When demands equal distress: An updated understanding of lawyer mental health and well-being

Author links open overlay panel Patrick R. Krill [a], Justin J. Anker

Abstract

Background

High rates of depression, anxiety, stress, and hazardous drinking are reported within the legal profession, yet large-scale data on current prevalence rates and occupational correlates remain limited or outdated. This study updates prevalence estimates, reports the first large, multi-jurisdictional estimate of work-related burnout among lawyers, and examines how distress, burnout, and drinking relate to practice environments and work demands.

Methods

We surveyed randomly invited lawyers recruited through twenty-eight participating jurisdictions (39,036 respondents; 36,925 eligible for weighting), calibrating responses to demographic benchmark margins by post-stratification raking. Survey-weighted models estimated associations between psychological distress (DASS-21), work-related burnout (Copenhagen Burnout Inventory), hazardous drinking (AUDIT-C), and work hours, practice setting, litigation, and work-family conflict.

Results

Moderate-or-higher symptoms were reported by 21.6% for depression, 20.4% for anxiety, and 18.9% for stress; 47.4% reported high or very high burnout. Hazardous drinking was 41.8% at the standard AUDIT-C threshold and 26.4% at the higher. Distress rose nonlinearly with burnout and was higher among lawyers reporting greater work-family conflict, with the largest absolute differences at high burnout. Confidentiality (53.3%) and career concerns (49.2%) were the most cited barriers to seeking help.

Conclusions

Distress, burnout, and hazardous drinking were common in this sample and associated with practice demands, practice setting, and work-family conflict. Burnout is the more proximal correlate of distress, and tailored interventions addressing occupational exhaustion and work-life interference merit exploration and evaluation for the lawyer population.

1. Introduction

The demands of legal practice (e.g., high cognitive and energetic output, long hours in adversarial environments, significant responsibility for client outcomes, and low tolerance for

error) have been shown to co-occur with an elevated prevalence of depression, anxiety, stress, and hazardous drinking among lawyers. Prior research on this population has provided a range of estimates suggesting that depression, anxiety, stress, and hazardous drinking are reported in anywhere from roughly 20–40% of lawyers depending upon the outcome being measured and assessments being used (Anker and Krill, 2021; Krill et al., 2016; Krill et al., 2023; Chlap and Murray, 2025; Pyle and Rosky, 2026). These patterns are especially concerning given the unique role lawyers play in upholding the rule of law, regulating the economy, and maintaining public trust. Consequently, the mental health and well-being of lawyers has received growing attention from professional organizations, regulators, employers, mental health professionals, and the media over the last decade (Collier, 2025; International Bar Association, 2021). Despite this, reliable estimates and understandings of key mental health and occupational well-being indicators within this population remain limited and increasingly outdated. As a result, efforts to evaluate both risk levels and potential prevention and mitigation targets are frequently handicapped. Outdated or insufficient research also limits the ability of mental health professionals and treatment centers to refine clinical interventions and specialized programs that address the stressors inherent to the legal profession.

In 2016, the first national research study into lawyer behavioral health surveyed nearly 13,000 lawyers, documenting substantial rates of problem drinking, depression, anxiety, and stress (Krill et al., 2016). That study catalyzed subsequent jurisdiction-specific surveys and widespread well-being initiatives within the legal profession, yet critical knowledge gaps persist (Soon et al., 2024).

First, recent surveys have largely been limited to single jurisdictions or organizations, limiting comparability (Anker and Krill, 2021; Krill et al., 2023; Thiese et al., 2021). Second, estimates can be sensitive to differences in sampling and participation processes, as well as to the choice of screening measures and thresholds (Pyle and Rosky, 2026). Third, no other large-scale datasets simultaneously characterize mental health symptom severity, associations with occupational strain such as work-related burnout and work–family conflict, and help-seeking barriers within the same analytic framework.

To address these gaps, we conducted the largest survey of actively licensed lawyers to date and analyzed the resulting data to pursue several aims. First, we provide updated, population-calibrated prevalence benchmarks for psychological distress and hazardous drinking, while also providing the first large-scale estimates of work-related burnout and work-family conflict. These base rates can inform organizational benchmarking, contextualize effect magnitudes, and provide an evidence-based vantage point for lawyers and mental health practitioners alike. Second, we evaluate how core work demands and practice settings of lawyers relate to psychological distress and work-related burnout, and we characterize joint burden by testing whether distress probabilities differ across burnout levels as a function of work-family conflict. We also describe barriers to seeking help, awareness of available behavioral health resources (e.g., Lawyer Assistance Programs), and attitudes regarding the importance of improving mental health in the legal profession.

2. Methods

2.1. Study design and setting

This study used a large-scale, cross-sectional survey design to examine the prevalence of psychological distress, work-related burnout, and hazardous drinking among lawyers, and the work factors associated with each. The research was conducted in partnership with the American Bar Association Commission on Lawyer Assistance Programs and data collection occurred from July to August 2025. The study protocol was reviewed by the University of Minnesota Institutional Review Board and determined to be exempt (HRP-580; June 11, 2025). Participation was voluntary and anonymous. Respondents reviewed an informed consent document before beginning the survey and were required to answer three comprehension questions correctly to proceed; those answering incorrectly were returned to the consent document, and written documentation of consent was waived to preserve anonymity. No personally identifiable information was collected. Participating entities distributed invitations themselves and supplied only de-identified study identifiers, so responses could not be linked to individuals by the research team, and no response data were returned to the participating entities.

2.2. Sampling and weighting strategy

Twenty-eight participating entities (including bar associations, lawyer regulatory bodies, and comparable organizations) coordinated recruitment. All entities were from North American jurisdictions whose lawyer assistance program participates in the American Bar Association Commission on Lawyer Assistance Programs. Jurisdictions from all four official U.S. Census Bureau-designated regions and nine divisions within them were included among the participating entities, allowing for broad geographic coverage. Invitees were randomly selected from participating entity rosters using unique non-identifiable study IDs. Actively licensed lawyers were eligible, and a 70% simple random sample of member identifiers was drawn without replacement within each entity, so that every actively licensed roster member had a known 0.70 probability of invitation. While lawyers were randomly sampled within participating jurisdictions, the participating jurisdictions were not themselves drawn through a national probability procedure. Because some lawyers are licensed in multiple jurisdictions, the instructions clearly indicated that if a respondent received the survey from more than one participating jurisdiction, they should complete the survey only once, and for the jurisdiction where most of their practice occurs.

To calibrate the sample, post-stratification raking weights were constructed using benchmark marginal distributions from the 2024 National Lawyer Population Survey (American Bar Association, 2024) for age, gender, and race/ethnicity. Weights were trimmed at the 1st/99th percentiles (0.505–2.565) and normalized to a mean of 1.0 (CV = 0.417; DEFF = 1.175). The final weighted design resulted in a Kish effective sample size of 31,423. Because trimming follows calibration, the final weights do not reproduce the raking margins exactly; the maximum absolute deviation from target was 0.5 percentage points (e.g., Male: 58.2% vs. 58.5% target; White: 77.7% vs. 77.2% target).

2.3. Participants

Approximately 498,000 email invitations were sent to actively licensed lawyers. Of these, 46,694 respondents provided consent and began the survey (invite-to-start proportion: 9.4%). Because invitations were sent by participating entities rather than the research team, email

delivery, bounce, and open rates were not observable; this proportion therefore represents a conservative lower-bound estimate rather than a formal response rate which was presumably higher. The analytic core was restricted to respondents reporting full-time or part-time employment (*N* = 39,036). After excluding cases with missing demographic data, primary weighted analyses were conducted on a raking-eligible sample of *n* = 36,925.

2.4. Measures

All items and response options were drawn from the final survey instrument. Primary outcomes and covariates are described.

2.4.1. Demographics and work context

Participants reported gender, age category, race/ethnicity, marital status, parental status, work environment (e.g., private firm, solo practice, government), whether work involved any litigation, and other aspects of their professional experience, including whether time in the legal profession had impacted their mental health and how often they observed possible impairment in colleagues.

Practice setting (work environment categories) was included as a work-context indicator that may reflect differences in how legal work is organized and supported across settings (e.g., staffing/infrastructure, predictability, and norms around availability).

2.4.2. Mental health and hazardous drinking

2.4.2.1. Depression, anxiety, and stress severity (DASS-21)

Mental health symptom severity was assessed using the 21-item DASS-21, referencing the prior week (including the day of completion). Items used a 0–3 response scale. Each DASS-21 subscale was scored as the sum of its seven items, each rated 0–3, yielding a 0–21 subscale score; all seven items were required and no prorating was applied. Consistent with standard practice for the 21-item form, subscale scores were multiplied by two before classification so that the conventional severity bands could be applied (Lovibond and Lovibond, 1995). Descriptive means are reported on the 0–21 metric; severity classification uses the doubled metric. Because a 0–21 score doubles to an even number, no band boundary falling at an odd value is attainable, every possible score maps to exactly one band, and no rounding convention is required. Doubled-metric boundaries were: depression, normal 0–9, mild 10–13, moderate 14–20, severe 21–27, extremely severe ≥28; anxiety, normal 0–7, mild 8–9, moderate 10–14, severe 15–19, extremely severe ≥20; stress, normal 0–14, mild 15–18, moderate 19–25, severe 26–33, extremely severe ≥34. Moderate-or-higher indicators correspond to depression ≥14, anxiety ≥10, and stress ≥19 on the doubled metric, equivalently ≥7, ≥5, and ≥ 10 on the 0–21 metric. For threshold analyses, we constructed binary indicators for moderate-or-higher symptom severity.

