout and anxiety, despite reporting greater overall satisfaction with life.

Burnout and anxiety were more prevalent among certain types of legal practice. Lawyers working in law firmsⁿ had higher rates of anxiety, and lawyers working in the public sector^o had lower rates of anxiety. Lawyers who practice litigation had higher rates of both burnout and anxiety. Lawyers in solo practice and those working as private in-house counsel reported lower rates of burnout.^p

High Risk for Hazardous or Unhealthy Alcohol Use

Hazardous or unhealthy alcohol use was more prevalent among lawyers who are younger, identify as White, do not have a disability, or are earning more than \$150,000 annually. This stands in contrast to

^l The analysis of average hours billed a week was limited to lawyers who indicated working full-time.

^m This includes lawyers who indicated that they have flexibility over where they work in response to the question “Are you currently required by your employer to go into a workplace other than your home?”

ⁿ This includes lawyers who indicated law firm as their primary employment. This includes solo practitioners.

^o This includes lawyers who indicated academic, clerk, legal services, nonprofit organization, prosecutor, public defender, or other government as their current primary employment and did not also indicate law firm or private in-house.

^p This includes lawyers who indicated private in-house as their primary employment and did not also indicate law firm.

prior findings where marginalized groups were more likely to report adverse well-being. However, lawyers who identify as female had higher rates than lawyers who identify as male.

There were also higher rates of hazardous or unhealthy alcohol use among lawyers who reported:

- Less physical activity
- Sometimes to frequently experiencing work-life conflict
- Experiencing bias, harassment, and/or discrimination

Higher rates of hazardous or unhealthy alcohol use were also more likely among lawyers who work as private in-house counsel or are working an average of 45 or more hours a week. In contrast, lawyers who work in the public sector or who are in solo practice had lower rates.

In the graphic below (**Exhibit 3**), each bar represents a percentage of lawyers who reported the well-being measure in each respective column; blue bars indicate a statistically significant difference between groups within each respective column. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. Labels, on the left indicate the stratifying group. Comparison should be made within each measure instead of across well-being measures as each measure is different. For example, 86 percent of lawyers aged 24-44 reported burnout compared to only 80 percent of lawyers aged 45-64; the blue bars indicate that this difference between groups is statistically significant.

Exhibit 3. Demographic Characteristics, Employment Type, and Workplace Environmental Factors Associated with Lawyer Well-Being in Massachusetts

■ Statistically Significant Association (p<0.05) ■ Association Not Statistically Significant (p>0.05)

	Satisfaction with Life (%)	Burnout (%)	Anxiety (%)	Depression (%)	Hazardous or Unhealthy Alcohol Use (%)
Age					
24-44	65	86	38	29	48
45-64	64	80	23	19	40
Gender Identity					
Male	69	70	22	18	41
Female	63	86	30	24	44
Sexual Orientation					
Heterosexual	68	76	25	20	43
Non-Heterosexual	59	84	36	29	42
Race/Ethnicity					
Asian	75	83	26	18	24
Non-Asian	66	77	26	21	44
Black or African American	54	86	27	29	40
Non-Black or African American	67	77	26	21	43
Hispanic or Latino/a/e	65	88	21	23	40
Non-Hispanic or Latino/a/e	67	77	26	21	43
White	66	77	26	21	45
Non-White	68	80	24	23	30
Income					
Below \$150,000	61	79	29	25	40
Above \$150,000	72	76	23	17	47
Disability					
Identify as having a Disability	50	83	48	43	28
Identify as Not Having a Disability	68	76	23	19	44
Child Caregiver					
Yes, a Caregiver	71	82	29	23	43
No, Not a Caregiver	63	74	24	20	42

■ Statistically Significant Association (p<0.05) ■ Association Not Statistically Significant (p>0.05)

	Satisfaction with Life (%)	Burnout (%)	Anxiety (%)	Depression (%)	Hazardous or Unhealthy Alcohol Use (%)
Self-Reported Health					
Excellent to Good Health	72	74	21	15	43
Fair to Poor Health	33	92	50	54	41
Excellent to Good Diet	72	73	21	13	43
Fair to Poor Diet	50	88	39	41	43
Physically Active	71	73	21	15	44
Not Physically Active	51	89	39	40	39
Employment Characteristics					
Solo Practitioner	61	70	27	21	30
Practices with 2+ Lawyers	66	82	29	22	49
In a Law firm	64	78	29	22	43
Not in a Law firm	67	77	24	21	42
Private In-House	68	74	24	21	47
Not Private In-House	65	78	26	21	42
Public Sector	66	78	24	21	40
Not Public Sector	65	77	27	22	45
Practices Litigation	64	81	28	22	42
Does Not Practice Litigation	68	72	23	20	42
Works 0-45 Hours	69	73	23	18	41
Works 45+ Hours	62	86	30	25	45
Bills 0-35 Hours	63	80	27	21	45
Bills 36+ Hours	64	89	35	26	45

■ Statistically Significant Association (p<0.05) ■ Association Not Statistically Significant (p>0.05)

	Satisfaction with Life (%)	Burnout (%)	Anxiety (%)	Depression (%)	Hazardous or Unhealthy Alcohol Use (%)
<u>Supportive Work Environments</u>					
Work-Life Conflict	62	87	30	25	43
Limited to No Work-Life Conflict	79	43	11	8	39
Work From Home Flexibility	68	74	24	19	44
Required In-Person	66	82	27	23	44
Treated with Kindness and Respect	71	75	23	18	44
Not Treated with Kindness and Respect	35	94	48	42	38
Positive Supervisor Relationship	71	77	25	20	45
No Positive Supervisor Relationship	44	96	44	43	41
Supportive Colleagues	74	74	22	17	44
No Supportive Colleagues	35	93	47	43	42
Schedule Flexibility	73	71	20	16	42
No Schedule Flexibility	44	94	42	38	43
Time to Recharge	78	66	15	12	43
No Time to Recharge	44	94	43	38	42
Access to Mentorship	74	76	24	18	45
No Access to Mentorship	43	90	39	36	42
Opportunities for Promotion	76	77	23	18	47
No Opportunities for Promotion	46	89	34	33	41
<u>Vicarious Trauma</u>					
Has Experienced	61	87	33	27	43
Has Not Experienced	74	61	16	12	42
<u>Bias, Harassment, and/or Discrimination</u>					
Has Experienced	56	88	33	28	38
Has Not Experienced	70	73	23	18	44

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Results are displayed as percentages. Results should not be compared between well-being measures. Significance testing was conducted using chi-square tests of independence with a significance threshold of p<0.05. A significant blue highlighted result indicates a dependent relationship between the factor and well-being measures. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for

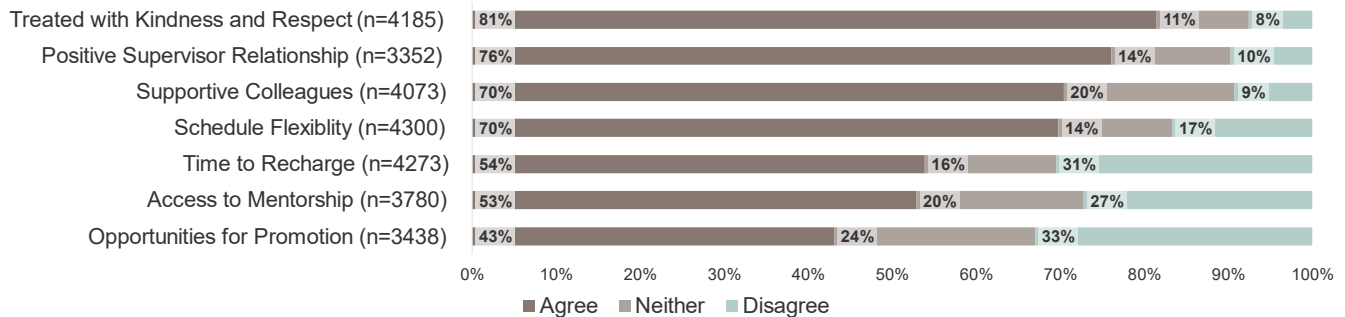
small sample sizes. For descriptive results on well-being for all gender identities and sexual orientations, please see [Appendix E](#). Satisfaction with Life Scale includes lawyers scoring both extremely satisfied and satisfied. Burnout was measured using a single question and includes lawyers reporting sometimes, often, or frequent feelings of burnout from their work as an attorney. Anxiety was measured using the GAD-2 with a score of 3 or higher indicating a potential anxiety condition. Depression was measured using the PHQ-9 with a cut-point of 10. Hazardous or unhealthy alcohol use was measured using the AUDIT-C with a score of 3 or higher for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a 'prefer not to answer' response to gender identify and a score of 4 or higher for individuals who identify as male and do not identify as transgender.

The Role of a Supportive Work Environment

We assessed seven factors collectively referred to as components of a “supportive work environment.” These factors are: (1) being treated with kindness and respect by colleagues, (2) positive supervisor relationship, (3) supportive colleagues, (4) schedule flexibility, (5) time to recharge, (6) access to mentorship, and (7) opportunities for promotion. We asked lawyers about the extent to which they agreed or disagreed with each in the context of their work in the legal profession.

Over three-quarters of lawyers reported being treated with kindness and respect (81%) or a positive supervisor relationship (76%), and over two-thirds of lawyers had supportive colleagues (70%) and schedule flexibility (70%). However, only half of lawyers had time to recharge (54%) or access to mentorship (53%), and fewer than half had opportunities for promotion (43%) (**Exhibit 4**).

Exhibit 4. Lawyers with Supportive Work Environments in Massachusetts



Notes: These results are from a weighted sample of 4,450 lawyers. Results are displayed as percentages. The *Agree* category includes 'strongly agree' and 'agree' responses. The *Disagree* category includes 'strongly disagree' and 'disagree.' The *Neither* category includes 'neither agree nor disagree' responses. Lawyers who responded "not applicable" or did not respond were excluded.

Lawyers with supportive work environments were more satisfied with life and had lower rates of burnout, anxiety, and depression (**Exhibit 3**). Supportive work environment factors included lawyers who reported being treated with kindness and respect by colleagues, a positive relationship with their supervisor, supportive colleagues, schedule flexibility, time to recharge, access to mentorship, or opportunities for promotion. For example, nearly three-quarters (73%) of lawyers with schedule flexibility reported satisfaction with life compared to 44 percent of lawyers without flexibility. Similarly, 71 percent of lawyers with a positive supervisor relationship reported satisfaction with life compared to 44 percent without.

Lawyers with supportive work environments had lower rates of burnout, anxiety, and depression and greater satisfaction with life (**Exhibit 3**). Lawyers with schedule flexibility—versus those without flexibility—were less likely to report burnout (71% vs. 94%); anxiety (20% vs. 42%); and depression (16% vs. 38%). Similarly, lawyers with a positive supervisor relationship—versus those without— were less likely to report burnout (77% vs. 96); anxiety (25% vs. 44%); and depression (20% vs. 43%).

We examined how supportive work environments varied by lawyer characteristics and experiences (**Exhibit 5**). Lawyers with less supportive work environments across all seven factors were more likely to:

- Identify as having a disability
- Self-report poor health
- Have experienced vicarious trauma
- Have experienced bias, harassment, and/or discrimination

Lawyers who identify as Black/African American (vs. all non-Black/African American racial/ethnic identities) were less likely to report being treated with kindness and respect by colleagues, a positive supervisor relationship, or supportive colleagues. At the same time, lawyers who identify as female were less likely to report having schedule flexibility, time to recharge, or opportunities for promotion.

Lawyers in solo practice (vs. practices with two or more lawyers) were less likely to report being treated with kindness and respect by colleagues, having supportive colleagues, or access to mentorship. While lawyers who work as private in-house counsel or the public sector were more likely to report having time to recharge, they were less likely to report having access to mentorship. Lawyers who work in law firms reported more opportunities for promotion and access to mentorship but less time to recharge. Moreover, lawyers who work 45 or more hours per week were less likely to report being treated with kindness and respect or to have supportive colleagues, schedule flexibility, and time to recharge. Yet, they were more likely to report opportunities for promotion.

In the graphic below (**Exhibit 5**), each cell represents the percentage of lawyers who reported the supportive work environment factor. Blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report the supportive work environment factor and the light blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (darker blue) were significantly more likely to report schedule flexibility compared to lawyers who identify as female (lighter blue). For a complete graphic with all assessed factors, please see **Appendix F**.

