
Promoting Law Student Mental Health Literacy and Wellbeing: A Case Study from The College of Law, Australia¹

Michael Appleby² and Judy Bourke³

1 The authors greatly appreciate the very helpful comments and support given by Dr Michelle Sanson, Dr Nicola Reavley and Dr Monica Hayes.

2 Michael Appleby is a Lecturer at The College of Law, Sydney, Australia and Lawyer of the Supreme Court of NSW.

3 Judy Bourke is a Senior Lecturer at The College of Law, Sydney, Australia and Lawyer of the Supreme Court of NSW.

1. INTRODUCTION

A number of studies have been undertaken about the mental health of law students and the reports as to the findings of those studies have all expressed concern about the high levels of psychological distress⁴ suffered by them.⁵ Australian studies indicate that while university students suffer from emotional distress at a rate greater than that of the general population and at a higher rate than their non-student (age group) peers,⁶ law students are more distressed than their university peers.⁷ This has led to many calls for action.⁸

Most law students undertake their degree with a view to practising law. It is now also accepted that legal practitioners suffer depression or emotional distress at higher rates than other professionals, other workers more generally and the general population.⁹

Research shows that there is a strong correlation between high levels of emotional distress and the incidence of mental illness.¹⁰ Law students suffering high or very high distress levels are therefore at an increased risk of suffering a mental illness, most commonly anxiety and/or depression.

4 The most common mental health surveys used by researchers in this area do not enable them to determine whether or not a participant has a diagnosable mental illness. However measuring emotional distress allows them to estimate 'the risk that a person with a particular score is suffering from a mental illness'. *Courting the blues: Attitudes towards depression in Australian law students and legal practitioners*, at 6 (2009) [Hereinafter BMRI Report].

5 See for example, *Id.*, WENDY LARCOMBE, IAN MALKIN AND PIP NICHOLSON, *Law Student's Motivations, Expectations and Levels of Psychological Distress: Evidence of Connections*, 21 LEGAL EDUCATION REVIEW 1-34(2011). C. M. LEAHY, et al., *Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study*, 44 AUST N Z J PSYCHIATRY (2010). TODD DAVID PETERSON AND ELIZABETH WATERS PETERSON, *Stemming the Tide of Law School Depression: What Law Schools Need to Learn from the Science of Positive Psychology*, 9 YALE JOURNAL OF HEALTH POLICY, LAW, AND ETHICS 357(2009). K. M. SHELDON & L. S. KRIEGER, *Does legal education have undermining effects on law students? Evaluating changes in motivation, values, and well-being*, 22 BEHAV SCI LAW (2004) [hereinafter Education]; K. M. SHELDON & L. S. KRIEGER, *Understanding the negative effects of legal education on law students: a longitudinal test of self-determination theory*, 33 PERS SOC PSYCHOL BULL (2007) [hereinafter Understanding]; TANI, M. AND VINES, P., *Law Students' Attitudes to Education: Pointers to Depression in the Legal Academy and the Profession?*, 19 LEGAL EDUCATION REVIEW 3(2009). Note that Peterson follows the studies of law student emotional distress in the USA back to 1957.

6 See for example, *Courting the blues*, *supra* note 1, at 12; MOLLY TOWNES O'BRIEN, STEPHEN TANG AND KATH HALL, *Changing Our Thinking: Empirical Research on Law Student Wellbeing, Thinking Styles and Law Curriculum*, 149, 161 (2011); LEAHY, et al., AUST N Z J PSYCHIATRY, 608, 159-161 (2010).

7 See for example, *Courting the blues*, *supra* note 1, at 12; Leahy, et al., *supra* note 3, at, 611.

8 See for example, WATSON P. & FIELD R, *Promoting Student Wellbeing and Resilience at Law School*, in EXCELLENCE AND INNOVATION IN LEGAL EDUCATION (Sally Kift ed. 2011), at 395; DR COLIN JAMES, *Law Student Wellbeing: Benefits of Promoting Psychological Literacy and Self-Awareness Using Mindfulness, Strengths Theory and Emotional Intelligence* 21 LEGAL EDUCATION REVIEW 217, 232 (2011); DR WENDY LARCOMBE AND PROFESSOR IAN MALKIN, *The JD First Year Experience: Design Issues and Strategies*, 21 LEGAL EDUCATION REVIEW 1, 15 (2011); PETERSON and PETERSON *supra* note 2, at 413;

9 See for example, W.W. EATON, J.C. ANTHONY, W. MANDEL, R. GARRISON, *Occupations and the prevalence of major depressive disorder.*, 32 JOURNAL OF OCCUPATIONAL MEDICINE 1097(1990); BMRI Report *supra* note 1; and the summaries of previous research set out in; Sheldon and Kreiger, Education, *supra* note 2 and Tani and Vines, *supra* note 2.