2.4.2.2. Self-reported mental health diagnoses

Participants were asked if they had a current diagnosis of a mental health or alcohol use disorder as well as whether they were currently receiving treatment for any identified disorders.

2.4.2.3. Hazardous drinking (AUDIT-C)

Hazardous drinking was assessed using the AUDIT-C, a 3-item consumption screening instrument. We examined two AUDIT-C hazardous drinking thresholds: a standard clinical screening cut-point (women ≥3; men ≥4) and a higher cut-point used to identify a more specific, higher-risk subgroup (women ≥4; men ≥5). Lifetime abstainers were assigned a score of zero. Validated thresholds have not been established for respondents identifying outside the male/female categories; these respondents were assigned missing values on the binary AUDIT-C outcomes and excluded from models using them, but were retained in all other analyses, where they are estimated as a distinct category. Table S9C reports their prevalence under both gender rules. The AUDIT-C is a well-validated instrument used to assess hazardous drinking in other high-stress occupations such as physicians, military personnel, and emergency department staff (Bush et al., 1998).

2.4.3. Work demands and recovery-related conditions

Participants reported weekly work hours (categorical) and whether their work involved any litigation (yes/no). Because recovery opportunities are often constrained by sustained time demands and work–nonwork interference, we also assessed work–family conflict (0−100) and work-related burnout (0–100) as core indicators of strain.

2.4.4. Occupational strain constructs

Burnout and work–family conflict were each scored on a 0–100 metric and reported in four categories formed by dividing that range into equal quarters. The category labels denote position on the scale rather than clinical severity. These divisions are descriptive and are not validated diagnostic thresholds; no clinical status attaches to any category, and the term severity is used throughout in this scale-position sense for both constructs.

2.4.4.1. Work-related burnout (Copenhagen Burnout Inventory, CBI)

Work-related burnout was measured using the 7-item work subscale (e.g., “Do you feel worn out at the end of the working day?”) from the CBI. The CBI subscale was scored on a 0–100 metric and classified into four mutually exclusive categories using half-open intervals: low, 0 to <25; moderate, 25 to <50; high, 50 to <75; very high, ≥75. Burnout was prorated when at least four of seven items were answered. Binary regression outcomes were defined separately from these descriptive categories as CBI ≥50 and CBI ≥75. The CBI work subscale was selected because it assesses prolonged physical and psychological exhaustion attributed to work circumstances (Kristensen et al., 2005).

2.4.4.2. Work–family conflict

The degree to which work interfered with family life was assessed using three items from the Work-Family Conflict subscale of COPSOQ (Pejtersen et al., 2010). Items (e.g., “Do you feel that

your work drains so much of your energy that it has a negative effect on your private life?") were scored, transformed, and averaged to a 0–100 metric (higher scores = greater conflict). All three items were required. Scores were classified into the same half-open categories (low, 0 to <25; moderate, 25 to <50; high, 50 to <75; very high, ≥75). Because the composite takes only twelve attainable values, work–family conflict was modeled as its four-level severity category rather than as a continuous term.

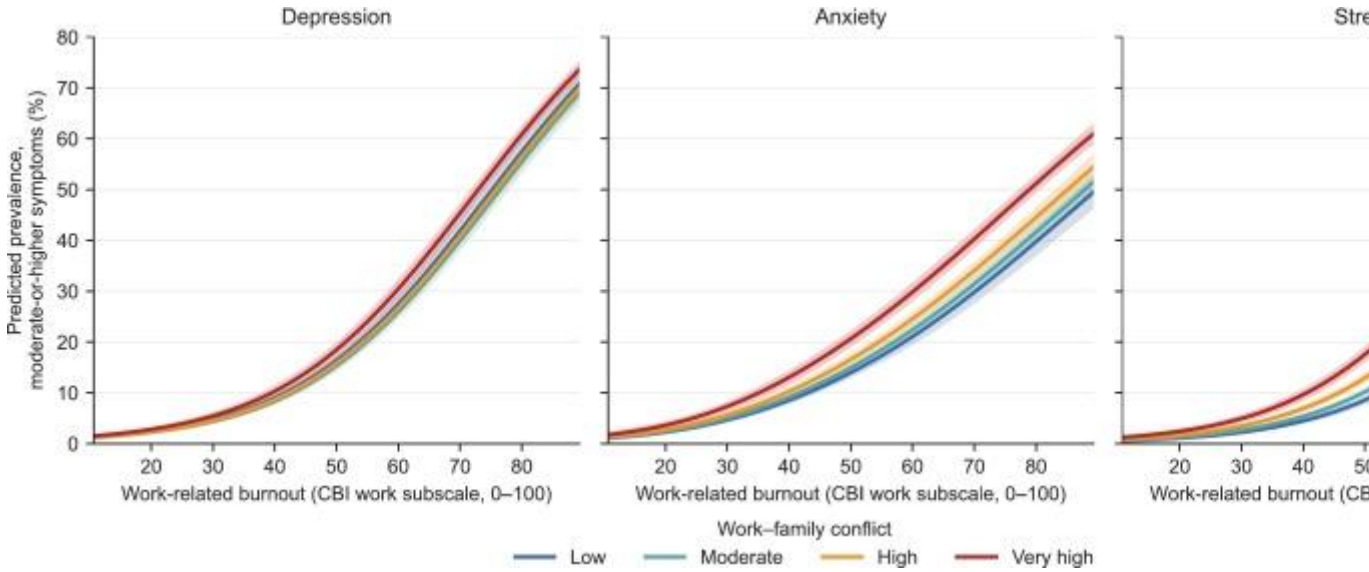
2.4.5. Help-seeking barriers and professional context perceptions

Participants completed items assessing perceived barriers to seeking mental health care, frequency of encountering impaired legal professionals, awareness and perceived utility of Lawyer Assistance Programs (LAPs), and selected professional-context perceptions related to well-being efforts within the profession. These items were included to capture profession-specific barriers and context factors relevant to well-being and help-seeking and were analyzed descriptively as weighted proportions.

2.5. Statistical analysis

All analyses were conducted in Python, using pandas 2.3.3 and NumPy 2.2.6 for data management, SciPy 1.18.0 and statsmodels 0.14.6 for estimation, and scikit-learn 1.9.0 for multiple imputation. Survey-weighted generalized linear models, the raking procedure, and the restricted cubic spline bases were fitted with a module written for this study that implements design-based variance estimation by Taylor linearization, because the standard weighted-regression routines treat survey weights as frequency weights and do not return design-based standard errors. Categorical variables were summarized as weighted percentages with 95% confidence intervals. Survey-weighted logistic regression models were used to estimate associations between work context variables (work hours, litigation involvement, and practice setting) and DASS severity, AUDIT-C screening, and work-related burnout with adjusted models including age, gender, race/ethnicity, marital status, parental status, weekly work hours, practice setting, and litigation involvement. Years in the field was excluded from the primary specification. The variable was missing for 7711 respondents (19.8% of the analytic core), while no other model covariate exceeded 4% missingness, and its inclusion reduced the burnout models by 5985 respondents (22.8%). It is also nearly determined by age: age category alone explained 79.9% of its variance (weighted Spearman $\rho = 0.903$), and the implied age at entry to practice had an interquartile range of 7.0 years (median 26.5). Adjusting for years in practice while estimating an age association therefore conditions implicitly on age at career entry, changing the estimate from the association of age with the outcome to that association within a narrow band of career-entry timing. The resulting collinearity inflated the standard errors of the age terms by up to 51% when both variables were included, and the variable's own coefficient was within 3.4% of the null in every model (range 0.966 to 1.008). Fitted on a common subset (n = 26,230), removing years in the field moved the odds ratio for age 61+ from 0.57 to 0.25 and for ages 41–50 from 1.29 to 0.94, so the revised age estimates reflect the change in specification rather than the larger analytic sample. Models retaining the variable are reported in Table S7A. Because several outcomes were common (e.g., burnout ≥50, DASS moderate+), odds ratios were supplemented with marginally standardized predicted prevalence estimates and absolute percentage-point

differences (ARDs) to improve interpretability. Model-based estimates are reported as marginally standardized predicted prevalences obtained by g-computation over the weighted covariate distribution of the estimation sample, with 95% confidence intervals by the delta method from the design-based covariance matrix. These were validated against a 500-replicate bootstrap that re-raked the weights within each replicate (median interval width ratio 0.991, range 0.910–1.084). Absolute risk differences for categorical exposures were computed from the same models; delta-method and parametric-simulation intervals agreed to a median of 0.08 percentage points, with the simulation preferred for sparse practice-setting categories where the normal approximation on the probability scale is unreliable. Joint models estimated the association of work-related burnout and work–family conflict with moderate-or-higher DASS-21 outcomes. Burnout was modeled with a restricted cubic spline (3 df; interior knots at CBI 33.3 and 57.1, boundary knots at 0 and 100) and work–family conflict as its four-level severity category, with the full covariate set. Departure from linearity was tested by Wald test for each exposure in each outcome model. A formal burnout × work–family conflict interaction was fitted and tested under three specifications: the burnout spline crossed with conflict severity as a four-level factor (9 df), the burnout spline crossed with conflict severity as an ordinal score (3 df), and linear burnout crossed with the four-level factor (3 df). Because predicted probabilities on the difference scale can diverge under a logistic link without any interaction present, we also computed the change in the predicted very-high minus low conflict difference across the burnout distribution from the main-effects model, which contains no interaction term, as a benchmark against which the fitted models could be compared. Table 4 and Fig. 1 are generated from the same fitted models. Statistical tests were two-sided at an alpha level of 0.05.