Exhibit 5. Contributing Factors to Supportive Work Environments, by Massachusetts Lawyer Characteristics and Experiences

Statistically Significant Association (more likely)
 Statistically Significant Association (less likely)

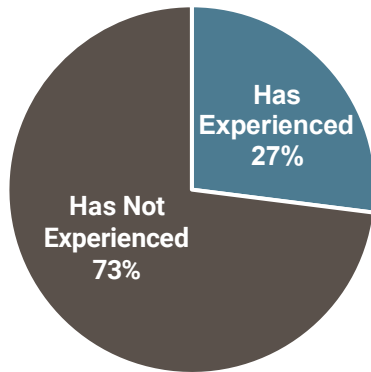
	Treated with Kindness with Respect	Positive Supervisor Relationship	Supportive Colleagues	Schedule Flexibility	Time to Recharge	Access to Mentorship	Opportunities for Promotion
Gender Identity							
Male	93%	90%	89%	83%	67%	66%	59%
Female	91%	88%	88%	78%	61%	66%	55%
Race/Ethnicity							
Black or African American	81%	80%	74%	75%	62%	69%	48%
Non-Black or African American	92%	89%	89%	81%	64%	66%	58%
Disability							
Identify as Having a Disability	83%	84%	78%	74%	51%	61%	48%
Identify as Not Having a Disability	93%	89%	90%	81%	65%	67%	58%
Self-Reported Health							
Excellent to Good Health	93%	90%	91%	84%	69%	68%	59%
Fair to Poor Health	84%	84%	76%	65%	37%	55%	44%
Excellent to Good Diet	93%	89%	90%	84%	69%	68%	59%
Fair to Poor Diet	89%	87%	84%	73%	50%	61%	52%
Physically Active	93%	90%	90%	84%	69%	68%	58%
Not Physically Active	89%	86%	84%	72%	48%	62%	53%
Employment Characteristics							
Solo Practitioner	86%	78%	83%	83%	62%	66%	37%
Practices with 2+ Lawyers	92%	90%	89%	79%	54%	75%	74%
In a Law Firm	91%	89%	88%	80%	56%	72%	68%
Not in a Law Firm	92%	88%	88%	81%	69%	62%	50%
Private In -House	93%	92%	90%	84%	69%	59%	56%
Not Private In -House	91%	88%	88%	80%	62%	68%	57%
Public Sector	91%	87%	88%	80%	69%	63%	48%
Not Public Sector	92%	90%	88%	81%	60%	68%	64%
Works 0-44 Hours	94%	90%	92%	87%	79%	68%	52%
Works 45+ Hours	90%	88%	86%	73%	50%	65%	60%
Bills 0-35 Hours	91%	89%	88%	84%	59%	69%	63%
Bills 36+ Hours	90%	89%	87%	69%	48%	79%	80%
Vicarious Trauma							
Has Experienced	89%	86%	86%	76%	57%	64%	53%
Has Not Experienced	95%	92%	93%	87%	75%	70%	64%
Bias, Harassment, or Discrimination							
Has Experienced	80%	80%	77%	71%	51%	55%	46%
Has Not Experienced	96%	92%	93%	84%	70%	71%	62%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Results are displayed as percentages. Significance testing was conducted using chi-square tests of independence with a significance threshold of p<0.05. A significant blue highlighted result indicates a dependent relationship between the factor and supportive work environment factor. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes.

Negative Professional Experiences: Bias, Harassment, Discrimination, and Vicarious Trauma

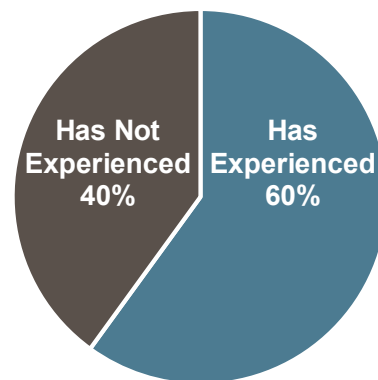
Over a quarter of lawyers (27%) reported experiencing bias, harassment, and/or discrimination in the legal profession, and almost two-thirds (60%) reported experiencing vicarious trauma from their legal work (**Exhibits 6 and 7**). A study of over 5,000 U.S. lawyers with comparable questions on experiences of bias, harassment, and/or discrimination similarly found that 26 percent of lawyers reported these experiences in 2002-2003, 24 percent in 2007-2008, and 24 percent in 2012-2013.²¹

Exhibit 6. Percentage of Massachusetts Lawyers Who Experienced Bias, Harassment, and/or Discrimination in the Legal Profession.



Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded.

Exhibit 7. Percentage of Massachusetts Lawyers Who Experienced Vicarious Trauma from Their Legal Work.



Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded.

Experiencing bias, harassment, and/or discrimination and experiencing vicarious trauma were significantly associated with worse well-being (**Exhibit 3**). Lawyers who reported these negative experiences were less likely to report satisfaction with life and were more likely to report burnout, depression, and anxiety.

Lawyers from some marginalized groups reported higher rates of experiencing bias, harassment, and/or discrimination and experiencing vicarious trauma (**Exhibit 8**). These higher rates occurred among lawyers who are younger (aged 24-44); who identify as female, non-heterosexual, as having a disability, Asian, Black/African American, or Hispanic/Latino/a/e; or who earn less than \$150,000 annually. In addition, lawyers self-reporting worse overall health, diet, or less physical activity also had higher rates of experiencing bias, harassment, and/or discrimination and experiencing vicarious trauma.

Lawyers working in the public sector reported higher rates of experiencing bias, harassment, and/or discrimination and experiencing vicarious trauma (**Exhibit 8**). In contrast, lawyers working in law firms experienced lower rates of bias, harassment, and/or discrimination, and lawyers working as private in-house counsel experienced lower rates of vicarious trauma. Lawyers in solo practice (vs. practices with two or more lawyers) reported higher rates of experiencing vicarious trauma. Lawyers who practice litigation and those with less supportive work environments also reported higher rates of experiencing bias, harassment, and/or discrimination and experiencing vicarious trauma.

In the graphic below (**Exhibit 8**), each cell represents the percentage of lawyers who reported experiencing bias, harassment, and/or discrimination or experiencing vicarious trauma; blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report experiencing and the lighter blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (lighter blue) were significantly less likely to report experiencing bias, harassment, and/or discrimination compared to lawyers who identify as female (darker blue). For a complete graphic with all assessed factors, please see [Appendix G](#).

Exhibit 8. Contributing Factors to Negative Professional Experiences, by Massachusetts Lawyer Characteristics and Experiences

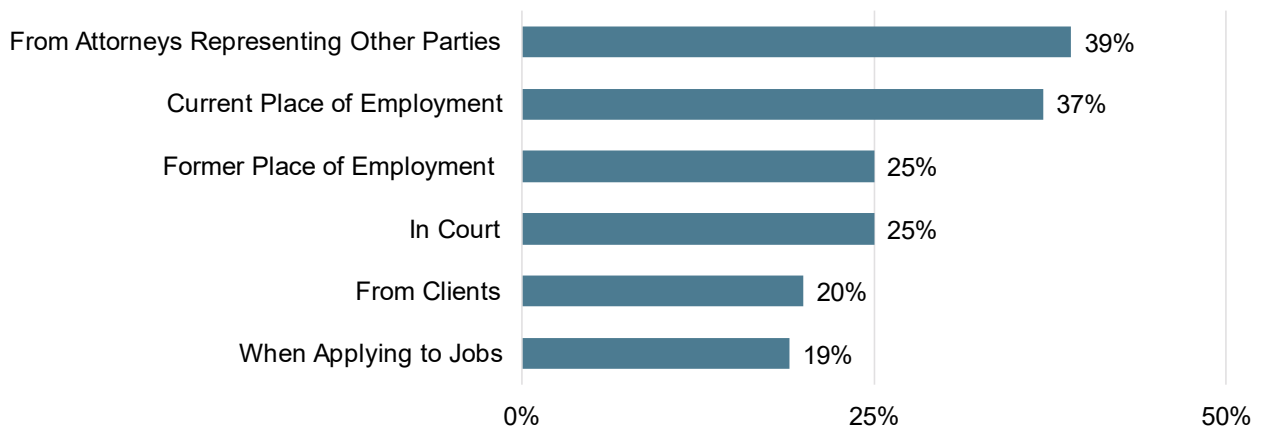
	Statistically Significant Association (more likely)	Statistically Significant Association (less likely)
	Experienced Bias, Harassment, or Discrimination	Experienced Vicarious Trauma
Age		
24-44	32%	66%
45-64	26%	60%
Gender Identity		
Male	13%	53%
Female	44%	70%
Sexual Orientation		
Heterosexual	25%	58%
Non-Heterosexual	39%	71%
Race/Ethnicity		
Asian	52%	68%
Non-Asian	25%	60%
Black or African American	54%	74%
Non-Black or African American	26%	60%
Hispanic or Latino/a/e	53%	75%
Non-Hispanic or Latino/a/e	26%	60%
White	23%	59%
Non-White	47%	70%
Income		
Below \$150,000	30%	70%
Above \$150,000	23%	51%
Disability		
Identify as Having a Disability	50%	74%
Identify as Not Having a Disability	24%	59%
Self-Reported Health		
Excellent to Good Health	25%	58%
Fair to Poor Health	34%	73%
Excellent to Good Diet	25%	57%
Fair to Poor Diet	30%	68%
Physically Active	24%	58%
Not Physically Active	34%	66%
Employment Characteristics		
Solo Practitioner	25%	69%
Practices with 2+ Lawyers	21%	55%
In a Law Firm	22%	59%
Not in a Law Firm	30%	62%
Private In-House	27%	45%
Not Private In-House	27%	63%
Public Sector	32%	68%
Not Public Sector	24%	55%
Practices Litigation	30%	70%
Does Not Practice Litigation	23%	48%
Supportive Work Environments		
Work-Life Conflict	30%	66%
Limited to No Work-Life Conflict	15%	39%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Results are displayed as percentages. Significance testing was conducted using chi-square tests of independence with a significance threshold of $p < 0.05$. A significant blue highlighted result indicates a dependent relationship between the factor and the reported experiences. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes.

Lawyers who reported experiencing bias, harassment, and/or discrimination were asked a follow-up question about the context of their experiences.

When asked about where they had experienced bias, harassment, and/or discrimination, over one-third of lawyers reported that such treatment came from attorneys representing other parties (39%) or from their current places of employment (37%) (**Exhibit 9**). One-quarter reported from former places of employment (25%) or in court (25%). Only one-fifth reported from clients (20%) or when applying to jobs (19%).

Exhibit 9. Where Massachusetts Lawyers Reported Experiencing Bias, Harassment, and/or Discrimination

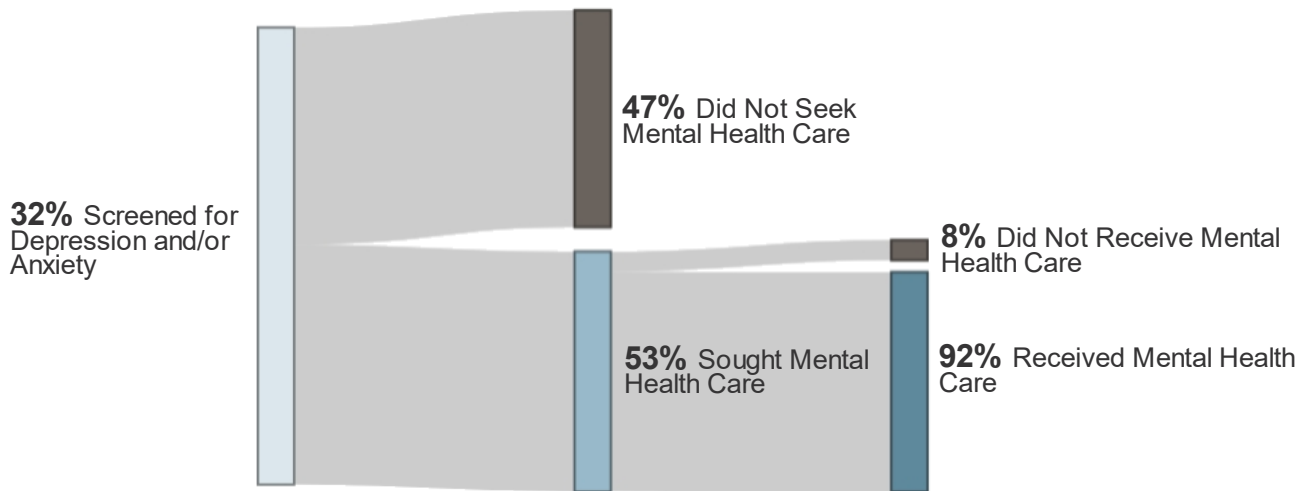


Notes: These results are from a weighted sample of lawyers. Only lawyers who indicated that they had experienced bias, harassment, and/or discrimination in the legal profession in the last three years were included (n=1,155).