10 RONALD C. KESSLER, PHD; PEGGY R. BARKER, MPH; LISA J. COLPE, PHD, MPH; JOAN F. EPSTEIN, MS; et al., *Screening for Serious Mental Illness in the General Population*, 60 ARCH GEN PSYCHIATRY 184-189, 188-189, (2003).

Faced with this problem, the question arises: how should legal education institutions¹¹ respond? This article describes the approach taken by one legal education institution, The College of Law, Australia (the College), in answering this question. The College identified the value in improving students' mental health literacy and stress management and now trains its lecturers to deliver an educational workshop (the workshop) in these areas. The workshop forms part of the core curriculum for the College's practical legal training program (PLT).

Part 2 of the article reviews some of the literature about health promotion, health literacy, mental health literacy and promoting student wellbeing, providing the underpinnings for the intervention. Part 3 describes the development of the workshop for pre-admission graduate law students. Part 4 outlines the content of the workshop and delivery methods. Part 5 considers evaluations of the workshop, from both the student and teacher perspective and student learning outcomes, and Part 6 contains recommendations based on our experience in designing and delivering the workshop.

2. RESEARCH BASIS FOR THE INTERVENTION

2.1 The state of law student mental health and their knowledge of and attitudes towards mental health issues

Mental illness is a serious problem in the general population of countries such as Australia. For example, in 2007, the Australian Bureau of Statistics (ABS) conducted a National Survey of Mental Health and Wellbeing. Its report drew on surveys completed by 8,841 randomly selected Australian households.¹² Participants were surveyed in relation to mental illness at any point in their lives, and in the 12 months before completing the survey (a 12-month mental disorder). The results showed that in the year prior to the survey, 20% of Australians aged between 16 and 85 years had had a mental disorder (a diagnosable mental illness). More specifically, the report noted that 26% of people aged 16-24 had had a 12-month mental disorder. That level was almost matched by the next age group 25-34 years. Anxiety, depressive and substance use disorders were the most common disorders revealed by the survey.¹³

Young people make up the vast majority of university students.¹⁴ As disclosed above, about one in four young people will have had a mental disorder in any one year and this includes university students (and amongst those law students). Statistically, mental illness and psychological distress are the greatest burden of disease in young people.¹⁵ These facts should strongly inform universities and other tertiary education institutions, including law schools, in developing and implementing

11 We have used this term to apply to all organisations offering academic training to law students including university law schools and those offering, for example, practical legal training in countries such as Australia (Graduate Diploma of Legal Practice), the UK (Graduate Diploma in Law) and Canada, for example in British Columbia (Professional Legal Training Course).

12 See, 4326.0 National Survey of Mental health and Wellbeing: Summary of Results, 2007 at, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0> accessed 20 September 2012.

13 *Id.*, at 4

14 In 2012 the Australian Bureau of Statistics reported that in 2010 that there were about 523,000 young people aged between 15 and 24 enrolled in higher education. See, Australian Bureau of Statistics 1301.0 Year Book of Australia, 2012 at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Features~Higher%20education~107> accessed 3 July 2013.

15 BMRI Report *supra* note 1, at 37 and 42.

policies regarding the health and wellbeing of their students.

Some research has been carried out to look at the mental health of university students. Two recent studies in Australia¹⁶ have respectively shown levels of emotional distress amongst university students to be higher than that of age matched population counterparts, and the general population. In only one of these studies did the researchers record and report data by reference to the degree course enrolled in. In that study, law students and mechanical engineering students distress ranked highest amongst those university students surveyed.¹⁷

This recent data concerning law students is broadly consistent with the other major Australian studies which have looked at the mental health of law students. This includes the report of the Brain and Mind Research Institute of the University of Sydney (BMRI) entitled 'Courting the Blues'¹⁸ and studies conducted at the Australian National University¹⁹ and the University of Melbourne²⁰. It is also consistent with comparable studies conducted in the United States of America (U.S.).²¹