1. Download: Download high-res image (308KB)
2. Download: Download full-size image

Fig. 1. Predicted prevalence of moderate-or-higher DASS-21 symptoms across work-related burnout, by work–family conflict severity. Survey-weighted predicted prevalence (95% CI) of moderate-or-higher depression, anxiety, and stress from the joint models in Table 4 (restricted cubic spline for burnout; work–family conflict as a four-level severity category), adjusted for

demographic and work-context covariates. Shaded bands are delta-method 95% confidence intervals; curves span the weighted 5th to 95th percentile of burnout.

2.6. Missing data

Each outcome was modeled on its own complete cases rather than on a subset complete on all outcomes simultaneously. Table S6 reports participant flow (panel A), outcome-specific denominators, item-level missingness for all model variables, and comparisons between included and excluded respondents.

Included and excluded respondents were compared using standardized mean differences rather than significance tests, because at $n > 30{,}000$ significance tests detect differences far smaller than any that would bias estimation. Across 48 comparisons per model, no standardized difference reached 0.10 in any DASS-21 or burnout model (maxima 0.075, 0.085, 0.082, and 0.062). The one comparison exceeding 0.10 was the share of respondents reporting gender outside male/female in the AUDIT-C models (0.240), reflecting the stated exclusion rule rather than differential selection.

As a sensitivity analysis, missing values were imputed by chained equations (m = 20) on the raking-eligible sample, with every analysis covariate, both continuous exposures, and all three continuous DASS-21 scores in the imputation model, and the raking weight as an auxiliary predictor that was never itself imputed. Binary severity indicators were derived within each completed dataset from the imputed continuous scores. Survey-weighted models were fitted in each dataset and pooled by Rubin's rules. Across 102 terms, 100 (98.0%) yielded the same inference relative to the null; median absolute change in odds ratio was 3.2% and median

fraction of missing information was 0.071 (Table S6E F).

3. Results

3.1. Participant and professional characteristics

Table 1 shows the participant and professional characteristics of the weighted and unweighted samples. Weighted estimates were calibrated to the age, gender, and race/ethnicity proportions of the national demographic benchmark survey (American Bar Association, 2024), and no weighted category differed from its benchmark target by >0.5 percentage points. Briefly, within the weighted sample, 58.2% of respondents identified as male and 41.4% as female. The sample skewed toward older lawyers, with 21.2% aged ≥61 years and 9.5% aged ≤30 years. Sixty-eight percent of the sample was married and 64.7% reported having children. Regarding professional characteristics, respondents were most commonly employed in private firms (42.1%), a plurality worked 41–50 h per week (39.7%), and most indicated their practice included at least some level of litigation (69.8%).

Table 1. Participant and professional characteristics. Survey-weighted demographic and work context characteristics, shown with unweighted counts and weighted percentages.

Empty Cell	**Category**	**Unweighted n (%)**	**Weighted %**
Gender	Male	19,919 (51.0%)	58.2%
Empty Cell	Female	18,305 (47.0%)	41.4%
Empty Cell	Other	511 (1.3%)	0.4%
Empty Cell	Missing	301 (0.8%)	
Age	≤30	2184 (5.6%)	9.5%
Empty Cell	31–40	7468 (19.1%)	25.0%
Empty Cell	41–50	9282 (23.8%)	25.0%
Empty Cell	51–60	8749 (22.4%)	19.4%
Empty Cell	61+	11,162 (28.5%)	21.2%
Empty Cell	Missing	191 (0.5%)	
Race/ethnicity	White	32,143 (82.4%)	77.7%
Empty Cell	Asian	1536 (3.9%)	6.8%
Empty Cell	Hispanic	1288 (3.3%)	5.8%
Empty Cell	Black	1113 (2.9%)	4.9%
Empty Cell	Multiracial	991 (2.5%)	4.0%
Empty Cell	Native American	115 (0.3%)	0.7%
Empty Cell	Other	603 (1.5%)	
Empty Cell	Prefer not to say	1045 (2.7%)	
Empty Cell	Missing	202 (0.5%)	

Empty Cell	**Category**	**Unweighted n (%)**	**Weighted %**
Marital status	Married	27,184 (69.6%)	68.6%
Empty Cell	Widowed	713 (1.8%)	1.3%
Empty Cell	Divorced	3157 (8.1%)	6.9%
Empty Cell	Separated	507 (1.3%)	1.2%
Empty Cell	Domestic partnership / civil union	735 (1.9%)	2.0%
Empty Cell	Single, cohabiting	2185 (5.6%)	6.9%
Empty Cell	Single, never married	4281 (11.0%)	13%
Empty Cell	Missing	274 (0.7%)	
Have children	Yes	26,598 (68.1%)	64.7%
Empty Cell	No	11,873 (30.4%)	35.3%
Empty Cell	Missing	565 (1.4%)	
Years in field	0–10	6390 (16.4%)	27.7%
Empty Cell	11–20	8428 (21.6%)	29.2%
Empty Cell	21–30	7180 (18.4%)	20.2%
Empty Cell	31–40	5409 (13.9%)	13.3%
Empty Cell	41 or more	3918 (10.0%)	9.6%
Empty Cell	Missing	7711 (19.8%)	
Work environment	Sole practitioner, private practice	8369 (21.6%)	19.2%
Empty Cell	Private firm	15,646 (40.4%)	42.1%

Empty Cell	**Category**	**Unweighted n (%)**	**Weighted %**
Empty Cell	In-house government, public, or nonprofit	7218 (18.7%)	19.7%
Empty Cell	In-house: corporation or for-profit institution	3269 (8.5%)	8.6%
Empty Cell	Judicial chambers	1352 (3.5%)	3.5%
Empty Cell	Other law practice setting	1005 (2.6%)	2.5%
Empty Cell	College or law school	428 (1.1%)	1.0%
Empty Cell	Bar Administration or Lawyers Assistance Program	68 (0.2%)	0.2%
Empty Cell	Other setting (not law practice)	1329 (3.4%)	3.2%
Empty Cell	NA	352 (0.9%)	
Hours per week	Under 10 h	1779 (4.6%)	3.8%
Empty Cell	11–20 h	1859 (4.8%)	3.9%
Empty Cell	21–30 h	2340 (6.1%)	5.1%
Empty Cell	31–40 h	9502 (24.6%)	25.0%
Empty Cell	41–50 h	14,730 (38.1%)	39.7%
Empty Cell	51–60 h	6373 (16.5%)	17.0%
Empty Cell	61–70 h	1495 (3.9%)	3.9%
Empty Cell	71 h or more	564 (1.5%)	1.5%
Empty Cell	NA	394 (1.0%)	
Any litigation	Yes	25,736 (68.8%)	69.8%

Empty Cell	**Category**	**Unweighted n (%)**	**Weighted %**
Empty Cell	No	11,669 (31.2%)	30.2%
Empty Cell	Missing	1631 (NA%)	

Note. Unweighted counts are from the analytic core sample. Weighted percentages are based on the raking-eligible sample and calibrated to national demographic benchmarks for age, gender, and race/ethnicity. Categories not included in the weighting targets are shown without weighted percentages where applicable.

3.2. Prevalence of mental health symptoms, burnout, and hazardous drinking

Table 2 shows the weighted prevalence of DASS-21 symptom domains, AUDIT-C, work-family conflict, and job burnout. Within the DASS-21 domains, the proportion of respondents with moderate-to-extremely severe symptoms were 21.6% for depression, 20.4% for anxiety, and 18.9% for stress (Table 2). Regarding the AUDIT-C, 41.8% screened positive for hazardous drinking at the standard threshold and 26.4% at the higher threshold. Approximately 31.7% were classified as high burnout (CBI 50 to <75) and 15.8% as very high (CBI ≥75), so 47.4% fell at or above the high-burnout threshold; for work–family conflict, 19.0% were classified as high and 16.9% as very high, or 35.9% at or above high (Table 2).