Access to Mental Health and Substance Use Care

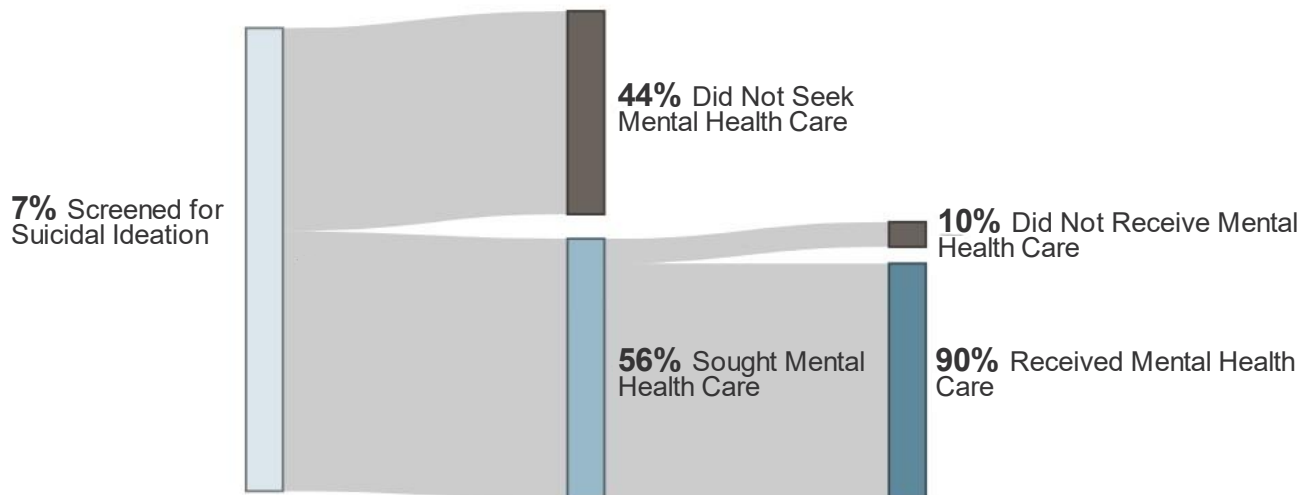
Almost half of lawyers screening for depression, anxiety, and/or suicidal ideation did not seek mental health care (**Exhibits 10 and 11**). Over 90 percent of lawyers screening for depression, anxiety, and/or suicidal ideation and who sought mental health care received care.

Exhibit 10. Mental Health Care Access Among Massachusetts Lawyers who Screened for Depression and/or Anxiety



Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Questions on mental health care seeking were asked to all survey participants, but questions on receiving mental health care were only asked to participants who indicated seeking care. Depression was defined as a PHQ-9 score of 10 or higher, and anxiety was defined as a GAD-2 score of 3 or higher.

Exhibit 11. Mental Health Care Access Among Massachusetts Lawyers who Screened for Suicidal Ideation

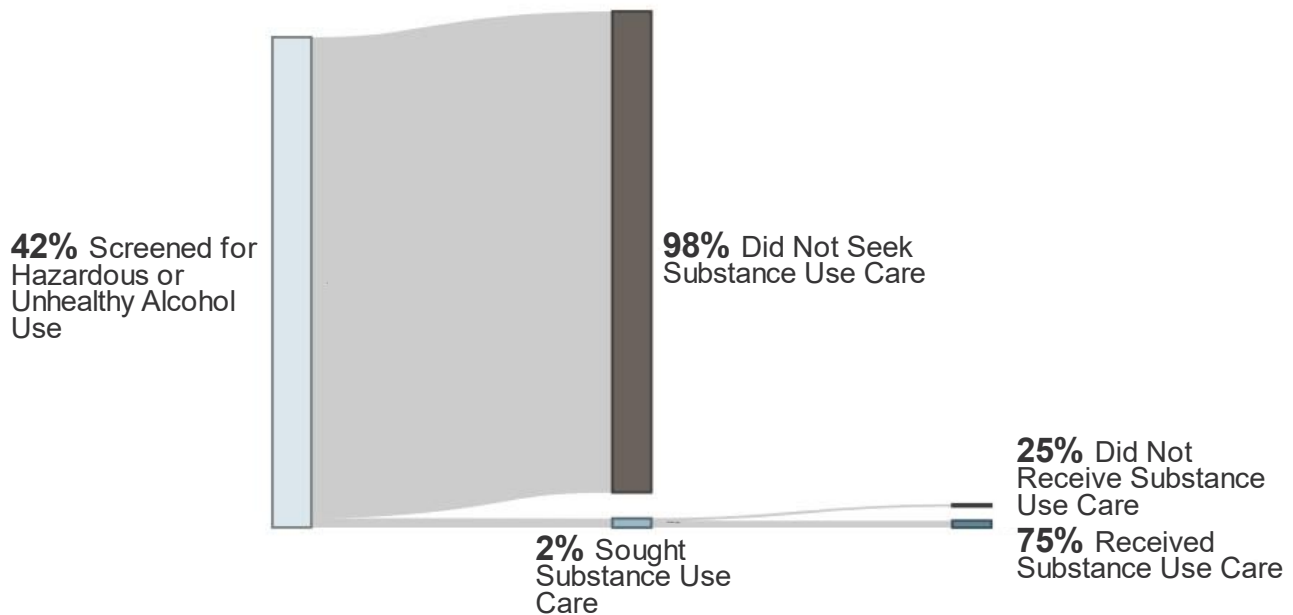


Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Questions on mental health care seeking were asked to all survey participants, but questions on receiving mental health care were only asked to participants that indicated seeking care. Suicidal ideation was defined as any thoughts of being better off dead or thoughts of hurting oneself in the past two weeks collected in the PHQ-9.

Among lawyers who screened for depression and/or anxiety, younger lawyers aged 22 to 44 years old (58%) were more likely to seek mental health care than lawyers aged 45 to 64 years old (47%). Additionally, lawyers who identified as having a disability (77% vs. 48% who did not identify as having a disability); non-heterosexual (61% vs. 52% identifying as heterosexual); and lawyers who work in the public sector (56% vs. 49% not in the public sector) were more likely to seek mental health care. Lawyers reporting supportive work environments were also more likely to seek care. Lawyers who worked 44 or fewer hours per week on average (57% vs. 50% who worked 45 or more); lawyers who had flexibility to work from home (57% vs. 50% of those who did not); and lawyers with schedule flexibility (55% vs. 47% without flexibility) were more likely to report seeking care.

Almost all lawyers (98%) who screened for hazardous or unhealthy alcohol use did not seek substance use care (**Exhibit 12**). Among the subset of 2 percent of lawyers who sought treatment, three-quarters of lawyers with hazardous or unhealthy alcohol use received care.

Exhibit 12. Substance Use Care Access Among Massachusetts Lawyers who Screened for Hazardous or Unhealthy Alcohol Use



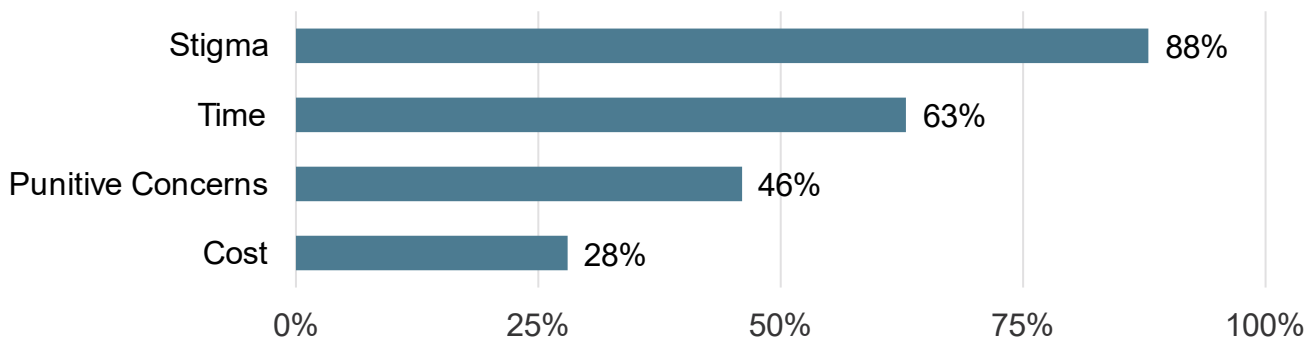
Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Questions on substance use care seeking were asked to all survey participants, but questions on receiving substance use care were only asked to participants who indicated they were seeking care. Hazardous or unhealthy alcohol use was measured using the AUDIT-C with a score of 3 or higher for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a 'prefer not to answer' response to gender identity and a score of 4 or higher for individuals who identify as male and do not identify as transgender.

Barriers to Mental Health and Substance Use Care

Reported Barriers to Seeking Mental Health and/or Substance Use Care

The main barrier to seeking mental health and/or substance use care, among all lawyers, was stigma (88%) (**Exhibit 13**). We asked lawyers for their perception of barriers regardless of whether the lawyer had sought treatment. Stigma is a category that includes the following reported barriers: loss of dignity, embarrassment, injury to pride, not acknowledging their own need for care (i.e., self-denial), colleagues finding out, or family or friends finding out. In addition to stigma, almost two-thirds of lawyers indicated time as a barrier (63%), and almost half indicated punitive concerns as a barrier (46%), a category that includes reprisal, loss of employment, or misconduct report or loss of license. Cost was a barrier for fewer than a third (28%).

Exhibit 13. Perceived Barriers to Seeking Mental Health and Substance Use Care Among All Lawyers in Massachusetts



Notes: These results are from a weighted sample of lawyers. Missing data were excluded. All lawyers were asked about their perceived barriers to care through the question: ‘Thinking about other attorneys you know, which of the following may be reasons why an attorney may not seek mental health care or care for substance use?’ Almost all lawyers (n=4,275) responded to this question. Stigma contains the reported barriers: dignity, embarrassment, or pride, self-denial, colleagues finding out, or family or friends finding out. Punitive contains the reported barriers: reprisal, loss of employment, or misconduct report or loss of license.

Stigma was a pervasive barrier for all lawyers with little variation by lawyer demographics (**Exhibit 14**). However, more lawyers reported stigma who identify as non-heterosexual or White (relative to all non-White racial/ethnic identities), and who earn more than \$150,000 annually. Those who work private in-house, work in practices with two or more lawyers (vs. solo practitioners), and who work 45 or more hours per week also reported higher rates of stigma as a barrier.

Time and cost were more likely to be barriers for lawyers who are younger (24-44) or identify as female, non-heterosexual, Asian relative to all non-Asian racial/ethnic identities, or as having a disability. In addition, lawyers self-reporting worse overall health, diet, or less physical activity also had higher rates of time and cost as barriers. Lawyers earning more than \$150,000 reported higher rates of time as a barrier, while cost was more likely to be a barrier for those earning less than \$150,000. Lawyers with childcare responsibilities reported higher rates of time as a barrier.

Lawyers who practice litigation reported higher rates of time and cost as barriers, and time was more frequently a barrier for those working in practices with two or more lawyers or working 45 or more hours per week (**Exhibit 14**). Lawyers who work in the public sector reported higher rates of cost as a barrier, while lawyers working in law firms were less likely to report cost as a barrier.

There was demographic variation among lawyers who reported punitive concerns, but no variation by employment characteristics (**Exhibit 14**). Higher rates of reporting punitive concerns as a barrier occurred among lawyers who identify as female, non-heterosexual, as having a disability; who earn less than \$150,000 annually; or self-reported worse overall health, diet, or less physical activity.

In the graphic below (**Exhibit 14**), each cell represents the percentage of lawyers who reported the barrier; blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report the barrier and the lighter blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (lighter blue) were significantly less likely to report time as a barrier compared to lawyers who identify as female (darker blue). For a complete graphic with all assessed factors, please see [Appendix H](#).