The Australian research, in addition to confirming the levels of emotional distress suffered by law students, also discloses (consistent with U.S. research) that there is a decline in their mental health within their first year of study.²² This is the case regardless of whether the students are graduates or undergraduates²³ (including in the case of undergraduates for whom law subjects form less than half of the subjects studied in the first year of a combined degree).²⁴ The same outcome is apparent when curriculum designers take particular care to intentionally design a first year program for graduate students delivering a very good first year experience of law school.²⁵

Many studies of emotional distress in the literature (including that of the BMRI) use the Kessler K10/K6 non-specific distress scales to measure emotional distress. These were found in a study reported in 2003 to be statistically significant predictors of serious mental illnesses.²⁶

The study conducted by the BMRI disclosed that 35.4% of law students surveyed were found to

16 Leahy et al. *supra* note 2, at 611; HELEN M. STALLMAN, *Psychological distress in university students: A comparison with general population data*, 45 AUSTRALIAN PSYCHOLOGIST 249, 253(2010). Cf. N. J. REAVLEY, et al., *Actions taken to deal with mental health problems in Australian higher education students*, 6 EARLY INTERV PSYCHIATRY 159(2012). Reavley found a rate of emotional distress in students less than in the general population and suggests that the levels in students needs further investigation, at 164.

17 Leahy et al. *supra* note 2, at 611.

18 See BMRI Report, *supra* note 1.

19 See O'Brien et al., *supra* note 3.

20 See Larcombe et al., *supra* note 2.

21 See for example, Peterson and Peterson *supra* note 2; Sheldon and Kreiger, *Education*, *supra* note 2.

22 O'Brien et al. *supra* note 3, at 159-160; Sheldon and Kreiger, *Education*, *supra* note 2 at 272.

23 O'Brien et al. *supra* note 3; Sheldon and Kreiger, *Education*, *supra* note 2. Note that in the U.S. Law is only offered as a graduate degree.

24 O'Brien et al. *supra* note 3. In Australia most universities offer Law as an undergraduate degree. It is also most commonly offered as a combined degree with another discipline. By contrast in the U.S. law is undertaken as a graduate degree.

25 WENDY LARCOMBE, LETTY TUMBAGA, IAN MALKIN, PIP NICHOLSON AND ORANIA TOKATLIDIS, *Does an Improved Experience of Law School Protect Students against Depression, Anxiety and Stress? An Empirical Study of Wellbeing and the Law school Experience of LLB and JD Students*, 35 SYDNEY LAW REVIEW 407, 432 (2013).

26 Kessler, *supra* note 7, at 188-189.

have high or very high distress levels and almost 70% had moderate to very high distress levels (68.5%). It also reported that law student distress was higher than that of other university students and higher than a sample of the general population.

While some studies have pointed the way to possible causes of this phenomenon, no study has been able to conclusively identify them. They include some key Australian studies.

The first is a study by Tani and Vines. It showed that law students were more competitive, less interested in their studies, more focused on grades and more likely than their peers in other disciplines to have been influenced by others in the choice of their field of study. From this it was inferred that law students may have certain personal characteristics including lack of autonomy and lack of social connectedness²⁷ which might be indicators of depression or depressed thinking.²⁸

It is often asserted that in addition to these characteristics, lawyers and law students are perfectionists or tend towards perfectionism and this is referred to in the Tani and Vines study. They define this characteristic as one in which people have 'high and unrealistic standards combined with relentless self-criticism'.²⁹ This characteristic has been said to contribute to the emotional distress of both law students and legal practitioners.³⁰

In a later study, researchers from the University of Melbourne considered both intrinsic reasons for studying law (such as personal interest) and non-intrinsic reasons for studying law (such as parental pressure or perceptions of the status of being a lawyer). Their results supported the view that increased psychological distress in law students is 'associated with increases in non-intrinsic reasons for studying law'³¹ and that the law school experience might re-orient students away from

27 Tani and Vines, *supra* note 2, at 25.

28 Tani and Vines, *supra* note 2, at 30.

29 Tani and Vines, *supra* note 2, at 28.

30 PAUL R VERKUIL & TERRY H KANG MARTIN E P SELIGMAN, *Why Lawyers are Unhappy*, 10 DEAKIN LAW REVIEW 49(2005) at 54.

31 Larcombe et al. *supra* note 2, at 16.

intrinsic to non-intrinsic reasons.³²

Those researchers have undertaken a further study which has just been published.³³ The research looked at the factors (both personal and course-related) that might be contributing to law students' emotional distress. Those factors were studied both in relation to the level of distress (moderate and severe) and also in relation to the different forms of distress (depression, anxiety and stress).