Table 2. Weighted prevalence of psychological distress, hazardous drinking, work-related burnout, and work–family conflict. Survey-weighted prevalence and severity distributions for DASS-21 depression, anxiety, and stress; AUDIT-C hazardous drinking at the standard and higher thresholds; work-related burnout (CBI work subscale); and work–family conflict.

Outcome Measure	**Category**	**Unweighted n (%)**	**Weighted % (95% CI)**
DASS-21 Depression	Normal	25,149 (69.5%)	67.3% (66.8–67.9)
	Mild	3834 (10.6%)	11.0% (10.6–11.4)
	Moderate	4152 (11.5%)	12.4% (12.0–12.8)
	Severe	1362 (3.8%)	4.1% (3.9–4.3)
	Extremely severe	1691 (4.7%)	5.2% (5.0–5.5)
DASS-21 Anxiety	Normal	27,299 (75.6%)	73.1% (72.6–73.6)
	Mild	2235 (6.2%)	6.5% (6.2–6.8)

Outcome Measure	Category	Unweighted n (%)	Weighted % (95% CI)
	Moderate	3980 (11.0%)	12.0% (11.6–12.4)
	Severe	1187 (3.3%)	3.8% (3.6–4.0)
	Extremely severe	1392 (3.9%)	4.6% (4.3–4.8)
DASS-21 Stress	Normal	26,091 (72.1%)	69.8% (69.3–70.3)
	Mild	3920 (10.8%)	11.4% (11.0–11.7)
	Moderate	3532 (9.8%)	10.6% (10.2–11.0)
	Severe	2031 (5.6%)	6.4% (6.1–6.7)
	Extremely severe	625 (1.7%)	1.9% (1.8–2.1)
AUDIT-C: Hazardous Drinking	women ≥3; men ≥4	14,459 (41.2%)	41.8% (41.2–42.3)
	women ≥4; men ≥5	8987 (25.6%)	26.4% (25.8–26.8)
Work–Family Conflict	Low (0 to <25)	14,857 (38.1%)	40.8% (40.2–41.4)
	Moderate (25 to <50)	8253 (21.1%)	23.3% (22.8–23.8)
	High (50 to <75)	6711 (17.2%)	19.0% (18.5–19.4)
	Very high (≥75)	5847 (15.0%)	16.9% (16.5–17.4)
	NA	3368 (8.6%)	NA
CBI — Work Subscale	Low (0 to <25)	6634 (18.4%)	16.5% (16.1–16.9)
	Moderate (25 to <50)	13,217 (36.6%)	36.1% (35.6–36.7)
	High (50 to <75)	10,922 (30.3%)	31.7% (31.1–32.2)
	Very high (≥75)	5303 (14.7%)	15.8% (15.3–16.2)

Note. DASS-21 = Depression Anxiety Stress Scales-21; AUDIT-C = Alcohol Use Disorders Identification Test–Consumption; CBI = Copenhagen Burnout Inventory. Hazardous drinking thresholds were female ≥3/male ≥4 and female ≥4/male ≥5. Burnout and work–family conflict scores were scaled from 0 to 100; higher values indicate greater strain.

3.3. Prevalence patterns by demographic and work-context factors

3.3.1. DASS

As shown in Table S1, symptom prevalence was highest among the youngest lawyers and declined with age across all three DASS domains; for example, moderate-or-higher depression was 31.5% among those aged ≤30 versus 9.7% among those aged 61+, and anxiety was 40.4% versus 6.2% across the same age range. Respondents who selected Other for gender (vs. male or female) had a higher prevalence across all domains. Respondents without children had consistently higher prevalence than those with children (depression: 30.9% vs. 16.8%; anxiety: 29.6% vs. 15.5%; stress: 25.3% vs. 15.4%). Work-context differences were also evident (Table S1). Prevalence increased with weekly work hours and was consistently higher among lawyers reporting litigation involvement (e.g., depression moderate+23.0% in litigation vs 18.2% non-litigation; anxiety 22.2% vs 15.9; stress 20.5% vs 14.6).

3.3.2. AUDIT-C hazardous drinking

Table S2 reports survey-weighted prevalence (95% CI) of AUDIT-C hazardous drinking using two thresholds: the clinical screening cut-point (female ≥3; male ≥4) and a more conservative, higher cut-point (female ≥4; male ≥5). Hazardous drinking showed a pronounced age gradient under both thresholds (e.g., clinical threshold 51.6% at ≤30 vs 33.0% at 61+; higher threshold 33.7% at ≤30 vs 17.5% at 61+). Hazardous drinking was higher in private-firm settings than in solo practice (45.8% vs 35.7% under the clinical threshold) and higher among those whose work involved litigation than those whose did not (42.9% vs 38.9%). Weekly hours showed a pattern with higher prevalence around 41–60 h and lower prevalence among the ≥71-h group (Table S2).

3.3.3. Work-related burnout

Table S3 summarizes work-related burnout across demographic and work-related variables as both 1) mean CBI score and 2) prevalence meeting thresholds for CBI ≥50 and CBI ≥75. Mean burnout showed a similar age pattern (younger > older) to the DASS measures. Regarding work context, the mean CBI increased with work hours. The prevalence of high CBI (≥50) incrementally increased with work hours (from 39.9% at 31–40 h to 69.5% at ≥71 h), as did the prevalence of severe CBI (≥75) (from 11.1% at 31–40 h to 38.6% at ≥71 h) (Table S3).

3.4. Adjusted work-context associations

3.4.1. DASS

In adjusted analyses, the prevalence of moderate-or-higher depression, anxiety, and stress scale (DASS) symptoms was associated with weekly work hours, work environment, and litigation involvement (Table S4). Relative to those working 31–40 h per week, attorneys

working ≥71 h per week experienced higher adjusted prevalence for all three DASS domains: depression (30.6% vs 18.6%; ARD +12.0 pp.; 95% CI 7.5–16.5), anxiety (33.1% vs 16.5%; ARD +16.6 pp.; 95% CI 12.1–21.1), and stress (42.2% vs 13.5%; ARD +28.7 pp.; 95% CI 23.9–33.4).

Significant differences were also observed across work environments. For example, compared with those in solo private practice, the adjusted prevalence of depression was lower in in-house corporate/for-profit roles (18.0% vs 24.1%; ARD −6.2 pp.; 95% CI −8.2 to −4.1) and stress was lower in judicial chambers (13.1% vs 21.6%; ARD −8.5 pp.; 95% CI −11.2 to −5.8). Involvement in litigation was associated with modest but consistent increases in symptom burden (e.g., depression 22.3% vs 19.9%; ARD +2.4 pp.; 95% CI 1.3–3.6; anxiety +3.6 pp.; stress +2.9 pp). Odds-ratio estimates (Table 3) were directionally consistent with these adjusted prevalence contrasts.

Table 3. Adjusted associations of participant and work characteristics with mental health, burnout, and hazardous drinking outcomes. Survey-weighted logistic regression models, mutually adjusted for all listed characteristics; odds ratios with 95% confidence intervals. Respondents reporting gender outside the male/female categories are excluded from the two hazardous-drinking outcomes by design, because no validated threshold has been established for this group; those cells are marked — and are not estimable rather than null.

Characteristic	**Level**	**Depression (moderate+)**	**Anxiety (moderate+)**	**Stress (moderate+)**	**High burnout (CBI ≥ 50)**	**Very high burnout (CBI ≥ 75)**	**Hazardous drinking (standard)**	**Hazardous drinking (higher)**
Analytic N		**32,346**	**32,266**	**32,364**	**32,215**	**32,215**	**31,617**	**31,617**
Age								
	≤30 (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	31–40	1.09 (0.96–1.23)	0.71 (0.63–0.80)	0.91 (0.80–1.03)	1.18 (1.05–1.34)	1.10 (0.96–1.26)	0.88 (0.78–0.99)	0.93 (0.83–1.06)
	41–50	0.90 (0.79–1.02)	0.45 (0.39–0.51)	0.61 (0.54–0.70)	0.96 (0.85–1.09)	0.87 (0.75–1.00)	0.85 (0.75–0.96)	0.96 (0.85–1.09)
	51–60	0.68 (0.60–0.78)	0.29 (0.26–0.34)	0.37 (0.32–0.43)	0.59 (0.52–0.67)	0.52 (0.45–0.61)	0.67 (0.59–0.76)	0.77 (0.67–0.87)