Exhibit 14. Contributing Factors to Perceived Barriers to Seeking Mental Health and/or Substance Use Care, by Massachusetts Lawyer Characteristics

Statistically Significant Association (more likely)
 Statistically Significant Association (less likely)

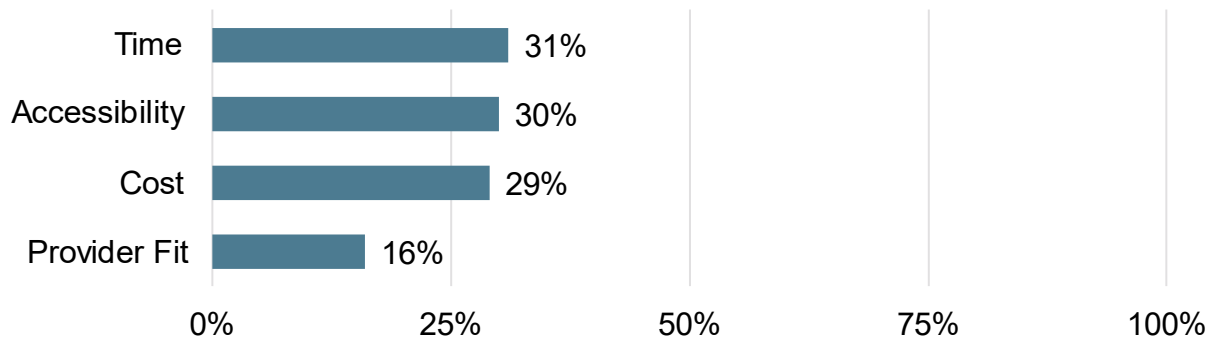
	Stigma	Time	Punitive Concerns	Cost
Age				
24-44	90%	80%	47%	34%
45-64	90%	60%	47%	26%
Gender Identity				
Male	88%	56%	45%	25%
Female	89%	72%	48%	32%
Sexual Orientation				
Heterosexual	89%	63%	45%	26%
Non-Heterosexual	93%	68%	53%	38%
Race/Ethnicity				
Asian	89%	73%	47%	37%
Non-Asian	89%	63%	46%	27%
Black or African American	90%	57%	47%	35%
Non-Black or African American	89%	63%	46%	28%
Hispanic or Latino/a/e	89%	62%	54%	25%
Non-Hispanic or Latino/a/e	89%	63%	46%	28%
White	90%	63%	45%	27%
Non-White	86%	63%	48%	30%
Income				
Below \$150,000	87%	62%	48%	30%
Above \$150,000	92%	66%	43%	23%
Disability				
Identify as Having a Disability	88%	70%	66%	35%
Identify as Not Having a Disability	89%	62%	44%	27%
Child Caregiver				
Yes, Caregiver	89%	71%	43%	26%
No, Not a Caregiver	89%	58%	48%	28%
Self-Reported Health				
Excellent to Good Health	89%	62%	44%	26%
Fair to Poor Health	87%	70%	56%	37%
Excellent to Good Diet	89%	60%	45%	25%
Fair to Poor Diet	87%	69%	50%	34%
Physically Active	88%	60%	44%	26%
Not Physically Active	89%	70%	53%	31%
Employment Characteristics				
Solo Practitioner	82%	47%	46%	25%
Practices with 2+ Lawyers	89%	67%	44%	24%
In a Law Firm	87%	62%	45%	24%
Not in a Law Firm	90%	64%	47%	30%
Private In-House	92%	64%	46%	25%
Not Private In-House	88%	63%	46%	28%
Public Sector	89%	65%	47%	33%
Not Public Sector	89%	62%	45%	24%
Practices Litigation	88%	65%	47%	29%
Does Not Practice Litigation	89%	61%	45%	26%
Works 0-44 Hours	88%	61%	45%	30%
Works 45+ Hours	90%	68%	48%	28%
Bills 0-35 Hours	88%	61%	46%	25%
Bills 36+ Hours	89%	74%	44%	24%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Results are displayed as percentages. Significance testing was conducted using chi-square tests of independence with a significance threshold of $p < 0.05$. A significant blue highlighted result indicates a dependent relationship between the factor and the reported barriers. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes. Stigma contains the reported barriers: dignity, embarrassment, or pride, self-denial, colleagues finding out, or family or friends finding out. Punitive contains the reported barriers: reprisal, loss of employment, or misconduct report or loss of license.

Reported Barriers to Seeking Mental Health Care, Among Lawyers Who Sought Care

For lawyers who sought mental health care in the last year, the most frequently cited barriers were time (31%), accessibility (30%), and cost (29%) (**Exhibit 15**). Fewer lawyers noted provider fit as a barrier (16%).

Exhibit 15. Reported Barriers to Access Mental Health Care Among Lawyers Who Sought Care in Massachusetts



Notes: These results are from a weighted sample of lawyers. Missing data were excluded. Only lawyers who indicated that they had sought mental health care in the last year were asked about their reported barriers to care (n=1,532): ‘Did any of the following affect your ability to access mental health care in the last year?’ Time includes the barriers: not having time because of work, not having time because of other commitments, and inconvenient provider hours. Accessibility includes the barriers: providers not accepting new patients, long waits for appointments, providers not contacting back, and not knowing how to find a provider. Cost includes the barriers: providers not accepting their or any insurance, not being able to afford the cost, health insurance not paying enough, and not having any health insurance. Provider fit includes the barriers: not being able to find a provider they connected with or felt comfortable with.

Programs and Policies to Improve Lawyers’ Well-Being

When asked for recommendations on how to improve lawyer well-being, focus group participants and survey respondents offered several suggestions and opportunities. Those in the private sector focused more on employer-based solutions, while those in the public sector focused more on the government, legal, or court systems. However, there was overlap in suggested recommendations within the groups.

To achieve positive change, it will be important to recognize the dynamic relationships among the individual, interpersonal, organizational, and societal practices and policies as depicted in the Social-Ecological Model. This framework highlights how well-being both shapes—and is shaped by—multiple levels of influence. The findings suggest that a multi-level approach will be most successful in improving lawyer well-being. To the extent possible, programs and policies that address well-being across individual, interpersonal, organizational, and societal levels will be most effective if implemented simultaneously and cohesively. This allows for intervention efforts to build on and reinforce each other. For example, lawyers making an individual commitment to work-life harmony may be reinforced by employer-level decisions to prioritize lawyer well-being by supporting a culture of lawyers taking more time for wellness. Employer policies may then be further augmented by societal-level policy changes around family leave and state/national recommendations on workload policies.

Specific recommendations from study participants across these levels included the following:

Encourage organizations and employers to prioritize health.

Participants advocated for policies that encourage self-care at work during work hours, not just on their own time. Organizations and employers should consider adding benefits, such as offering paid time off specifically for mental health-related appointments and free counseling services through an employee assistance program. Providing flexibility around remote work was also identified as a way to promote work-life harmony and minimize work-life conflict, enabling lawyers to prioritize well-being.

“My [employer] offers a service for accessing mental wellness professionals anonymously, and it was useful simply to talk with someone who was outside my immediate circle.”

“A lot of lawyers are scared to take all of the vacation time allotted to them for fear of reprisal or ‘getting behind’ in work. Encouraging lawyers to take their vacation time would be helpful for mental health and work-life balance.”

Adapt organizational policies and culture around hours and workload.

The sentiment that best captures the need to rethink policies and culture around hours and workload across legal sectors is, “No one has time for well-being.” Respondents working at law firms attributed billable hours and overall workload as the largest barriers to maintaining work-life balance and overall well-being. Many suggested rethinking the billable hour and instead focusing on creative productivity [or value-based] measures.

Public-sector lawyers also cited long hours, including pressure to work over weekends. One respondent explained that “*whenever you take time for yourself, it’s almost impossible to get away from the feelings of guilt that follow.*” Respondents from both the private and public sectors suggested mandating usage of paid time off to reduce stigma around taking leave.

Reduce stigma through transparency, education, and normalization. Respondents recommended that organizations and employers take steps to reduce stigma and help lawyers speak more openly about mental health. Many respondents were interested in programs featuring lawyers who are willing to share their experiences and the tools and tactics they use to promote wellness. There was also consensus that law partners, senior lawyers, judges, and other leaders need to take active and meaningful steps to foster cultural change. A much broader discussion around mental health in the legal community will raise awareness, decrease stigma, and help lawyers identify their own mental health and well-being needs.

Correct misconceptions about career consequences for accessing mental health and substance use services. One respondent noted, “[*lawyers*] shouldn’t have to be worried about losing their license because [*they*] want to talk to a therapist,” and numerous respondents suggested that mental health-related questions should be eliminated from state bar applications to help “*encourage, rather than discourage*” lawyers from seeking care. While Massachusetts does not include mental health-related or substance use-related questions on state bar applications,²² the continued concern suggests that there is work to do to correct this misunderstanding among Massachusetts lawyers. Additionally, to the extent that Massachusetts lawyers are seeking admission elsewhere, there is a need to advocate for the removal of

such questions from other state bar applications, an ongoing effort around the country, including through the Institute for Well-Being in Law and Commission on Lawyers Assistance Programs.

Provide support for vicarious trauma. Some respondents stressed the importance of identifying and recognizing the presence and impact of vicarious trauma in the legal profession. Recommendations included expanding access to and highlighting the availability of free counseling sessions, providing mental health days following particularly traumatic cases, and developing and disseminating information on vicarious trauma tailored specifically to lawyers.

Develop relevant trainings. Participants emphasized the importance of workplaces and courtrooms being civil, kind, and collegial. Specific trainings and policies identified included:

- Empathetic management strategies
- Implicit bias and cultural sensitivity trainings (particularly for judges and court personnel)
- Addressing bias, sexual harassment, and discrimination among all individuals working in the legal sector and clients

Address inaccessibility issues for people identifying as having a disability. Respondents noted that it is crucial to ensure that courtrooms and agencies are accessible to those who use wheelchairs or have other physical disabilities. Respondents also stressed that accessibility issues go far beyond physical access and include the recognition that at times deadlines require flexibility due to unpredictability of many disabilities.

Address inequities in pay and opportunities. Participants identified large inequities in pay both within and across the different types of law (e.g., public and private sector), and between lawyers who identify as male and female. Additionally, individuals who identify as caregivers reported fewer opportunities for advancement given billable-hour requirements at law firms and barriers to maintaining work-life harmony. Participants noted that these inequities have several negative impacts, including poor performance, attrition (primarily among litigators who identify as women), and poor mental health and burnout.

Discussion

The study revealed that Massachusetts lawyers have high rates of burnout, anxiety, depression, and hazardous or unhealthy alcohol use. While these findings are consistent with prior studies conducted among lawyers in other states, it is the first study of its kind in Massachusetts.^{14,15} Massachusetts lawyers more commonly reported negative well-being than found among the general population.^{16–20} We fielded our survey during the COVID-19 pandemic when rates of depression, anxiety, and alcohol use were higher in the general population than before March 2020.^{10–13} The pandemic also had a disproportionately negative impact on marginalized groups, caregivers, and those with medical

conditions or family members in need of care—likely worsening underlying inequities.^{10,23} Lawyers may have experienced similar pandemic-related stressors that exacerbated negative outcomes, or these rates may reflect the “new normal” entering the third year of the pandemic. The challenges of navigating work and staff retention during the COVID-19 pandemic have increased the spotlight on well-being, and the U.S. Surgeon General recently released a Framework for Workplace Mental Health and Well-Being that will guide future research.²⁴

Although Massachusetts lawyers reported experiencing high rates of burnout, depression, anxiety, and hazardous or unhealthy alcohol use, two-thirds reported overall satisfaction with life. The juxtaposition of these findings is striking and highlights the need to understand what factors contribute to satisfaction with life and well-being, and how they interact. Relationships among measures of well-being are interrelated. For example, a lack of satisfaction may contribute to burnout, while burnout may increase dissatisfaction with life. However, both negative and positive experiences may co-exist—for example, while lawyers with childcare responsibilities were more satisfied with life, they also reported being more burned out and anxious. This finding illustrates the challenges of navigating conflicts among work, career ambitions, and childcare responsibilities. Prior studies also found that work-family conflict was associated with more stress and anxiety among lawyers who identify as female, as well as lawyers contemplating leaving the profession.^{15,25} While family structures may contribute positively to satisfaction with life, there needs to be more attention to the cultural or structural shifts—within organizations and in the profession—that support those with caregiving responsibilities.