One of their major findings was that different factors were associated with the different levels of distress and for each form of distress.

This research supports the notion that many different initiatives will be required to respond to law student psychological distress. It also provides (for the first time) very valuable data to support law education institutions in developing targeted initiatives with respect to the various forms of law student distress and associated factors (many examples of which are provided in the paper).

At the Australian National University researchers found a significant shift in students' thinking styles in their first year at law school. Specifically, there was a decrease in their experiential (intuitive) thinking and a corresponding increase in their rational (analytical) thinking. The authors looked at the relationship between this shift in thinking styles and depressive symptoms and concluded that for the survey group:

32 Larcombe et al. *supra* note 2, at 20. The University of Melbourne research and that of Tani and Vines draw significantly upon the work of Sheldon and Kreiger: see Sheldon and Kreiger, *Education*, *supra*, note 2 and Sheldon and Kreiger, *Understanding*, *supra*, note 2 and Self-Determination Theory. That theory and its application in the work of Sheldon and Kreiger has been neatly summarised as follows:

'Why do motivations and values as— people's reasons for engaging in activities — affect wellbeing? According to Self-Determination Theory ('SDT'), external motivations and values tend to reduce or impair people's experiences of autonomy, competence and relatedness to others. Experiences of autonomy, competence and relatedness are known to be basic psychological needs, essential for positive wellbeing. Sheldon and Kreiger's.....research was designed to test SDT's capacity to explain high levels of psychological distress among law students and their findings confirm the soundness of the underlying theory: that 'psychological-need deprivation appears to be a principal source of human distress', see Larcombe, *supra* note 2, at 4.

A later University of Melbourne study concludes that its results provided strong support for the work of Sheldon and Kreiger in explaining law student distress. WENDY LARCOMBE AND KATHERINE FETHERS, *Schooling the Blues? An Investigation of Factors Associated with Psychological Distress Amongst Law Students*, 36 UNSW LAW JOURNAL 390(2013).

Self-Determination Theory posits that if individuals are provided with what is called 'autonomy support' (which in turn supports their psychological needs) that one of the outcomes of providing that support is psychological health and wellbeing. An integrated model of thriving based on Self-Determination Theory was tested in the law school context by Sheldon and Kreiger: see, Sheldon and Kreiger, *Understanding*, *supra*, note 2 (surveying students at two law schools). The study found that the provision (at one of the law schools) of greater perceived autonomy support predicted greater needs satisfaction (autonomy, competence and relatedness) in its students. That greater needs satisfaction led to 'higher subjective well-being relative to baseline' (although it should be noted that the subjective wellbeing of students from both law schools declined during law school attendance), *Id.* at 593. The application of Self-Determination Theory to clinical legal education and, in particular, meeting the needs of students for autonomy, competence and relatedness through clinical legal education has been considered. Wortham et al argue that clinical legal practice might provide students with improved autonomy support and discusses ways in which this might be achieved. LEAH WORTHAM, KATHERINE F. KLEIN, BERYL BLAUSTONE, *Autonomy-Mastery-Purpose: Structuring Clinical Courses to Enhance These Critical Educational Goals*, 18 INTERNATIONAL JOURNAL OF CLINICAL LEGAL EDUCATION 105.

33 Larcombe and Fethers, *supra* note 29.

*a propensity towards experiential thinking is a stronger overall predictor of lower levels of depressive symptoms. Less experiential-thinking students showed a statistically significant heightened level of depressive symptoms in the end-of-year group*³⁴

All of these studies demonstrate the effort being made to understand the characteristics of law students and their mental health. Further research continues to be undertaken to identify the causes of law student emotional distress and the contribution to that which is made by the law school experience.