Characteristic	Level	Depression (moderate+)	Anxiety (moderate+)	Stress (moderate+)	High burnout (CBI ≥ 50)	Very high burnout (CBI ≥ 75)	Hazardous drinking (standard)	Hazardous drinking (higher)
	61+	0.31 (0.26–0.36)	0.13 (0.11–0.15)	0.14 (0.12–0.16)	0.25 (0.22–0.29)	0.19 (0.16–0.22)	0.53 (0.47–0.60)	0.51 (0.44–0.58)
Gender								
	Male (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Female	0.74 (0.69–0.78)	1.35 (1.26–1.45)	1.28 (1.20–1.37)	1.81 (1.72–1.92)	1.81 (1.68–1.95)	1.16 (1.10–1.23)	1.08 (1.01–1.14)
	Other/PNTS	1.72 (1.29–2.30)	2.83 (2.12–3.78)	2.19 (1.62–2.96)	1.91 (1.42–2.57)	2.14 (1.53–2.99)	–	–
Race/ethnicity								
	White (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Asian	1.09 (0.95–1.25)	1.29 (1.13–1.48)	0.93 (0.80–1.08)	0.86 (0.76–0.97)	0.88 (0.75–1.04)	0.46 (0.40–0.53)	0.44 (0.38–0.52)
	Black	0.75 (0.62–0.90)	0.96 (0.80–1.15)	0.74 (0.60–0.90)	0.82 (0.70–0.95)	0.92 (0.76–1.12)	0.67 (0.58–0.78)	0.67 (0.56–0.80)
	Hispanic	0.79 (0.67–0.93)	1.20 (1.03–1.40)	1.04 (0.88–1.22)	1.12 (0.98–1.29)	1.19 (1.01–1.42)	0.70 (0.61–0.80)	0.70 (0.60–0.82)
	Multiracial	1.03 (0.87–	1.11 (0.94–	1.20 (1.01–	1.16 (0.99–	1.19 (0.99–	0.78 (0.67–	0.78 (0.66–

Characteristic	Level	Depression (moderate+)	Anxiety (moderate+)	Stress (moderate+)	High burnout (CBI ≥ 50)	Very high burnout (CBI ≥ 75)	Hazardous drinking (standard)	Hazardous drinking (higher)
		1.22)	1.32)	1.42)	1.35)	1.42)	0.90)	0.92)
	Native American	0.82 (0.49–1.38)	1.28 (0.76–2.16)	0.96 (0.56–1.63)	1.08 (0.71–1.65)	0.98 (0.54–1.79)	0.69 (0.45–1.06)	0.78 (0.48–1.26)
Marital status								
	Married (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Divorced	1.63 (1.46–1.82)	1.39 (1.23–1.57)	1.17 (1.03–1.33)	1.32 (1.19–1.45)	1.23 (1.07–1.41)	0.96 (0.87–1.05)	1.03 (0.93–1.15)
	Domestic partnership / civil union	1.44 (1.17–1.77)	1.54 (1.25–1.90)	1.36 (1.09–1.69)	1.57 (1.29–1.92)	1.28 (1.01–1.61)	1.32 (1.10–1.59)	1.36 (1.11–1.66)
	Separated	2.38 (1.88–3.02)	1.31 (0.99–1.73)	1.38 (1.06–1.81)	1.29 (1.02–1.63)	1.18 (0.85–1.63)	1.04 (0.84–1.29)	1.13 (0.89–1.45)
	Single, cohabiting	1.06 (0.93–1.21)	1.29 (1.13–1.47)	1.09 (0.95–1.24)	1.21 (1.07–1.37)	1.13 (0.97–1.31)	1.18 (1.06–1.33)	1.10 (0.97–1.24)
	Single, never married	1.37 (1.23–1.52)	1.17 (1.05–1.31)	1.03 (0.92–1.16)	1.09 (0.98–1.20)	1.08 (0.96–1.22)	0.84 (0.76–0.92)	0.86 (0.78–0.96)
	Widowed	1.71 (1.35–	1.28 (0.95–	0.91 (0.64–	1.00 (0.81–	0.97 (0.67–	0.99 (0.83–	1.07 (0.86–

Characteristic	Level	Depression (moderate+)	Anxiety (moderate+)	Stress (moderate+)	High burnout (CBI ≥ 50)	Very high burnout (CBI ≥ 75)	Hazardous drinking (standard)	Hazardous drinking (higher)
		2.18)	1.74)	1.31)	1.22)	1.38)	1.19)	1.33)
Children								
	No (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	0.58 (0.54–0.63)	0.79 (0.72–0.86)	0.84 (0.77–0.92)	0.77 (0.72–0.83)	0.81 (0.74–0.89)	0.84 (0.79–0.90)	0.76 (0.71–0.82)
Weekly work hours								
	31–40 h (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	11–20 h	1.17 (0.98–1.40)	1.04 (0.84–1.29)	1.07 (0.84–1.35)	0.72 (0.62–0.84)	0.84 (0.63–1.12)	1.03 (0.90–1.17)	0.97 (0.84–1.13)
	21–30 h	1.27 (1.09–1.48)	1.26 (1.06–1.49)	1.16 (0.96–1.40)	0.99 (0.87–1.13)	1.06 (0.86–1.30)	1.00 (0.89–1.12)	0.97 (0.85–1.11)
	41–50 h	1.17 (1.08–1.27)	1.28 (1.17–1.39)	1.45 (1.32–1.59)	1.55 (1.45–1.66)	1.50 (1.36–1.66)	1.02 (0.96–1.09)	1.03 (0.96–1.11)
	51–60 h	1.53 (1.38–1.68)	1.83 (1.65–2.03)	2.31 (2.08–2.57)	2.64 (2.43–2.87)	2.70 (2.41–3.02)	1.08 (1.00–1.17)	1.10 (1.01–1.20)
	61–70 h	1.84 (1.58–	2.35 (2.00–	3.39 (2.89–	3.75 (3.23–	4.01 (3.39–	0.94 (0.82–	0.98 (0.84–

Characteristic	Level	Depression (moderate+)	Anxiety (moderate+)	Stress (moderate+)	High burnout (CBI ≥ 50)	Very high burnout (CBI ≥ 75)	Hazardous drinking (standard)	Hazardous drinking (higher)
		2.15)	2.76)	3.98)	4.35)	4.74)	1.08)	1.15)
	71 h or more	2.01 (1.60–2.54)	2.76 (2.18–3.51)	5.40 (4.29–6.80)	3.56 (2.81–4.52)	5.23 (4.13–6.63)	0.76 (0.61–0.94)	0.78 (0.61–1.00)
	Under 10 h	1.01 (0.82–1.23)	1.01 (0.79–1.29)	1.18 (0.90–1.53)	0.70 (0.59–0.83)	1.11 (0.81–1.52)	0.98 (0.86–1.12)	0.96 (0.82–1.12)
Practice setting								
	Sole practitioner, private practice (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Bar Administration or Lawyers Assistance Program	0.62 (0.28–1.37)	0.32 (0.11–0.88)	0.74 (0.35–1.55)	0.77 (0.40–1.47)	0.77 (0.34–1.76)	0.70 (0.40–1.23)	0.70 (0.36–1.34)
	College or law school	0.78 (0.56–1.08)	0.67 (0.47–0.94)	0.70 (0.48–1.01)	0.73 (0.56–0.95)	0.49 (0.32–0.74)	0.82 (0.64–1.05)	0.70 (0.52–0.94)
	In-house government, public, or nonprofit	0.84 (0.76–0.93)	0.76 (0.68–0.85)	0.78 (0.69–0.87)	0.84 (0.77–0.92)	0.88 (0.78–0.99)	1.03 (0.95–1.12)	0.98 (0.89–1.08)

Characteristic	Level	Depression (moderate+)	Anxiety (moderate+)	Stress (moderate+)	High burnout (CBI ≥ 50)	Very high burnout (CBI ≥ 75)	Hazardous drinking (standard)	Hazardous drinking (higher)
	In-house: corporation or for-profit institution	0.67 (0.58–0.77)	0.60 (0.52–0.70)	0.66 (0.57–0.77)	0.63 (0.56–0.71)	0.61 (0.52–0.72)	1.22 (1.10–1.35)	1.11 (0.98–1.24)
	Judicial chambers	0.65 (0.53–0.80)	0.60 (0.49–0.74)	0.52 (0.41–0.66)	0.47 (0.40–0.55)	0.43 (0.33–0.57)	0.85 (0.73–0.98)	0.83 (0.70–0.98)
	Other law practice setting	1.17 (0.96–1.43)	0.89 (0.72–1.10)	1.03 (0.82–1.28)	0.94 (0.79–1.13)	0.93 (0.73–1.18)	0.97 (0.82–1.15)	0.98 (0.81–1.19)
	Other setting (not law practice)	0.76 (0.62–0.93)	0.59 (0.46–0.75)	0.70 (0.56–0.88)	0.67 (0.57–0.80)	0.70 (0.54–0.91)	1.01 (0.87–1.18)	0.90 (0.75–1.08)
	Private firm	0.87 (0.79–0.95)	0.80 (0.73–0.88)	0.87 (0.79–0.96)	0.90 (0.83–0.97)	0.92 (0.82–1.02)	1.24 (1.16–1.33)	1.18 (1.09–1.28)
Litigation involvement								
	No (ref)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Yes	1.17 (1.08–1.26)	1.29 (1.19–1.39)	1.24 (1.14–1.35)	1.41 (1.32–1.50)	1.38 (1.26–1.51)	1.11 (1.05–1.17)	1.13 (1.06–1.21)

Note. DASS-21 = Depression Anxiety Stress Scales-21; CBI = Copenhagen Burnout Inventory. Values are odds ratios with 95% confidence intervals. Models were adjusted for gender, age, race/ethnicity, marital status, parental status, weekly work hours, work environment, and litigation involvement. Reference categories are indicated in the table.