Well-being is worse among groups that have been marginalized. Higher rates of burnout, depression, and anxiety are alarming among lawyers who identify as female, Black/African American, Hispanic/Latino/a/e, as having a disability, or non-heterosexual. Lawyers self-reporting better overall health, diet, or more physical activity had more favorable outcomes (except for hazardous or unhealthy alcohol use), indicating a strong connection between physical health and well-being.

At the same time, lawyers who are younger, earn more, and identify as White are more at risk for hazardous or unhealthy alcohol use. Interestingly, lawyers who identify as female reported higher rates of hazardous or unhealthy alcohol use compared to lawyers who identify as male (44% vs. 41%, respectively). A previous study on lawyers found similarly higher rates of unhealthy alcohol use among lawyers who identify as female compared to lawyers who identify as male.¹⁵ These findings are inconsistent with unhealthy alcohol use in the general population, where rates of alcohol use disorder commonly are higher among those who identify as men rather than women.²⁶ Future research should examine whether the pandemic has played a role in the increase in unhealthy alcohol use among lawyers who identify as female. While our statistical testing was limited to binary gender and sexual identities due to sample size limitations, an important next step is to understand if similar patterns exist for lawyers who identify as any gender or sexual identity.

Lawyers with supportive work environments reported better well-being. Lawyers who reported having a supportive work environment were less likely to report burnout, depression, and anxiety and more likely to report satisfaction with life. Focus group participants also described aspects of their work environment that foster well-being, including flexibility and autonomy, working collaboratively, and

opportunities for remote work. However, some marginalized groups (e.g., Black/African American, identifying as having a disability, and identifying as female) were less likely to report having supportive work environments, which may contribute to worse well-being outcomes among these groups.

The lack of professional supports, such as limited opportunities for promotion among lawyers who identify as female and those identifying as having a disability or the lack of positive supervisor relationships among Black/African American lawyers and those identifying as having a disability may be contributing to inequities by gender identity, race, ethnicity, and disability status. These findings highlight the importance of supporting professional autonomy, interpersonal relationships, opportunities for growth at work, and manageable hours. Employers can reduce work-life conflict, encourage employees to take time to recharge, provide flexibility over schedules, increase opportunities for remote work, and support paths to promotion.

Lawyers working long hours have more opportunities for promotion, but professional advancement may negatively affect their well-being. Lawyers in practices with two or more lawyers noted more opportunities for promotion and access to mentorship but less time to recharge compared to solo practitioners. Litigators reported higher rates of burnout, anxiety, and lower satisfaction with life. There were similar findings among lawyers who work more than 45 hours per week—they had more opportunities for promotion but were less likely to report other factors contributing to a supportive work environment, indicating that there may be incentives for these lawyers to work more hours. In contrast, lawyers working as private in-house counsel were more likely to report having time to recharge, which may contribute to lower rates of burnout. Although we found relatively lower rates of burnout, another study found that 93 percent of U.S. in-house counsel surveyed reevaluated their career priorities during the pandemic, of which 92 percent reported that they are likely to search for a new job.²⁷

Public-sector lawyers were less likely to report anxiety and hazardous or unhealthy alcohol use, but rates of burnout and depression were similar to private-sector lawyers. These findings highlight the importance of nuanced approaches, as challenges within the public and private sector vary.

While we found that supportive work environments may be a protective factor for burnout, anxiety, and depression, the relationship between unhealthy alcohol use and professional well-being is complex. We found that lawyers with opportunities for promotion were more likely to report unhealthy alcohol use, as were lawyers in the private sector (vs. public) or working as private-in house counsel. We also identified a relationship between working long hours and unhealthy alcohol use. Focus group participants noted the centrality of alcohol in social situations among colleagues and with clients. Thus, a possible explanation is that lawyers who are more likely to socialize and drink with colleagues and clients have more opportunities for career advancement and business development.²⁸ Other research suggests that social supports⁹ may be a protective factor for unhealthy alcohol use.²⁹

⁹ Social support is the extent to which someone perceives their social relationships as able to help them cope in times of stress; these supports may be available to lawyers through interpersonal relationships, occupational settings, or through other networks.

However, more research is needed on how social supports may serve as a protective factor by gender identity, race, ethnicity, and employment type.³⁰

At the organizational level, creating clear processes and opportunities to support career growth, changing the culture of long hours, and limiting the amount of alcohol served at events may be important mitigating factors. Core recommendations of The National Task Force on Lawyer Well-Being and the Massachusetts SJC Steering Committee on Lawyer Well-Being included efforts to mitigate billable hours as a major source of stress and anxiety and to de-emphasize alcohol at networking events.^{22,31}

Experiencing bias, harassment, and/or discrimination in the workplace or experiencing vicarious trauma through legal work may be harmful to well-being. The study found strong associations between these experiences and worse well-being across all measures. Additionally, we found that lawyers from some marginalized groups and public-sector lawyers reported higher rates of experiencing bias, harassment and/or discrimination, as well as vicarious trauma. When asked about where bias, harassment and/or discrimination occurred, almost 40 percent reported attorneys representing other parties or their current place of employment.

The SJC Standing Committee's Report to the Justices found incivility among lawyers as a continuing problem. The legal community continues to address this, including through recent amendments to the Rules of Professional Conduct related to zealous client advocacy by making clear that abusive tactics and harassment will not be tolerated.³² Furthermore, the SJC's Standing Advisory Committee on Professionalism, which is responsible for setting forth shared expectations and values of the profession for lawyers new to Massachusetts, continues to refine its purpose and objectives to address civility, bias, harassment, and discrimination in the profession. While there has recently been an increase in focus on diversity, equity, and inclusion in the workplace, more research is needed on whether these efforts are achieving the intended goals at various levels (i.e., individual, interpersonal, organizational, societal). Addressing vicarious trauma, raised as a critical issue by respondents and in the SJC Standing Committee's Report to the Justices,²² will require education (beginning in law school), support, and accessible resources.

The findings highlight an alarming gap between lawyers who screened for depression, anxiety, suicidal ideation, or hazardous or unhealthy alcohol use and those who sought care. Almost half of lawyers screening for depression, anxiety, and/or suicidal ideation did not seek mental health care, and almost all lawyers (98%) who screened for hazardous or unhealthy alcohol use did not seek substance use care. This large disconnect between those who screened for depression, anxiety, and/or suicidal ideation and hazardous or unhealthy alcohol use and care-seeking behavior is much greater among lawyers than among the general Massachusetts population, where 84 percent of adults who indicated a need sought mental health or substance use care.³³

Concerns about stigma—including loss of dignity, embarrassment, injury to pride, or not acknowledging their own need for care, and colleagues, family, or friends findings out—were among the largest contributing factors cited in the survey about why lawyers may not seek needed care. These findings

track to previous research on lawyer reluctance to utilize a lawyer assistance program where fear of peers finding out was the top-ranking barrier.³⁴ Stigma was a pervasive barrier, regardless of lawyer demographics. However, lawyers from some marginalized groups more frequently reported time and cost as barriers. Focus group participants further highlighted the need to work toward reducing stigma through education and normalization efforts, such as lawyers sharing lived experiences and explicit leadership involvement. While most lawyers who sought care received mental health services, lawyers cited barriers similar to those identified among the general population in accessing behavioral health services in Massachusetts, including long wait times and providers not accepting new patients.³⁵

To affirmatively pursue well-being strategies and encourage lawyers to engage in mental health and substance use care will require a multifaceted approach at the individual, interpersonal, organizational, and societal levels. Those who have supportive work environments that foster positive interpersonal relationships may benefit from protective factors, such as mentorship, positive supervisor relationships, being treated with kindness, and having time to recharge. The relationship between these factors and unhealthy alcohol use is complex and will require further examination. Promoting healthier work environments may reduce stigma and normalize support and care-seeking behaviors. Within legal communities, it will involve participation from legal employers as well as courts, bar associations, regulators, and support service organizations, and leaders in the profession to normalize self-care and to publicly support lawyer well-being.

These findings indicate a need for improved policies and programs related to lawyer well-being. In 2019, the Standing Committee convened the legal community to improve well-being in the legal profession and act on its commitment to lead strategic and systemic change by developing policies and programs.

LCL, a sponsor of this survey and collaborator in this report, has been a major contributor to well-being efforts in Massachusetts. LCL began in 1978 to support lawyers' recovery from alcohol use disorder, and as additional needs were recognized, expanded services to include evaluations to assess the need for mental health treatment, peer support groups, and practice support. Through its historic position in the Massachusetts legal landscape, LCL provides structural support and expands the understanding of lawyer well-being. LCL, through its variety of service providers, directly supports individuals within the legal community and family members on a limited basis. LCL staff also consult with the nine Massachusetts law schools, Board of Bar Examiners, Bar Counsel, and various SJC committees.

Currently, LCL and the Standing Committee are collaborating to improve lawyer well-being in Massachusetts.[†] Continued support and resources are necessary to develop a holistic strategy to meet these goals. This collective approach will help normalize self-care, reduce stigma, and create space for those needing help.

[†] For specific programs, projects, and services, see www.lawyerwellbeingma.org and www.lclma.org.

Appendix A

Return to Introduction

In August 2017, the National Task Force on Lawyer Well-Being (now the Institute for Well-Being in Law) published a report, titled *The Path to Lawyer Well-Being: Practice Recommendations for Positive Change*.³¹ The report provided recommendations to address findings from Patrick Krill and the Hazelden Betty Ford Foundation's 2016 paper, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, published in the *Journal of Addiction Medicine*.¹ Krill's study found that over 20 percent of lawyers screened for potential alcohol dependency and high rates of depression (28%), anxiety (19%), and stress (23%). The National Task Force Report called on state bars to (1) foster well-being education through lawyer assistance programs, (2) sponsor empirical research on lawyer well-being, and (3) launch a lawyer well-being committee.

In September 2018, the Massachusetts Supreme Judicial Court convened an initial Steering Committee on Lawyer Well-Being to engage legal community members and produce a report on the state of lawyer well-being in Massachusetts.²² The report, published in July 2019, made a series of recommendations, including establishing a permanent Standing Committee responsible for facilitating efforts to improve lawyer well-being and monitor progress. Specifically, the report recommended developing benchmark data to understand the well-being of lawyers in Massachusetts; to help focus well-being programs, services, and initiatives; and to track the impact of efforts over time.

Beginning in January 2021, NORC worked with Lawyers Concerned for Lawyers, Massachusetts, a nonprofit lawyer assistance program, with input from the Standing Committee to develop research questions, select and adapt a well-being model, and conduct a needs assessment.

Appendix B

[Return to Introduction](#)

Methods

NORC, in collaboration with Lawyers Concerned for Lawyers, Massachusetts, and with input from the Massachusetts Supreme Judicial Court Standing Committee on Lawyer Well-Being, conducted a mixed-methods needs assessment, consisting of an environmental scan, two focus groups, and a survey. The environmental scan established prior assessments of lawyer well-being and identified known factors impacting lawyers' well-being; qualitative focus groups expanded on the known factors; and a survey quantitatively established the prevalence of key measures of well-being and identified variation between subgroups as well as factors that may impact well-being. We describe the approach to data collection for each element below.

NORC's Institutional Review Board reviewed and approved the data collection approach, focus group materials, survey instrument, and operational details. The review occurred in two phases, first for the focus groups (approved on April 8, 2021) and then for the survey instrument (approved in August 2021).

Our inquiry is informed by the Social-Ecological Model to highlight the complex interplay among individual, interpersonal, organizational, and societal factors to further emphasize the importance of context. In this model, different factors are represented as overlapping to illustrate how factors at one level influence another. The model suggests that creating sustainable change requires interventions at each level simultaneously. In the model, the individual is nested in progressively larger layers of the interpersonal, the community, and ultimately society, helping to illustrate systemic issues that may impact lawyer well-being.

Environmental Scan

NORC conducted a targeted environmental scan of the literature on professional well-being, behavioral health, job satisfaction, and burnout to identify existing sources or best practices for studying well-being. Our search criteria captured studies focused on lawyers and physicians, occupations known to have relatively high rates of stress and burnout. We assessed all lawyer-related search results from 2011 to 2021 and physician-related results from 2016. The environmental scan captured data on the following:

- How well-being is defined, captured, and assessed in various studies
- Study design and limitations with prior studies
- Existing and validated measures or constructs
- Existing survey instruments in the public domain

- Relevant factors associated with well-being (e.g., contextual factors, stressors)
- Disparities by demographic factors of interest (e.g., race, ethnicity, gender identity, location)

In addition, NORC assessed publications and postings by national and state bar associations and state-level lawyer well-being groups. Results of the scan informed the design of the focus groups and survey instrument.