As noted earlier, the BMRI report found that 35.4% of law student respondents were suffering high or very high levels of emotional distress. It was also reported that almost half of the law students surveyed reported that they had suffered depression (46%) and that of those (23%) had been treated for it.³⁵

The BMRI study also asked questions aimed at finding out about participants' understanding, and self-awareness, of depression. The study surveyed both legal practitioners and law students. Some of its key findings were that:

- Both law students and legal practitioners surveyed tended not to be able to recognise the most commonly identified symptoms of depression³⁶
- Law students appeared to have less understanding of the symptoms of depression than medical students and that consequently that they might not be as able to readily identify depression when it occurred in themselves or their peers³⁷
- More than one in five law students thought that depressed people were dangerous to others³⁸
- About 20% of participants (both legal practitioners and law students) thought that their friends or family might discriminate against them if they experienced depression – this rose to over 50% in relation to the attitudes of employers³⁹
- Over 30% of the participants said that they would not seek help from any professional if depressed and for students that figure rose to 39.4%⁴⁰
- Over one third of participants who reported having experienced depression also reported never having sought information about it⁴¹
- A majority of participants expressed mixed views about depressed people.⁴²

There are three clear conclusions that might be drawn from this BMRI material in relation to law student literacy about depression. The first is that some law students have difficulty in identifying

34 O'Brien, *supra* note 3, at 165.,

35 See also Leahy, et al., *supra*, note 3 at 612; Leahy reported that 12% of law students had been treated for mental illness.

36 BMRI Report *supra* note 1, at 39.

37 BMRI Report *supra* note 1, at 39.

38 BMRI Report *supra* note 1, at 31.

39 BMRI Report *supra* note 1, at 30.

40 BMRI Report *supra* note 1, at 20.

41 BMRI Report *supra* note 1, at 26.

42 BMRI Report *supra* note 1, at 40.

the symptoms of depression. Secondly, a significant proportion of law students would not seek professional help if depressed (39.4% in this study). Thirdly, many of them held negative, stigmatising views about those with depression.

The authors went on to argue:

*These views might well have a strong detrimental effect on their attitudes towards their own depression and help-seeking behaviour, and towards any peers or employees who approach them for support regarding psychological distress*⁴³

It was findings such as these which formed the basis of our conclusion that mental health education would be of real benefit to law students and informed the development of an intervention as part of the College's PLT program.

There is arguably a clear role, or at least opportunity, for legal education institutions to develop educational responses aimed at addressing the stigma attaching to mental illness, providing information about common mental illnesses and influencing the help seeking behaviours of law students.⁴⁴ The BMRI report itself indicated that '[p]rimary strategies for intervening to improve mental health outcomes of legal educational institutions include: increasing legal educators' and students' awareness of mental health issues'.⁴⁵

Before proceeding further, it should be made clear that the College is not a university law school, although it is a provider of post graduate education (other than a Juris Doctor degree) to the legal profession. Part of its core business is to provide practical legal training to law graduates prior to their admission to legal practice. The College educates about 2,400 students a year in this program.

The College's PLT program includes coursework of 15 weeks duration for fulltime students and 30 weeks for part time students. The coursework component of the training is delivered by way of blended learning, being a combination of online and small group tuition. Students attend the College for three separate weeks of classes (onsites) aimed primarily at skills acquisition (and also assessment).

There is also a work experience component which requires students to complete 15 weeks work in a legal workplace (broadly defined) supervised by a practicing lawyer.

The work experience component is somewhat similar to university clinical legal education programs offering law students experiential learning opportunities.

As foreshadowed in the introduction, we will go on to write in detail about a mental health initiative developed by the College for its students. As College PLT courses are of short duration it has only been possible for us to design and deliver an educational intervention of three hours

43 BMRI Report *supra* note 1, at 40.

44 As we write this paper (13 August 2013) a student rang one of us to 'apologise' for having to talk about a recently developed anxiety condition with accompanying panic attacks, about which the student was 'embarrassed'. Incidents like this, involving students suffering internalised stigma and shame, continue to underline the need for mental health education of law students.

45 BMRI Report, *supra* note 1 at viii. The Council of Australian Law Deans has recently adopted as best practice that law schools 'to actively educate and disseminate information around the issues of mental illness and student distress with staff and students'. See *Promoting Law Student Well-Being Good Practice Guidelines for Law Schools* at <http://www.cald.asn.au/assets/lists/Resources/Promoting%20Law%20Student%20Well-Being%20Good%20Practice%20Guidelines%20for%20Law%20Schools.pdf> accessed 11 December 2013.

(initially two and a half hours).