Several demographic factors were significantly associated with DASS symptom severity (Table 3). Compared with women, men exhibited significantly higher odds of moderate-to-severe depression (OR = 1.4, 95% CI [1.3, 1.5], $p < .001$) but lower odds of both anxiety (OR = 0.7, 95% CI [0.7, 0.8], $p < .001$) and stress (OR = 0.8, 95% CI [0.7, 0.8], $p < .001$). Respondents identifying as 'Other' gender demonstrated a consistently elevated symptom burden across all domains, particularly for depression (OR = 2.4, 95% CI [1.8, 3.2], $p < .001$). Overall, younger respondents (≤ 30 years) reported the highest prevalence of symptoms.

3.4.2. AUDIT-C hazardous drinking

Hazardous drinking showed different patterns than distress and burnout with respect to weekly hours. Respondents working 71 or more hours had a 6.3 percentage-point lower adjusted prevalence of hazardous drinking at the standard threshold (95% CI −11.2 to −1.5) and 4.4 points lower at the higher threshold (−8.5 to −0.2), relative to those working 31–40 h, despite substantially higher adjusted prevalence of burnout and every DASS-21 outcome in the same models (Table S4). Differences were more pronounced by work environment: compared with sole practitioner/private practice, private-firm settings showed higher adjusted prevalence under both thresholds (clinical: 44.5% vs 39.3%; ARD +5.1 pp.; 95% CI 3.5–6.8; higher cut: 28.3% vs 25.2%; ARD +3.1 pp.; 95% CI 1.6–4.6) (Table S4). Litigation involvement was also associated with higher adjusted prevalence at both thresholds (ARDs +2.4 and + 2.3 pp., Table S4). Odds-ratio estimates were directionally consistent with respect to AUDIT-C hazardous drinking (Table 3).

3.4.3. Work-related burnout

In adjusted analyses, burnout was associated with weekly work hours, work environment, and litigation involvement (Table S4). Relative to those working 31–40 h per week, adjusted prevalence of burnout ≥50 increased across longer work weeks. It increased from 48.4% at 41–50 h/week (ARD +9.5 pp.; 95% CI 8.0–10.9) to 65.9% at ≥71 h/week (ARD +27.0 pp.; 95% CI 22.3–31.7). A similar pattern was observed for burnout ≥75, with adjusted prevalence increasing from 14.9% at 41–50 h/week (ARD +4.3 pp.; 95% CI 3.3–5.3) to 35.2% at ≥71 h/week (ARD +24.6 pp.; 95% CI 20.1–29.1). Compared with those in solo private practice, adjusted prevalence was lower among in-house corporate/for-profit roles (burnout ≥50: 41.4% vs 51.0%; ARD −9.5 pp.; 95% CI −11.8 to −7.2; burnout ≥75: 12.0% vs 17.6%; ARD −5.6 pp.; 95% CI −7.4 to −3.8) and judicial chambers (burnout ≥50: 35.5% vs 51.0%; ARD −15.4 pp.; 95% CI −18.5 to −12.3; burnout ≥75: 9.0% vs 17.6%; ARD −8.6 pp.; 95% CI −10.9 to −6.3). Litigation involvement was also associated with higher adjusted prevalence at both thresholds (burnout ≥50: 49.6% vs 42.5%; ARD +7.1 pp.; 95% CI 5.8–8.4; burnout ≥75: 16.8% vs 13.1%; ARD +3.7 pp.; 95% CI 2.7–4.7). Odds-ratio estimates were in the same direction with the adjusted prevalence contrasts (Table 3).

3.4.4. Joint burden: distress probability across burnout as a function of work-family conflict

Joint models evaluated the combined associations of work-related burnout and work–family conflict with DASS moderate-or-higher symptoms. Departure from linearity in burnout was significant for all three outcomes ($\chi^2(3) = 2563$, 1596, and 2051 for depression, anxiety, and stress; all $p < .001$), as was work–family conflict severity ($\chi^2(3) = 18.9$, 61.2, and 147.1;

all $p < .001$), though the conflict statistics were one to two orders of magnitude smaller. Fig. 1 plots predicted distress probability across burnout percentiles at each of the four work–family conflict severity levels. Predicted probability increased gradually across lower-to-mid burnout levels and rose more steeply at higher burnout percentiles.

We tested a formal burnout × work–family conflict interaction under three specifications and did not find reliable evidence of one; results were inconsistent across specifications, and the region in which an interaction would be identified (high conflict combined with low burnout) was sparsely populated (Table S8, panels A2 and B2). Absolute differences nonetheless widened with burnout. In the main-effects models the difference in predicted prevalence between very high and low work–family conflict rose from 0.33 to 3.36 percentage points for depression, 1.15 to 11.51 for anxiety, and 1.15 to 19.83 for stress between the 10th and 90th burnout percentiles (CBI 17.9 and 82.1), with second differences of 3.02 (95% CI 0.57–5.93), 10.36 (7.52–13.15), and 18.68 (15.33–21.96) percentage points. Widening of absolute differences is expected as baseline risk rises and does not require an interaction term (Rothman, 1976; VanderWeele and Knol, 2014). Internal consistency was high for all analyzed scales: DASS-21 depression $\alpha = 0.915$, anxiety $\alpha = 0.808$, stress $\alpha = 0.872$; CBI work subscale $\alpha = 0.916$; work–family conflict $\alpha = 0.821$.

Expressed as percentile contrasts rather than severity categories, and matching the curves in Fig. 1, the gap between work-family conflict p75 and p25 widened as burnout severity increased. For stress, this difference grew from approximately 2 pp. at burnout p25 to 15.5 pp. at burnout p90 (95% CI 12.8–18.0); for anxiety, from approximately 2 pp. to 9 pp. (95% CI 5.6–11.9). Depression differences were smaller but followed the same pattern (work-family conflict p75–p25 difference at burnout p90: 3.1 pp.; 95% CI 0.3–6.3; Table S5).

3.5. Cross-classification of screening status and self-reported diagnoses

For hazardous drinking (AUDIT-C ≥ 3 women, ≥4 men), 0.8% (CI 0.7–0.9) both screened positive and reported a current alcohol use disorder diagnosis, 41.0% (CI 40.4–41.6) screened positive without reporting a diagnosis, and 1.6% (CI 1.4–1.7) reported a diagnosis without screening positive. Comparable patterns for depression and anxiety are reported in Table S11. These figures describe cross-classification of measures addressing different constructs over different timeframes; agreement between them is not a validity criterion.

3.6. Help-seeking barriers and professional context perceptions

More than four in ten respondents (41.1%) reported that time in the legal profession had been detrimental to their mental health; 20.5% attributed increased alcohol or other drug use to profession-related stress; and 27.0% reported considering leaving the profession due to mental health, burnout, or stress (Table S12). Only 39.1% believed their employer was doing enough to support lawyer well-being, and just 25.3% believed the profession overall was doing enough.

Most respondents were familiar with their jurisdiction's Lawyer Assistance Program (75.2%). The most cited barriers to seeking help were confidentiality concerns (53.3%), concerns about professional reputation or career opportunities (49.2%), and lack of time (34.5%). Additionally,

57.6% reported observing mental health or substance use problems among colleagues "occasionally" or "regularly," and 30.8% reported encountering a legal professional in the past 12 months whose well-being raised concerns about their fitness to practice. When asked how important it is for the profession to focus greater efforts on reducing mental health and substance use problems among lawyers, 81.3% rated this as important (29.1%) or very important (52.2%).

4. Discussion

Using the largest multi-jurisdiction survey of actively licensed lawyers to date, this study provides updated benchmarks of psychological distress (DASS), hazardous drinking (AUDIT-C), work-related burnout (CBI), and work-family conflict, and examines how these outcomes vary by work context. Although the legal profession is broadly characterized by elevated psychological distress, survey-weighted analyses revealed that distress and burnout were not uniformly distributed; rather, both outcomes showed systematic variation as a function of work demands, including weekly work hours, litigation involvement, and practice setting.