Focus Groups

NORC conducted two virtual focus groups in April 2021. The focus groups gathered qualitative data that helped inform the development of the survey instrument. One focus group primarily included private-sector lawyers and the other public-sector lawyers. The focus groups explored the following topics:

- Experiences of lawyers practicing in their fields
- Definitions of well-being
- Factors associated with well-being, both positive and negative
- Recommendations to improve well-being

Using the Social-Ecological Model and research questions, NORC conducted a thematic analysis of the focus group data using both a deductive (i.e., drawing on the conceptual framework and initial domains of inquiry) and inductive (i.e., identification of emergent themes) analytical approach.

Survey

In January 2022, NORC fielded a survey among lawyers registered in Massachusetts with two primary aims: (1) capture the state of well-being among lawyers in Massachusetts focused on well-being measures drawn from the literature (e.g., burnout, anxiety, depression, life satisfaction, alcohol use); and (2) identify factors associated with well-being. The survey included factors across the Social-Ecological Model (i.e., individual, interpersonal, organizational, societal). The survey instrument included five domains: employment, work experience, health and well-being (general health, mental health, and substance use), programs and policies, and demographics.

We prioritized the inclusion of any validated questions and existing survey items or scales that the team identified through the environmental scan. We also adapted existing and developed new questions to capture specific domains of interest that emerged from the environmental scan and focus groups. NORC cognitively tested the survey before fielding it to ensure that respondents interpreted all questions appropriately.

We collected data using Alchemer, an online survey tool. Once data collection was complete, we conducted data cleaning and weighted the sample to the population of Massachusetts lawyers using the 2021 SJC Demographic and Law Practice Survey. Specifically, the final weights included an

adjustment to ensure that the survey sample's age, gender identity, race/ethnicity, lawyer type, and geographic distribution were consistent with the distribution of the Massachusetts lawyer population at the time of the study.

Limitations

While utilizing a cross-sectional study design enabled us to accurately measure the current prevalence of various aspects of lawyer well-being and compare these findings across relevant groups, these findings can only be generalized to Massachusetts lawyers at the time the data were collected. Additionally, this study relies on self-reported data on sensitive and stigmatized topics (e.g., mental health, alcohol use), and respondents may have offered biased responses due to social desirability or concern regarding confidentiality. That said, the use of validated instruments to assess key well-being measures of interest may have mitigated such bias from self-reported data. Finally, we have weighted our survey response data to make the results of this study more generalizable to all active and registered Massachusetts lawyers. However, there may still be response bias with a low response rate and initial overrepresentation of the views of lawyers with a particular interest in the topics assessed by the survey.

Appendix C

Return to Results

Exhibit C-1. Description of Well-Being Measures

Measure	Instrument	Description
Satisfaction with Life	Satisfaction with Life Scale ⁵	Satisfaction with life was measured using an adapted version of the five item Satisfaction with Life Scale. Items were rated on a 5-point Likert from strongly disagree (1) to strongly agree (5). A score of 16 or higher indicated satisfaction with life.
Burnout	Adapted single-item measure ⁹	Burnout was assessed using a single-item 5-point Likert scale, worded as “How often do you feel burned out from your work as an attorney?” Responses of sometimes, often, or frequently were categorized as burnout while responses of never or rarely were not categorized as burnout.
Anxiety	Generalized Anxiety Disorder Scale 2-Item (GAD-2) ⁶	Anxiety was measured using two items that assess the frequency of feeling nervous, anxious, or on edge and not being able to stop or control worrying over the last two weeks. A score of 3 or higher was used to identify potential anxiety conditions.
Depression and Suicidal Ideation	Patient Health Questionnaire (PHQ-9) ⁷	<p>Depression was measured using nine items that assess the frequency of experiencing symptoms of depression over the last two weeks (e.g., feeling down, depressed, irritable or hopeless, feeling tired or having little energy, trouble concentrating, and thoughts of being better off dead). The analyses were based on a threshold for moderate depression with cut-point of 10.</p> <p>Suicidal ideation was measured by a positive response to the last item, “thoughts that you would be better off dead or of hurting yourself in some way.”</p>
Hazardous or Unhealthy Alcohol Use	Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) ^{8,36}	Hazardous or unhealthy alcohol was measured using the three item AUDIT-C with a score of 3 or higher for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a ‘prefer not to answer’ response to gender identity and a score of 4 or higher for individuals who identify as male and do not identify as transgender.

Appendix D

Return to Factors Associated with Lawyers' Well-Being

Exhibit D-1. Demographic Characteristics, Employment Type, and Workplace Environmental Factors Among Lawyers in Massachusetts

Category	Question	Responses	Frequency	%
Overall	Overall	Overall	4450	100.0%
Age	What is your current age?	22-34	413	9.3%
		35-44	1090	24.5%
		45-54	897	20.2%
		55-64	995	22.4%
		65+	724	16.3%
		Prefer Not to Answer	332	7.5%
Gender Identity	Do you identify as:	Male	2481	56.1%
		Female	1799	40.4%
		Transgender	28	0.6%
		Agender / Nonbinary / Genderqueer / Genderfluid / Gender Nonconforming	18	0.4%
		Prefer Not to Answer	124	2.8%
Sexual Orientation	Do you identify as:	Heterosexual or Straight	3583	80.5%
		Asexual	34	0.8%
		Bisexual or Pansexual	121	2.7%
		Homosexual, Gay, or Lesbian	218	4.9%
		Queer	50	1.1%
		Different Identity	*	*
		Don't Know	*	*
		Prefer Not to Answer	368	8.3%
		Missing	58	1.3%
Race/Ethnicity	Which categories best describe you?	Asian	149	3.4%
		Black/African American	93	2.1%
		Hispanic/Latino/a/e	76	1.7%
		White	3555	79.9%
		Native Hawaiian or Pacific Islander	*	*
		American Indian or Alaskan Native	*	*
		Two or More	119	2.7%
		Other Races/Ethnicities	113	2.5%

Category	Question	Responses	Frequency	%
		Missing	341	7.7%
Income	Which of these describes your individual income in 2021?	Below \$50,000	181	4.1%
		\$50,000 - \$99,999	1038	23.3%
		\$100,000 - \$149,999	1019	22.9%
		\$150,000 - \$299,999	1071	24.1%
		\$300,000 - \$449,999	360	8.1%
		Above \$450,000	324	7.3%
		Prefer Not to Answer	356	8.0%
		Missing	101	2.3%
Disability	Do you identify as a person with a disability and/or as neurodivergent?	Identify as Having a Disability	362	8.1%
		Identify as Not Having a Disability	3856	86.6%
		Prefer Not to Answer	224	5.0%
		Missing	*	*
Child Caregiver	Are you a caregiver to any children?	Yes, a Caregiver	1600	36.0%
		No, Not a Caregiver	2716	61.0%
		Missing	134	3.0%
Self-Reported Health	How would you rate your overall health?	Excellent	630	14.2%
		Very Good	1587	35.7%
		Good	1475	33.2%
		Fair	560	12.6%
		Poor	139	3.1%
		Prefer Not to Answer	21	0.5%
		Missing	37	0.8%
Self-Reported Health	How would you rate your diet?	Excellent	408	9.2%
		Very Good	1221	27.4%
		Good	1530	34.4%
		Fair	869	19.5%
		Poor	364	8.2%
		Prefer Not to Answer	16	0.4%
		Missing	42	1.0%
Self-Reported Health	Compared to other people your age, do you consider yourself to be physically...	More Active	1709	38.4%
		About as Active	1555	35.0%
		Less Active	1119	25.1%
		Prefer Not to Answer	28	0.6%
		Missing	38	0.9%

Category	Question	Responses	Frequency	%
Employment Characteristics	Approximately how many attorneys are in your law firm?	1, Solo Practitioner	522	11.7%
		2-5	401	9.0%
		6-20	283	6.4%
		21-100	198	4.4%
		More Than 101	442	9.9%
		Missing	2605	58.5%
Employment Characteristics	Which of the following describe your current primary employment?	Law Firm (Including Solo Practice, Small, Medium, or Large Firm)	1845	41.5%
		Private In-House	718	16.1%
		Other Government	626	14.1%
		Non-Profit Organization	272	6.1%
		Public Defender	240	5.4%
		Prosecutor	227	5.1%
		Legal Services	160	3.6%
		Academic	133	3.0%
		Clerk (Court Clerk, Law Clerk) or Other Court Employed Attorney	103	2.3%
Other	127	2.9%		
Employment Characteristics	How would you describe the type of law that you practice?	Litigation Only	1977	44.4%
		Transactional or Regulatory Only	1295	29.1%
		Other	548	12.3%
		Both Litigation and Transactional or Regulatory	388	8.7%
		Not Applicable	199	4.5%
		Missing	43	1.0%
Employment Characteristics	How many hours per week, on average, do you work?	0-23	270	6.2%
		24-45	2253	51.8%
		46-59	1176	27.0%
		More than 60	652	15.0%
Employment Characteristics	How many hours per week, on average, do you bill?	0-35	1128	69.2%
		36-38	46	2.8%
		More than 39	457	28.0%
Work-life Conflict	How often does your job interfere with your home or family life or your social or leisure activities?	Frequent	865	19.4%
		Often	835	18.8%
		Sometimes	1735	39.0%
		Rarely	752	16.9%
		Never	171	3.9%
		Missing	91	2.0%

Category	Question	Responses	Frequency	%
Work From Home	Are you currently required by your employer to go into a workplace other than your home?	Yes, all the time	603	13.6%
		Yes, some of the time	1355	30.5%
		No, I have flexibility over where I work	1800	40.4%
		Other	174	4.0%
		Missing	517	11.6%
Supportive Work Environments	Agree or disagree: I am treated with kindness and respect by my colleagues.	Strongly Agree	1387	31.2%
		Agree	2023	45.5%
		Neither Agree nor Disagree	460	10.3%
		Disagree	209	4.7%
		Strongly Disagree	106	2.4%
		Not Applicable	153	3.4%
		Missing	112	2.5%
Supportive Work Environments	Agree or disagree: I have a positive relationship with my closest or immediate supervisor.	Strongly Agree	1194	26.8%
		Agree	1356	30.5%
		Neither Agree nor Disagree	476	10.7%
		Disagree	189	4.2%
		Strongly Disagree	137	3.1%
		Not Applicable	984	22.1%
		Missing	114	2.6%
Supportive Work Environments	Agree or disagree: My colleagues are supportive of my well-being.	Strongly Agree	1014	22.8%
		Agree	1854	41.7%
		Neither Agree nor Disagree	829	18.6%
		Disagree	250	5.6%
		Strongly Disagree	126	2.8%
		Not Applicable	263	5.9%
		Missing	114	2.6%
Supportive Work Environments	Agree or disagree: I have adequate flexibility in my schedule.	Strongly Agree	1021	22.9%
		Agree	1980	44.5%
		Neither Agree nor Disagree	584	13.1%
		Disagree	511	11.5%
		Missing	119	2.7%
		Strongly Disagree	205	4.6%
		Not Applicable	30	0.7%

Category	Question	Responses	Frequency	%
Supportive Work Environments	Agree or disagree: I can take time off from work to recharge when needed.	Strongly Agree	739	16.6%
		Agree	1563	35.1%
		Neither Agree nor Disagree	667	15.0%
		Disagree	875	19.7%
		Strongly Disagree	429	9.6%
		Not Applicable	60	1.4%
		Missing	116	2.6%
Supportive Work Environments	Agree or disagree: I have access to mentorship.	Strongly Agree	562	12.6%
		Agree	1437	32.3%
		Neither Agree nor Disagree	753	16.9%
		Disagree	697	15.7%
		Strongly Disagree	331	7.5%
		Not Applicable	553	12.4%
		Missing	116	2.6%
Supportive Work Environments	Agree or disagree: I have opportunities for promotion and advancement.	Strongly Agree	369	8.3%
		Agree	1111	25.0%
		Neither Agree nor Disagree	822	20.1%
		Disagree	739	16.6%
		Strongly Disagree	396	8.9%
		Not Applicable	893	20.1%
		Missing	119	2.7%
Vicarious Trauma	In the last three years, how often have you experienced vicarious trauma from your legal work?	Very Often	355	8.0%
		Often	424	9.5%
		Occasionally	896	20.1%
		Rarely	926	20.8%
		Never	1718	38.6%
		Don't Know	106	2.4%
		Missing	25	0.6%
Report Experiencing Bias, Harassment, and/or Discrimination	In the last three years, have you personally experienced bias, harassment, and/or discrimination in the legal profession?	Yes	1155	26.0%
		No	3128	70.3%
		Missing	166	3.7%

Notes: These results are from a weighted sample of 4,450 lawyers. *Represents categories that are suppressed due to low size.