Many of the interventions we review in this article are of longer duration than that of the College. The appropriate length of any intervention will continue to be the subject of research and discussion. University law schools, which would normally have their students enrolled for at least three years have the opportunity to design and implement more substantial interventions.

Nevertheless, we argue that useful lessons for legal education institutions generally arise from the design and implementation of the College's intervention.

2.2 The value of mental health literacy

Whilst much work is being done to review and renew the law school experience and curricula, in light of the literature referred to in the earlier part of this paper, the issue of the mental health of law students might also be considered from a health perspective. In that regard, it is useful to consider the literature on health education.

Health education is now generally seen as an element of what is defined as health promotion, together with the elements of prevention of disease and health protection.⁴⁶

One of the aims of many health interventions, including health education, is to develop health literacy in the target population. A definition of health literacy is now included in the WHO health promotion glossary and is as follows:

*Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health*⁴⁷

Good health includes good mental health. Or, as is articulated by the World Health Organisation; 'Mental health is an integral part of health; indeed, there is no health without mental health'.⁴⁸

In relation to the development of health literacy more generally, Nutbeam suggests that there are three levels at which it works.⁴⁹ The first he calls 'functional health literacy' which is promoted by traditional education and the communication of 'factual information on health risks, and on how to use the health system'. The second is 'interactive health literacy' focused on 'the development of personal skills in a supportive environment'. The third is 'critical health literacy' which supports cognition and skills in and around identifying the social determinants of health and looking at effective social and political action. Nutbeam also argues that increasing health literacy in a greater proportion of the population also brings social benefits.⁵⁰

Later in the paper we argue that this analysis might assist legal education institutions by providing a framework to inform the design of mental health education programs for law students.

In the specialised field of mental health, the more specific term of 'mental health literacy' is used.

46 See WHO Health Promotion Glossary at, <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf> accessed 26 September 2013.

47 *Id.*

48 See WHO Factsheet at, <http://www.who.int/mediacentre/factsheets/fs220/en/> accessed 6 September 2013.

49 DON NUTBEAM, *Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century*, 15 HEALTH PROMOTION INTERNATIONAL 259, 265 (2000).

50 *Id.* at 264,

This term was coined in 1997 by Jorm and others and is defined as ‘knowledge and beliefs about mental disorders which aid their recognition, management or prevention’.⁵¹ The terms ‘health literacy’ and ‘mental health literacy’ are not well known in legal education institutions and the legal profession.

Jorm argues that if a person has a mental health problem and they are able to recognise it as a mental disorder then they are more likely to seek help. He refers to a study by Wright et al from which the following conclusion is drawn: ‘Young people who recognise a disorder in a scenario tend to have better help seeking and treatment preferences’.⁵² He goes on to say that in order for people, who are able to identify a disorder in themselves or others, to get effective help (or refer others to effective help) they also need to know where professional help might be obtained. These are key insights which might inform initiatives seeking to develop the mental health help-seeking behaviours of law students.

These ideas have received further support in a recent Australian study of university students and university staff. In that study, the participants were given a vignette containing a description of a person suffering a common mental illness. The results showed that a capacity by participants to identify the common mental disorder was ‘associated with greater likelihood of seeking professional help’.⁵³

The concept of mental health literacy extends further to encompass first aid behaviours. Based on these principles, Mental Health First Aid (MHFA) was developed by Kitchener and Jorm in 2001 and was aimed at teaching mental health literacy including first aid behaviours to non-health professionals in 12 to 14 hours of face to face tuition.⁵⁴ The MHFA program has now been evaluated a number of times using both controlled and uncontrolled trials.⁵⁵ The authors concluded from two controlled trials that there were consistent positive benefits from the program.

One of the findings of the studies was that the course led to a decrease, in participants, in stigmatising attitudes.⁵⁶ Given the findings of the BMRI study, decreasing stigmatising attitudes should be an important aim in developing any mental health initiative for law students and this study demonstrates that the teaching of mental health literacy has the capacity to do this.

The argument has been made in Australia that tertiary students should be encouraged to undertake MHFA training, particularly its first aid component, as it has been shown that for university students with mental health concerns the most popular self-help strategy is to talk to a friend.⁵⁷ It stands to reason that the more mental-health literate that friend is, the more scope there is for appropriate assistance to be given. Conversely, the less mental-health literate the friend, the higher

51 A. F. JORM, *Mental health literacy: empowering the community to take action for better mental health*, 67 AM PSYCHOL 49 (2012).