4.1. Distress prevalence, comparison with prior lawyer benchmarks, and demographic findings

Compared with the 2016 benchmark survey (Krill et al., 2016), the weighted prevalence of at least mild DASS-21 symptoms was higher across all three domains: depression, 32.7% versus 28.3%; anxiety, 26.9% versus 19.3%; and stress, 30.2% versus 22.7%. The contrast is larger at the moderate-or-higher threshold used for the regression outcomes reported here (depression, 21.6% versus 18.8%; anxiety, 20.4% versus 10.7%; and stress, 18.9% versus 13.9%) with the anxiety estimate approximately doubling. Weighted mean subscale scores on the 0–21 metric were 3.96 for depression, 2.58 for anxiety, and 5.90 for stress, compared with 3.51, 1.96, and 4.97 in 2016. All 2016 comparison figures were computed from the category frequencies and subscale means reported in Table 4 of Krill et al. (2016). The 2016 estimates are unweighted and drawn from a convenience sample recruited through bar-association email distribution and website postings, for which no participation rate could be computed; the present estimates are survey-weighted and drawn from a random sample of actively licensed lawyers within participating jurisdictions. Differences between surveys are reported as a comparison of two benchmarks rather than as an estimate of change over time. Regarding hazardous drinking, the 2016 survey reported 36.4% screening positive on the AUDIT-C; the current sample yielded 26.4% using the same threshold.

Table 4. Survey-weighted predicted prevalence of moderate-or-higher DASS-21 symptoms from joint burnout and work–family conflict models. Marginally standardized predicted prevalence (95% CI) at selected percentiles of work-related burnout (CBI work subscale, 0–100) within each work–family conflict severity category, and the absolute difference in predicted prevalence between very high and low conflict (ARD, percentage points, 95% CI) at each percentile. Burnout is modeled with a restricted cubic spline (3 df); work–family conflict as a four-level severity category; models adjust for age, gender, race/ethnicity, marital status, parental status, weekly work hours, practice setting, and litigation involvement.

Burnout percentile (CBI score)	Low	Moderate	High	Very high	ARD, very high − low (95% CI)
Depression, moderate-or-higher symptoms					
10th (17.9)	2.1 (1.7–2.4)	1.9 (1.6–2.3)	2.0 (1.6–2.4)	2.4 (1.9–2.9)	0.33 (0.01–0.66)
25th (28.6)	4.3 (3.9–4.7)	4.0 (3.5–4.4)	4.1 (3.6–4.7)	4.9 (4.2–5.7)	0.66 (0.03–1.29)
50th (46.4)	13.3 (12.3–14.3)	12.4 (11.5–13.3)	12.8 (11.8–13.9)	15.1 (13.7–16.5)	1.79 (0.15–3.43)
75th (64.3)	33.4 (31.1–35.6)	31.6 (29.9–33.4)	32.5 (30.9–34.1)	36.6 (34.6–38.6)	3.25 (0.33–6.17)
90th (82.1)	60.7 (57.9–63.5)	58.8 (56.4–61.1)	59.7 (57.8–61.7)	64.0 (62.3–65.7)	3.36 (0.31–6.40)
95th (89.3)	70.7 (67.9–73.5)	69.0 (66.5–71.5)	69.9 (67.7–72.0)	73.6 (71.9–75.3)	2.90 (0.24–5.56)
Anxiety, moderate-or-higher symptoms					
10th (17.9)	1.9 (1.5–2.3)	2.1 (1.5–2.6)	2.3 (1.7–2.9)	3.1 (2.3–3.8)	1.15 (0.69–1.62)
25th (28.6)	4.2 (3.8–4.7)	4.6 (4.0–5.1)	5.1 (4.4–5.8)	6.6 (5.7–7.6)	2.44 (1.62–3.25)
50th (46.4)	11.8 (10.9–12.8)	12.7 (11.7–13.7)	14.1 (12.9–15.3)	17.7 (16.1–19.3)	5.88 (4.15–7.62)
75th (64.3)	24.6 (22.7–26.6)	26.1 (24.5–27.7)	28.5 (26.9–30.0)	34.2 (32.3–36.1)	9.59 (6.96–12.22)
90th (82.1)	42.0 (39.1–44.9)	43.9 (41.5–46.3)	46.8 (44.8–48.9)	53.5 (51.7–55.3)	11.51 (8.34–14.68)

Burnout percentile (CBI score)	Low	Moderate	High	Very high	ARD, very high − low (95% CI)
95th (89.3)	49.5 (46.2–52.9)	51.5 (48.5–54.4)	54.4 (51.8–57.0)	61.0 (58.9–63.1)	11.44 (8.22–14.65)
Stress, moderate-or-higher symptoms					
10th (17.9)	0.9 (0.7–1.1)	1.1 (0.8–1.4)	1.4 (1.0–1.8)	2.1 (1.5–2.7)	1.15 (0.74–1.56)
25th (28.6)	2.0 (1.7–2.3)	2.4 (2.0–2.8)	3.1 (2.6–3.6)	4.5 (3.7–5.2)	2.47 (1.82–3.11)
50th (46.4)	6.8 (6.1–7.5)	8.2 (7.4–8.9)	10.4 (9.5–11.4)	14.3 (12.9–15.8)	7.48 (5.97–8.99)
75th (64.3)	19.2 (17.3–21.0)	22.2 (20.7–23.8)	27.2 (25.6–28.7)	34.8 (32.8–36.8)	15.61 (12.93–18.30)
90th (82.1)	40.6 (37.3–43.8)	45.1 (42.6–47.7)	51.7 (49.5–53.9)	60.4 (58.6–62.2)	19.83 (16.32–23.34)
95th (89.3)	50.6 (46.8–54.3)	55.2 (52.1–58.2)	61.6 (59.0–64.1)	69.6 (67.6–71.5)	19.02 (15.46–22.58)

Note. Values are survey-weighted predicted prevalences (%) with 95% confidence intervals, marginally standardized from the joint models (restricted cubic spline for burnout; work–family conflict as a four-level severity category), adjusted for gender, age, race/ethnicity, marital status, parental status, weekly work hours, work environment, and litigation involvement. ARD = absolute risk difference (percentage points), very high versus low conflict; confidence intervals by the delta method. DASS-21 = Depression Anxiety Stress Scales-21; CBI = Copenhagen Burnout Inventory.

Several demographic findings emerged. Men had significantly higher odds of moderate or higher depression relative to women, while women had higher odds of moderate or higher anxiety and stress. The elevated depression risk among men diverges from general population trends but aligns with prior research on lawyers (Krill et al., 2016). Respondents who identified as Other had significantly higher odds (relative to women) across all three DASS domains (e.g., OR = 2.4 for depression). Future research should examine the reasons for elevated risk in this population of lawyers more closely, as well as whether additional mental health support would be appropriate and helpful.

Age showed a strong inverse association with psychological distress (similar to the 2016 benchmark), suggesting that younger lawyers continue to experience the highest mental health burden. While this study did not examine all the specific reasons why younger lawyers are demonstrating higher mental health symptom burden and burnout risk, one could surmise that multiple factors may be involved. The stress inherent in being a novice in a demanding profession, a comparative lack of support or established relationships within the profession, educational debt, the demands of starting a family, and the disruption of artificial intelligence's growing role in the profession are some of the factors that may be relevant and worthy of additional exploration. Conversely, there was a protective association with older age that was steep and consistent across all seven outcomes. Cross-sectional data cannot determine whether the comparatively lower distress experienced by older lawyers reflects a healthy-worker or survivor bias, cohort differences, differential attrition from practice, or career-stage effects, but we note this is an additional area worthy of further investigation.

Respondents who reported a gender outside the male and female categories, or who preferred not to answer, reported markedly higher symptom prevalence than the sample as a whole: 43.3% (95% CI 37.0–49.7) for moderate-or-higher depression, 44.9% (38.7–51.2) for anxiety, and 35.9% (29.8–42.0) for stress (Table S1), each roughly double the corresponding sample estimate. These respondents were retained in every DASS-21, burnout, and work–family conflict model and were excluded only from the AUDIT-C outcomes, for which no validated threshold has been established for this group. The subgroup is small (511 respondents in the analytic core and 278 raking-eligible; Table S9C), so the estimates are imprecise, and the category aggregates distinct populations the survey was not designed to distinguish. The pattern nonetheless points to a need for targeted support, and for research designed and powered to characterize gender-diverse lawyers directly rather than as a residual category.

Race/ethnicity associations were modest and mixed: Hispanic and Black lawyers had a modestly lower likelihood of depression than White lawyers, while Asian lawyers had a higher likelihood of anxiety. Most other comparisons were nonsignificant after accounting for other factors. Women and younger age groups had higher odds of meeting both AUDIT-C thresholds for hazardous drinking, and White respondents had higher odds than most non-White groups. In contrast to psychological distress and burnout, working very long hours was associated with a lower predicted prevalence of hazardous drinking, perhaps due to time scarcity.

4.2. Work context, psychological distress, and occupational strain

Distress prevalence increased with hours worked per week, with the gradient rising most sharply beyond 50 h. For example, relative to lawyers working 31–40 h per week, those working ≥71 h per week were approximately three times more likely to screen positive for moderate-to-severe stress (42.2% vs. 13.5%) and twice as likely for anxiety (33.1% vs. 16.5%) (Table S4). Because the risk for psychological distress rises sharply in the upper bounds of the work-hours distribution, lawyers working very long hours may experience a law of diminishing returns given that distress and high burnout are known precursors to turnover and error.