Appendix E

Return to Factors Associated with Lawyers' Well-Being

Exhibit E-1. Well-Being Among Massachusetts Lawyers, by Gender Identify and Sexual Orientation

		Satisfaction with Life	Burnout	Anxiety	Depression	Hazardous or Unhealthy Alcohol Use
Overall	All Lawyers	65.8%	77.1%	25.7%	21.0%	42.4%
Gender Identity	Transgender	35.6%	96.2%	55.1%	40.7%	46.8%
	Agender / Nonbinary / Genderqueer / Genderfluid / Gender Nonconforming	70.6%	66.6%	46.6%	26.4%	37.6%
Sexual Orientation	Asexual	67.2%	77.6%	40.5%	38.8%	35.3%
	Bisexual/Pansexual	48.3%	81.9%	45.3%	36.7%	49.5%
	Lesbian, Gay, Homosexual	66.0%	82.2%	28.3%	21.2%	41.4%
	Queer	51.8%	91.9%	45.8%	36.8%	39.1%

Notes: These results are from a weighted sample of lawyers. Missing data were excluded. Satisfaction with Life Scale includes lawyers scoring both extremely satisfied and satisfied. Burnout was measured using a single question and includes lawyers reporting sometimes, often, or frequent feelings of burnout from their work as an attorney. Anxiety was measured using the GAD-2 with a score of 3 or higher indicating a potential anxiety condition. Depression was measured using the PHQ-9 with a cut point of 10. Hazardous or unhealthy alcohol use was measured using the AUDIT-C with a score of 3 or higher for individuals who identify as female, transgender, agender, nonbinary, genderqueer, gender nonconforming, don't know, or indicated a 'prefer not to answer' response to gender identify and a score of 4 or higher for individuals who identify as male and do not identify as transgender.

Appendix F

Return to The Role of a Supportive Work Environment

Each cell represents the percentage of lawyers who reported the supportive work environment factor; blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report the supportive work environment factor and the lighter blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (darker blue) were significantly more likely to report schedule flexibility compared to lawyers who identify as female (lighter blue).

Exhibit F-1. Contributing Factors to Supportive Work Environments, by Massachusetts Lawyer Characteristics and Experiences

	Treated with Kindness with Respect	Positive Supervisor Relationship	Supportive Colleagues	Schedule Flexibility	Time to Recharge	Access to Mentorship	Opportunities for Promotion
Age							
24-44	93%	89%	89%	76%	58%	73%	68%
45-64	91%	89%	89%	81%	64%	60%	50%
Gender Identity							
Male	93%	90%	89%	83%	67%	66%	59%
Female	91%	88%	88%	78%	61%	66%	55%
Sexual Orientation							
Heterosexual	92%	89%	89%	82%	65%	67%	59%
Non-Heterosexual	92%	88%	88%	80%	59%	64%	45%
Race/Ethnicity							
Asian	88%	84%	90%	83%	71%	64%	72%
Non-Asian	92%	89%	89%	81%	64%	67%	57%
Black or African American	81%	80%	74%	75%	62%	69%	48%
Non-Black or African American	92%	89%	89%	81%	64%	66%	58%
Hispanic or Latino/a/e	95%	93%	92%	81%	73%	65%	46%
Non-Hispanic or Latino/a/e	92%	89%	89%	81%	64%	66%	58%
White	92%	89%	89%	82%	64%	66%	56%
Non-White	89%	86%	87%	79%	68%	68%	65%
Income							
Below \$150,000	91%	88%	88%	80%	66%	66%	50%
Above \$150,000	93%	90%	89%	82%	62%	67%	66%
Disability							
Identify as Having a Disability	83%	84%	78%	74%	51%	61%	48%
Identify as Not Having a Disability	93%	89%	90%	81%	65%	67%	58%
Child Caregiver							
Yes, Caregiver	93%	90%	90%	82%	61%	69%	64%
No, Not a Caregiver	91%	88%	88%	80%	66%	64%	52%
Self-Reported Health							
Excellent to Good Health	93%	90%	91%	84%	69%	68%	59%
Fair to Poor Health	84%	84%	76%	65%	37%	55%	44%
Excellent to Good Diet	93%	89%	90%	84%	69%	68%	59%
Fair to Poor Diet	89%	87%	84%	73%	50%	61%	52%
Physically Active	93%	90%	90%	84%	69%	68%	58%
Not Physically Active	89%	86%	84%	72%	48%	62%	53%

Statistically Significant Association (more likely)
 Statistically Significant Association (less likely)

	Treated with Kindness with Respect	Positive Supervisor Relationship	Supportive Colleagues	Schedule Flexibility	Time to Recharge	Access to Mentorship	Opportunities for Promotion
Employment Characteristics							
Solo Practitioner	86%	78%	83%	83%	62%	66%	37%
Practices with 2+ Lawyers	92%	90%	89%	79%	54%	75%	74%
In a Law Firm	91%	89%	88%	80%	56%	72%	68%
Not in a Law Firm	92%	88%	88%	81%	69%	62%	50%
Private In -House	93%	92%	90%	84%	69%	59%	56%
Not Private In -House	91%	88%	88%	80%	62%	68%	57%
Public Sector	91%	87%	88%	80%	69%	63%	48%
Not Public Sector	92%	90%	88%	81%	60%	68%	64%
Practices Litigation	91%	88%	88%	79%	61%	68%	56%
Does Not Practice Litigation	92%	90%	89%	83%	67%	63%	59%
Works 0-44 Hours	94%	90%	92%	87%	79%	68%	52%
Works 45+ Hours	90%	88%	86%	73%	50%	65%	60%
Bills 0-35 Hours	91%	89%	88%	84%	59%	69%	63%
Bills 36+ Hours	90%	89%	87%	69%	48%	79%	80%
Vicarious Trauma							
Has Experienced	89%	86%	86%	76%	57%	64%	53%
Has Not Experienced	95%	92%	93%	87%	75%	70%	64%
Bias, Harassment, or Discrimination							
Has Experienced	80%	80%	77%	71%	51%	55%	46%
Has Not Experienced	96%	92%	93%	84%	70%	71%	62%
Supportive Work Environments							
Work-Life Conflict	90%	87%	87%	76%	56%	65%	56%
Limited to No Work -Life Conflict	97%	94%	96%	95%	92%	72%	59%
Work from Home Flexibility Required In -Person	92%	90%	90%	89%	69%	66%	60%
Treated with Kindness and Respect	92%	88%	88%	73%	60%	67%	57%
Not Treated with Kindness and Respect	100%	95%	96%	84%	70%	74%	65%
Positive Supervisor Relationship	0%	35%	22%	50%	28%	21%	17%
No Positive Supervisor Relationship	97%	100%	95%	85%	71%	77%	67%
Supportive Colleagues	47%	0%	43%	46%	31%	23%	13%
No Supportive Colleagues	98%	95%	100%	86%	75%	79%	68%
Schedule Flexibility	35%	44%	0%	49%	22%	23%	19%
No Schedule Flexibility	95%	94%	94%	100%	78%	72%	63%
Time to Recharge	79%	70%	69%	0%	21%	52%	41%
No Time to Recharge	96%	94%	96%	94%	100%	75%	68%
Access to Mentorship	81%	76%	69%	52%	0%	51%	41%
No Access to Mentorship	97%	96%	96%	83%	70%	100%	77%
Opportunities for Promotion	76%	67%	66%	68%	45%	0%	20%
No Opportunities for Promotion	97%	97%	96%	84%	72%	88%	100%
	79%	72%	71%	68%	46%	35%	0%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Significance testing was conducted using chi-square tests of independence with a significance threshold of p<0.05. A significant blue highlighted result indicates a dependent relationship between the factor and supportive work environment factor. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes.

Appendix G

Return to Negative Professional Experiences: Bias, Harassment, Discrimination, and Vicarious Trauma

Each cell represents the percentage of lawyers who reported experiencing bias, harassment, and/or discrimination or experiencing vicarious trauma; blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report experiencing and the lighter blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (lighter blue) were significantly less likely to report experiencing bias, harassment, and/or discrimination compared to lawyers who identify as female (darker blue).

Exhibit G-1. Contributing Factors to Negative Professional Experiences, by Massachusetts Lawyer Characteristics and Experiences

	Statistically Significant Association (more likely)	Statistically Significant Association (less likely)
	Experienced Bias, Harassment, or Discrimination	Experienced Vicarious Trauma
Age		
24-44	32%	66%
45-64	26%	60%
Gender Identity		
Male	13%	53%
Female	44%	70%
Sexual Orientation		
Heterosexual	25%	58%
Non-Heterosexual	39%	71%
Race/Ethnicity		
Asian	52%	68%
Non-Asian	25%	60%
Black or African American	54%	74%
Non-Black or African American	26%	60%
Hispanic or Latino/a/e	53%	75%
Non-Hispanic or Latino/a/e	26%	60%
White	23%	59%
Non-White	47%	70%
Income		
Below \$150,000	30%	70%
Above \$150,000	23%	51%
Disability		
Identify as Having a Disability	50%	74%
Identify as Not Having a Disability	24%	59%
Child Caregiver		
Yes, Caregiver	27%	62%
No, Not a Caregiver	26%	59%
Self-Reported Health		
Excellent to Good Health	25%	58%
Fair to Poor Health	34%	73%
Excellent to Good Diet	25%	57%
Fair to Poor Diet	30%	68%
Physically Active	24%	58%
Not Physically Active	34%	66%

Statistically Significant Association (more likely)
 Statistically Significant Association (less likely)

	Experienced Bias, Harassment, or Discrimination	Experienced Vicarious Trauma
Employment Characteristics		
Solo Practitioner	25%	69%
Practices with 2+ Lawyers	21%	55%
In a Law Firm	22%	59%
Not in a Law Firm	30%	62%
Private In-House	27%	45%
Not Private In-House	27%	63%
Public Sector	32%	68%
Not Public Sector	24%	55%
Practices Litigation	30%	70%
Does Not Practice Litigation	23%	48%
Works 0-44 Hours	27%	60%
Works 45+ Hours	29%	62%
Bills 0-35 Hours	21%	59%
Bills 36+ Hours	25%	57%
Supportive Work Environments		
Work-Life Conflict	30%	66%
Limited to No Work-Life Conflict	15%	39%
Work from Home Flexibility	24%	52%
Required In-Person	29%	66%
Treated with Kindness and Respect	22%	58%
Not Treated with Kindness and Respect	62%	78%
Positive Supervisor Relationship	25%	58%
No Positive Supervisor Relationship	49%	73%
Supportive Colleagues	23%	58%
No Supportive Colleagues	55%	74%
Schedule Flexibility	23%	56%
No Schedule Flexibility	39%	74%
Time to Recharge	21%	53%
No Time to Recharge	37%	72%
Access to Mentorship	24%	60%
No Access to Mentorship	39%	66%
Opportunities for Promotion	25%	56%
No Opportunities for Promotion	39%	67%
Vicarious Trauma		
Has Experienced	35%	100%
Has Not Experienced	15%	0%
Bias, Harassment, or Discrimination		
Has Experienced	100%	78%
Has Not Experienced	0%	53%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Significance testing was conducted using chi-square tests of independence with a significance threshold of $p < 0.05$. A significant blue highlighted result indicates a dependent relationship between the factor and the reported experiences. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes.

Appendix H

Return to Barriers to Mental Health and Substance Use Care

Each cell represents the percentage of lawyers who reported the barrier; blue highlighted cells indicate a statistically significant association between groups, with the darker blue indicating that the group was more likely to report the barrier and the lighter blue indicating that the group was less likely. Statistical significance indicates that the observed difference between groups shows a relationship that is not explained by chance alone. For example, lawyers who identify as male (lighter blue) were significantly less likely to report time as a barrier compared to lawyers who identify as female (darker blue).