52 *Id.* at 3.

53 Reavley et al., *supra* note 13, at 159.

54 We are aware that a new mode of delivery is being developed for MHFA in order that it might be undertaken predominantly online.

55 BETTY A. KITCHENER and ANTHONY F. JORM, *Mental health first aid training: review of evaluation studies*, 40 AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY, 6, 7 (2006).

56 In the U.S. providing MHFA to teachers and others who interact with young people is part of President Barack Obama’s plan to reduce gun violence, see plan at 14, http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf accessed 9 August 2013.

57 Reavley et al., *supra* note 13, at 163-164.

the risk that the friend will either fail to recognise the signs of mental illness or emotional distress or suggest appropriate help.

In summary, scientifically based health promotion is globally acknowledged as an appropriate response to health issues. In the area of mental health, health promotion has many potential positive benefits. Providing students with good information about mental illnesses and their symptoms may give rise to a greater capacity to recognise those symptoms in themselves.⁵⁸ This then may lead them to have better help seeking and, if good information is provided about where to seek help, to better use of the health system.⁵⁹ It also has the capacity to lessen stigmatising attitudes.⁶⁰ With appropriate training it can support people to assist others in the midst of a mental health crisis.⁶¹

2.3 The contribution of positive psychology

Later in the paper, we report our conclusions from having conducted focus groups with law students. In those groups, students were clear that they were interested in approaching mental health issues through concepts such as resilience, wellbeing and the maintenance of good mental health. This raised questions regarding health prevention and positive psychology.

The following material looks at some of the growing body of research in these areas, which we found to be relevant to the development of mental health programs for law students, and from which we continue to draw ideas.

One of the aspects of health promotion, referred to above, is health prevention. Health prevention is said usually to have three different levels – primary, secondary and tertiary. Ratzan, in relation to health literacy generally, suggests that the three levels might be described as follows:

Primary – ‘How do I stay well?’

Secondary – ‘How can I detect disease/illness early and treat it appropriately?’

Tertiary – ‘How can I live best with illness?’⁶²

In the mental health field the question, ‘How do I stay well?’ has two parts. The first is about avoiding or preventing mental health disorders. The second is about enhancing wellbeing and supporting flourishing.

Ideas such as these have formed the foundation of the new and emerging field of ‘positive psychology’. Seligman, a key figure in the field, says that positive psychology focuses on learning about, and teaching the elements of, positive emotion, engagement, meaning and positive relationships.⁶³

In a review of the growing body of research evidence regarding psychological wellbeing, Huppert concludes that ‘[i]nterventions which encourage positive actions and attitudes have an important

58 Jorm, *supra* note, 48.

59 Jorm *supra* note 48, at 3; Reavley et al., *supra* note 13, at 164.

60 Kitchener and Jorm, *supra* note 52, at 7.

61 Kitchener and Jorm, *supra* note 52, at 7.

62 SCOTT C. RATZAN, *Health literacy: communication for the public good*, 16 HEALTH PROMOTION INTERNATIONAL 207, 212 (2001).

63 MARTIN E.P. SELIGMAN, *FLOURISH* 12 (William Heinemann (Australian Edition).2011).

role to play in enhancing well-being'.⁶⁴ In a very general sense this is what positive psychology is all about – shifting the focus of attention from illness (including preventing illness) to the enhancement of wellbeing.

One of the continuing questions for us is: can you teach wellbeing or the enhancement of wellbeing? And can you teach it in a law school?

Teaching wellbeing (in the contemporary sense), in an educational setting, was pioneered by Seligman. The programs that he and his team developed have now been operating for more than 20 years. One of these programs, the Penn Resiliency Program (PRP), has been positively evaluated against control groups more than 17 times.⁶⁵

The PRP is aimed at developing in adolescents, the ability to handle day to day stressors and the stressors particular to their time of life. It is delivered over a number of classes (12 of 90 minutes or 18 of 60 minutes)⁶⁶ and covers resilience concepts and skills, including coping and problem solving skills.⁶⁷ The evaluations have shown that the program prevents clinical levels of depression and anxiety, reduces the symptoms of those conditions, prevents anxiety and reduces hopelessness.⁶⁸

We note here that one of the recommendations of the BMRI Report was that 'law students and legal professionals need to be made aware of, and prepared for, normal forms of stress in the normal workplace'.⁶⁹

We would add to that; *and to the stresses involved in law school education.*

The PRP may provide good support to legal education institutions seeking to implement mental health and wellbeing programs as it provides an example of a program which is preventative with respect to some forms of mental illness in an educational setting and because it is also particularly aimed at teaching young people to handle stressors.