Practice setting and litigation exposure were also associated with differences in risk for psychological distress. In-house roles and judicial chambers had lower adjusted distress and

burnout prevalence than sole practitioner/private practice, while private-firm settings showed higher hazardous drinking screening. Litigation involvement was associated with modest but consistent elevations in distress, burnout, and hazardous drinking, pointing to adversarial exposure as a possible contributor of incremental strain beyond hours and practice setting that would be worthy of future exploration.

Burnout and work–family conflict were highly prevalent. Approximately half of respondents (47.4%) met the threshold for high or very high burnout (CBI ≥50), and 35.9% were classified as high or very high on work–family conflict, indicating that a large proportion of lawyers report high levels of work-related burnout and work–family conflict.

Work-related burnout was the dominant correlate of psychological distress, and its association rose steeply at higher levels. Work–family conflict contributed a smaller association that the reported models treat as additive. We tested whether the two interact and found no reliable interaction; burnout is best understood here as the proximal factor. Whether work–family conflict adds to or multiplies its association is a question this sample is not positioned to settle, and we report the additive specification because it is the one the data support. Nonetheless, interventions and resources targeting burnout and work-family conflict concurrently may prove beneficial in this population.

Burnout, work–family conflict, and DASS-21 stress overlap substantially, which bears on interpretation. Burnout correlated with work–family conflict at $r = 0.72$ and with DASS-21 stress at $r = 0.70$; the three DASS-21 subscales were similarly related to one another ($r = 0.63$–0.71). In practical terms, lawyers who report high burnout usually also report high stress and high work–family conflict, because these measures capture overlapping aspects of occupational strain rather than fully separate conditions. An association between burnout and stress therefore partly restates that overlap rather than describing a relationship between two independent things. Burnout was also associated with depression ($r = 0.61$) and anxiety ($r = 0.56$), where the overlap is smaller, and the nonlinear pattern was consistent across all three outcomes.

4.3. Barriers to help-seeking and disparity between self-reported disorders and symptom severity

The most frequently endorsed barriers to seeking help were confidentiality concerns (53.3%) and fear of harm to professional reputation or career opportunities (49.2%), followed by time constraints (34.5%) and a preference to manage problems independently (25.2%). These concerns mirror those documented in the 2016 survey, suggesting they are core features of legal culture rather than transient attitudes. The persistence of confidentiality and career-related concerns has direct implications for intervention design, including the need for trusted, confidential access points that are independent from disciplinary entities, as well as employer support that provides a safe harbor from reputational harm and career advancement repercussions. Resources that clearly communicate credible privacy protections are likely to be more acceptable to lawyers who otherwise would avoid seeking help.

Significant discordance existed between self-reported diagnoses and screening indicators, particularly for alcohol-related problems. While depression and anxiety screening showed

discrepancies in both directions, the dominant pattern related to alcohol was lawyers who screened positive on the AUDIT-C but reported no diagnosis. This gap may stem from several overlapping factors: fear that seeking help could jeopardize professional licensing (Jaffe et al., 2022), a culture that normalizes heavy drinking (Anker and Krill, 2021), or a reluctance to disclose existing diagnoses in a survey linked to professional institutions. Additionally, because the AUDIT-C measures consumption rather than consequences, it may be less influenced by a reluctance to endorse alcohol-related consequences and therefore likely captures a broader high-risk group.

4.4. Practical implications

Psychological distress and burnout are most common among lawyers who work longer hours and experience work-family conflict. This suggests that staffing and workflow improvements, monitoring of regularly excessive workloads, and increasing schedule predictability and flexibility are potential targets for employers seeking to reduce strain. Additionally, the joint-burden pattern suggests that prevention resources directed toward lawyers with concurrently high burnout and work-family conflict may yield the greatest return in environments where resources or capacity for supporting mental health and well-being are limited. Our research also makes clear that regular check-ins with lawyers working very long hours should be an essential element of risk mitigation for legal employers. For those whose work involves litigation, additional support (e.g., caseload management, improved supervision structures, peer consultation) that addresses the attendant stressors of adversarial exposure appears warranted. Given their comparatively limited infrastructure and benefits, solo practitioners may require different resources and strategies than lawyers from larger organizations, strengthening the case for involvement and support from bar associations and other legal profession stakeholders. Finally, because 30.8% of respondents reported encountering a legal professional in the past 12 months whose well-being raised concerns about their fitness to practice, increased awareness of and emphasis on professional reporting obligations around impairment would appear to be warranted.

4.5. Limitations

Our research is subject to limitations. First, the cross-sectional, self-report design precludes causal conclusions, raising the possibility of reverse causation (e.g., distress and burnout influencing work-family conflict or work hours via reduced efficiency or coping choices). Second, although models adjust for key covariates and use survey weights, residual confounding and selection effects remain plausible, particularly for comparisons across practice settings and the highest-hours group. Third, outcomes and exposures are measured within the same survey context, which may introduce common-method bias; however, the differential pattern across strain outcomes versus AUDIT-C suggests that not all results can be attributed to uniform reporting artifacts. Fourth, weighting/raking improves alignment with specified population margins but does not eliminate nonresponse bias on unmeasured attributes; generalizability claims should therefore be limited to the population defined by the sampling frame and weighting targets. Participating entities are not individually identified, at their request, and the sample is accordingly described as lawyers recruited through North American bar and regulatory entities rather than as a sample of U.S. lawyers; because the

benchmark survey used for raking does not cover the members of one participating entity, a sensitivity analysis excluding those respondents and re-raking to the same targets is reported in Table S6, panel G, where no weighted prevalence moved by >0.46 percentage points. Fifth, because the survey was anonymous by design, and no identifiers, IP addresses, or geolocation data were collected, compliance with the instruction to complete the survey only once could not be verified. Sixth, work–family conflict was measured with three items yielding twelve attainable values, which limits the resolution with which its association can be characterized. We were unable to determine whether burnout and work–family conflict interact. The two are highly correlated (r = 0.72), which leaves few respondents reporting high conflict alongside low burnout, the configuration most informative about interaction. Results were unstable across specifications and the most flexible model produced predictions inconsistent with observed cell prevalences. Seventh, individuals currently experiencing significant burnout or mental health challenges may not have noticed the invitation to participate or may have chosen to decline it. Finally, given that the survey inquired about highly personal matters, including topics that lawyers may fear could potentially harm their careers in other contexts, respondents may have withheld information or answered to present themselves more favorably. Estimates of the prevalence of mental health distress and hazardous drinking do not imply that all respondents endorsing these symptoms would meet diagnostic criteria for such disorders in a structured clinical assessment, nor that those who did not endorse such symptoms would not.

4.6. Conclusion

Law is a demanding profession that carries high psychological costs for many practitioners. Over the past decade, numerous initiatives have sought to improve mental health and reduce impairment within the profession. Bar associations, lawyer assistance programs, and non-profit organizations (e.g. The Institute for Well-Being in Law) have spearheaded many of these efforts which have largely focused on raising awareness, education, stigma reduction, and policy recommendations aimed at improving well-being among lawyers and legal professionals. However, our findings indicate that psychological distress, hazardous drinking, and work-related burnout remain high, varying based on specific work demands and context. This suggests that ongoing prevention and intervention efforts are necessary, important, and warrant expansion. An overwhelming majority of lawyers want more to be done to improve conditions, a striking level of consensus that bodes well for future progress. The fact that many lawyers themselves attribute mental health and alcohol-related risks to their time in the profession points to the relevance of occupational stress and the need for solutions focused on the structural realities of the legal work environment.

The magnitude and consistency of these findings have implications for prevention strategies and work-design interventions targeting persistent workload intensity, recovery opportunities, and work-life boundary management. Further exploration of the factors influencing lawyer health at both universal and context-specific levels is needed, and longitudinal studies that directly assess key job resources (e.g. schedule predictability, autonomy, organizational support) will be essential for validating intervention efficacy across legal practice settings. Importantly, this research offers a valuable informational lens for mental health professionals,

helping them move beyond generic stress-management techniques to better understand and address the unique, high-stakes stressors inherent in legal practice.

CRediT authorship contribution statement

Patrick R. Krill: Writing – review & editing, Writing – original draft, Project administration, Investigation, Conceptualization. **Justin J. Anker:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

Patrick Krill has a commercial affiliation through self-employment with Krill Strategies, LLC, but contributed his time to this project on a pro-bono basis. Krill has previously served on the Advisory Board for the American Bar Association Commission on Lawyer Assistance Programs (2017–2020), and as a consultant to the State Bar of California (2017–2018). Neither Krill nor Anker received funding to support this work.

Acknowledgements

The authors wish to extend their sincere gratitude to the American Bar Association Commission on Lawyer Assistance Programs and the American Bar Association for their vital partnership in and support of this work, as well as the numerous participating jurisdictions that distributed the survey to their lawyers and otherwise collaborated in this important effort.

The views expressed herein represent the opinions of the authors. They have not been reviewed or approved by the House of Delegates or the Board of Governors of the American Bar Association and, accordingly, should not be construed as representing the position of the Association or any of its entities.