Exhibit H-1. Contributing Factors to Perceived Barriers to Seeking Mental Health and/or Substance Use Care, by Massachusetts Lawyer Characteristics and Experiences

Statistically Significant Association (more likely)
 Statistically Significant Association (less likely)

	Stigma	Time	Punitive Concerns	Cost
Age				
24-44	90%	80%	47%	34%
45-64	90%	60%	47%	26%
Gender Identity				
Male	88%	56%	45%	25%
Female	89%	72%	48%	32%
Sexual Orientation				
Heterosexual	89%	63%	45%	26%
Non-Heterosexual	93%	68%	53%	38%
Race/Ethnicity				
Asian	89%	73%	47%	37%
Non-Asian	89%	63%	46%	27%
Black or African American	90%	57%	47%	35%
Non-Black or African American	89%	63%	46%	28%
Hispanic or Latino/a/e	89%	62%	54%	25%
Non-Hispanic or Latino/a/e	89%	63%	46%	28%
White	90%	63%	45%	27%
Non-White	86%	63%	48%	30%
Income				
Below \$150,000	87%	62%	48%	30%
Above \$150,000	92%	66%	43%	23%
Disability				
Identify as Having a Disability	88%	70%	66%	35%
Identify as Not Having a Disability	89%	62%	44%	27%
Child Caregiver				
Yes, Caregiver	89%	71%	43%	26%
No, Not a Caregiver	89%	58%	48%	28%
Self-Reported Health				
Excellent to Good Health	89%	62%	44%	26%
Fair to Poor Health	87%	70%	56%	37%
Excellent to Good Diet	89%	60%	45%	25%
Fair to Poor Diet	87%	69%	50%	34%
Physically Active	88%	60%	44%	26%
Not Physically Active	89%	70%	53%	31%

	Stigma	Time	Punitive Concerns	Cost
Employment Characteristics				
Solo Practitioner	82%	47%	46%	25%
Practices with 2+ Lawyers	89%	67%	44%	24%
In a Law Firm	87%	62%	45%	24%
Not in a Law Firm	90%	64%	47%	30%
Private In-House	92%	64%	46%	25%
Not Private In-House	88%	63%	46%	28%
Public Sector	89%	65%	47%	33%
Not Public Sector	89%	62%	45%	24%
Practices Litigation	88%	65%	47%	29%
Does Not Practice Litigation	89%	61%	45%	26%
Works 0-44 Hours	88%	61%	45%	30%
Works 45+ Hours	90%	68%	48%	28%
Bills 0-35 Hours	88%	61%	46%	25%
Bills 36+ Hours	89%	74%	44%	24%
Supportive Work Environments				
Work-Life Conflict	90%	67%	49%	29%
Limited to No Work-Life Conflict	85%	48%	37%	23%
Treated with Kindness and Respect	89%	64%	44%	27%
Not Treated with Kindness and Respect	88%	63%	62%	33%
Positive Supervisor Relationship	90%	68%	46%	28%
No Positive Supervisor Relationship	89%	69%	50%	31%
Supportive Colleagues	90%	64%	44%	27%
No Supportive Colleagues	90%	66%	61%	34%
Schedule Flexibility	89%	61%	45%	27%
No Schedule Flexibility	86%	71%	50%	29%
Time to Recharge	89%	57%	42%	25%
No Time to Recharge	89%	73%	53%	31%
Work from Home Flexibility	90%	63%	45%	26%
Required In-Person	89%	67%	48%	30%
Access to Mentorship	89%	67%	46%	27%
No Access to Mentorship	90%	69%	50%	33%
Opportunities for Promotion	89%	70%	44%	26%
No Opportunities for Promotion	90%	66%	51%	35%
Vicarious Trauma				
Has Experienced	89%	66%	50%	31%
Has Not Experienced	88%	58%	40%	23%
Bias, Harassment, or Discrimination				
Has Experienced	89%	67%	55%	34%
Has Not Experienced	88%	61%	43%	25%

Notes: These results are from a weighted sample of 4,450 lawyers. Missing data were excluded. Significance testing was conducted using chi-square tests of independence with a significance threshold of $p < 0.05$. A significant blue highlighted result indicates a dependent relationship between the factor and the reported barriers. During the creation of binary factor groups for this analysis, some groups were excluded or collapsed together to account for small sample sizes.

References

1. Krill PR, Johnson R, Albert L. The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. *J Addict Med*. 2016;10(1):46-52. doi:10.1097/ADM.000000000000182
2. Thiese MS, Allen JA, Knudson M, Free K, Petersen P. Depressive Symptoms and Suicidal Ideation Among Lawyers and Other Law Professionals. *Journal of Occupational and Environmental Medicine*. 2021;63(5):381–386. doi:10.1097/JOM.0000000000002127
3. About one-fifth of lawyers and staffers considered suicide at some point in their careers, new survey says. Accessed August 21, 2022. <https://www.abajournal.com/news/article/19-of-surveyed-lawyers-and-staffers-said-they-considered-suicide-at-some-point-in-careers>
4. The Social-Ecological Model: A Framework for Prevention [Violence Prevention|Injury Center|CDC. Published January 18, 2022. Accessed August 21, 2022. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
5. Diener E, Emmons RA, Larsen RJ, Griffin S. The Satisfaction With Life Scale. *Journal of Personality Assessment*. 1985;49(1):71-75. doi:10.1207/s15327752jpa4901_13
6. Plummer F, Manea L, Trepel D, McMillan D. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metaanalysis. *General Hospital Psychiatry*. 2016;39:24-31. doi:10.1016/j.genhosppsych.2015.11.005
7. Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x
8. World Health Organization, Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: the alcohol use disorders identification test : guidelines for use in primary health care. *Screening and brief intervention for alcohol problems in primary care*. 2001;(WHO/MSD/MSB/01.6a). <https://apps.who.int/iris/handle/10665/67205>
9. West CP, Dyrbye LN, Satele DV, Sloan JA, Shanafelt TD. Concurrent validity of single-item measures of emotional exhaustion and depersonalization in burnout assessment. *J Gen Intern Med*. 2012;27(11):1445-1452. doi:10.1007/s11606-012-2015-7
10. Kumar R, Singh A, Mishra R, Saraswati U, Bhalla J, Pagali S. A Review Study on the Trends of Psychological Challenges, Coping Ways, and Public Support During the COVID-19 Pandemic in the Vulnerable Populations in the United States. *Front Psychiatry*. 2022;13:920581. doi:10.3389/fpsy.2022.920581
11. Yarrington JS, Lasser J, Garcia D, et al. Impact of the COVID-19 Pandemic on Mental Health among 157,213 Americans. *Journal of Affective Disorders*. 2021;286:64-70. doi:10.1016/j.jad.2021.02.056

12. Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic - United States, August 2020-February 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70(13):490-494. doi:10.15585/mmwr.mm7013e2
13. DeAngelis T. Depression and anxiety escalate during COVID. <https://www.apa.org/monitor/2021/11/numbers-depression-anxiety>. Published November 2021.
14. Ogbonnaya UC, Thiese MS, Allen J. Burnout and Engagement's Relationship to Drug Abuse in Lawyers and Law Professionals. *J Occup Environ Med.* 2022;64(7):621-627. doi:10.1097/JOM.0000000000002550
15. Anker J, Krill PR. Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed attorneys. *PLOS ONE.* 2021;16(5):e0250563. doi:10.1371/journal.pone.0250563
16. Daly M, Robinson E. Anxiety reported by US adults in 2019 and during the 2020 COVID-19 pandemic: Population-based evidence from two nationally representative samples. *Journal of Affective Disorders.* 2021;286:296-300. doi:10.1016/j.jad.2021.02.054
17. Cao C, Hu L, Xu T, et al. Prevalence, correlates and misperception of depression symptoms in the United States, NHANES 2015–2018. *Journal of Affective Disorders.* 2020;269:51-57. doi:10.1016/j.jad.2020.03.031
18. P_DPQ. Accessed August 21, 2022. https://wwwn.cdc.gov/Nchs/Nhanes/2017-2018/P_DPQ.htm#DPQ090
19. Reinert DF, Allen JP. The Alcohol Use Disorders Identification Test: An Update of Research Findings. *Alcoholism Clin Exp Res.* 2007;31(2):185-199. doi:10.1111/j.1530-0277.2006.00295.x
20. Oreskovich MR, Shanafelt T, Dyrbye LN, et al. The prevalence of substance use disorders in American physicians. *Am J Addict.* 2015;24(1):30-38. doi:10.1111/ajad.12173
21. Nelson RL, Sendroiu I, Dinovitzer R, Dawe M. Perceiving Discrimination: Race, Gender, and Sexual Orientation in the Legal Workplace. *Law Soc Inq.* 2019;44(04):1051-1082. doi:10.1017/lsi.2019.4
22. Massachusetts Supreme Judicial Court's Steering Committee on Lawyer Well-Being. *Supreme Judicial Court Steering Committee on Lawyer Well-Being Report to the Justices.*; 2019. <https://www.mass.gov/doc/supreme-judicial-court-steering-committee-on-lawyer-well-being-report-to-the-justices/download>
23. Lee H, Miller VJ. The Disproportionate Impact of COVID-19 on Minority Groups: A Social Justice Concern. *Journal of Gerontological Social Work.* 2020;63(6-7):580-584. doi:10.1080/01634372.2020.1777241

24. Office of the Surgeon General. *The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being*.; 2022. <https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf>
25. Eansor D, Lafreniere K. Occupational and Mental Health Consequences of Women's Experiences of Gender Discrimination and Negative Workplace Acts in the Legal Profession. Published online 2015. <https://awl-ojs-tamu.tdl.org/awl/article/view/126/111>
26. National Institute on Alcohol Abuse and Alcoholism. *Alcohol Facts and Statistics*.; 2020. https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_Alcohol_FactsandStats_102020_0.pdf
27. Axiom. *The View from Inside: Why Are In-House Counsel Leaving and Where Are They Going?*; 2022. https://www.axiomlaw.com/2022-in-house-talent-survey-report#hs_cos_wrapper_dnd-module15880826524712
28. Rahman N. Earning the drinker's bonus: How lawyers can use alcohol and other alternatives to build social capital. Published online 2015. <https://heinonline.org/HOL/LandingPage?handle=hein.journals/geojlege28&div=45&id=&page=>
29. Cohen S. Social Relationships and Health. *American Psychologist*. 2004;59(8):676-684. doi:10.1037/0003-066X.59.8.676
30. Maxwell AM, Harrison K, Rawls E, Zilverstand A. Gender Differences in the Psychosocial Determinants Underlying the Onset and Maintenance of Alcohol Use Disorder. *Front Neurosci*. 2022;16:808776. doi:10.3389/fnins.2022.808776
31. American Bar Association's National Task Force on Lawyer Well-Being. *The Path to Lawyer Well-Being: Practice Recommendation for Positive Change*.; 2017. <https://www.americanbar.org/content/dam/aba/images/abanews/ThePathToLawyerWellBeingReportREVFINAL.pdf>
32. Mass.gov. Supreme Judicial Court Rule 3:07: Rules of Professional Conduct. Massachusetts Supreme Judicial Court Rules. Published October 1, 2022. <https://www.mass.gov/supreme-judicial-court-rules/supreme-judicial-court-rule-307-rules-of-professional-conduct>
33. Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021 | Welcome to Blue Cross Blue Shield of Massachusetts. Accessed August 21, 2022. <https://www.bluecrossmafoundation.org/publication/behavioral-health-during-first-year-covid-19-pandemic-update-need-and-access-0>
34. Hess E. *Standard of Practice: A Field-Based Evaluation Study of State Bar Responses to the Attorney Substance Abuse, Mental Health, and Attrition Epidemic*.; 2018. <https://www.proquest.com/openview/dfbae5f795316b61383c899d6d4cdf70/1?pq-origsite=gscholar&cbl=18750&diss=y>

-
35. Sirkin J, McClellan S, Hunt M, Sheedy K, Hoffman C, Olsho L. *Quantifying Wait Times for Outpatient Mental Health Services in Massachusetts: Provider and Organizational Characteristics Associated with Access.*; 2020. <https://www.bluecrossmafoundation.org/publication/access-outpatient-mental-health-services-massachusetts>
 36. Flentje A, Barger BT, Capriotti MR, et al. Screening gender minority people for harmful alcohol use. *PLoS One.* 2020;15(4):e0231022. doi:10.1371/journal.pone.0231022