It has already been proposed that positive psychology in support of student wellbeing in various

64 FELICIA A HUPPERT, *Psychological Well-being: Evidence Regarding its Causes and Consequences*, 1 APPLIED PSYCHOLOGY: HEALTH AND WELL-BEING 137, 154 (2009). Also of interest from an educational perspective is Huppert's additional conclusion that the science now shows that people with positive emotions tend to function better in life. This extends to (most forms of) cognition including having more flexible and creative thinking. This alone would seem to be a good reason for teaching some forms of positive psychology in Universities.

65 MARTIN E. P. SELIGMAN, RANDAL M. ERNST, JANE GILLHAM, KAREN REIVICH AND MARK LINKINS, *Positive education: positive psychology and classroom interventions*, 35 OXFORD REVIEW OF EDUCATION 293 (2009). Seligman has also developed a program of more general positive psychology for adolescents called the Positive Psychology Program. This program is based on signature strengths training together with interventions to promote 'resilience, positive emotion and students' sense of meaning or purpose'. The program was taught to Year 9 high school students in America. The students attended about 25 classes each of 80 minute during a school year. On evaluation it was found that the program had been shown to increase students' reports of their own engagement in school and their social skills. However, it appeared to have no effect on students' reports of their experience of depression and anxiety. In an even more ambitious program Seligman and his collaborators are working with Geelong Grammar in Australia to not only teach Positive Psychology to students but to embed it throughout the school curriculum. The elements of the Positive Psychology skills which are taught to students are 'resilience, character strengths, gratitude, positive communication, optimism'. At the time of his writing no evaluations of this initiative were available, *id* at 302.

66 See, Penn Positive Psychology Center at, <http://www.ppc.sas.upenn.edu/prpsum.htm> accessed 7 February 2013.

67 Seligman et al., *supra* note 60, at 297.

68 Seligman et al., *supra* note 60, at 298.

69 BMRI Report *supra* note 1, at 49 .

forms be taught as part of the law school curriculum.⁷⁰ For example, Peterson and Peterson propose the teaching of learned optimism, the building of positive emotion and the use of strengths theory to law students.⁷¹ As part of their research they ran a trial of the use of strengths theory at the George Washington University Law school.

Strengths theory is based on the notion that each person has personal strengths and qualities and that by identifying those strengths and using them in a conscious way, a person will thereby promote their wellbeing. This empirical study found a correlation between how often students used their top strengths in their daily lives and the three measures of wellbeing tested (satisfaction with life, stress measures and depression measures).⁷²

Peterson concluded that, theoretically, a university law school program including formal curriculum, which incorporated and focused on strengths theory might be able to provide a 'buffer against psychological distress'.⁷³

The use of strengths theory has been empirically shown more generally, in other studies, to lead to increases in wellbeing.⁷⁴

In Australia, it has been argued that law school curricula should include programs to increase students' levels of psychological literacy particularly through the use of strengths theory. James also proposes that instruction should include emotional intelligence training and mindfulness.⁷⁵

Mindfulness is an intervention particularly mentioned by Huppert as supporting wellbeing. It is defined as including 'bringing one's complete attention to the experiences occurring in the present moment, in a non-judgemental or accepting way'.⁷⁶ Mindfulness has its origin in the spiritual practices of Buddhist meditation, and in recent times these have been adapted for secular use.

Hassed et al. explain mindfulness in the following way;

*Mindfulness involves attention regulation and being in the present moment. It is based on the premise that while both pleasant and unpleasant experiences arise in daily life, the habit of judging or resisting those experiences heightens their impact. Thus acceptance is also a core element of mindfulness practice. Mindfulness meditation is the cornerstone of fostering mindfulness in day-to-day life.*⁷⁷

Mindfulness practices have been specifically adapted for stress management in a program known

70 See for example, Peterson and Peterson, *supra* note 2; James, *supra* note 5.

71 Peterson and Peterson, *supra* note 2, at 395-408.

72 Peterson and Peterson, *supra* note 2, at 411.

73 Peterson and Peterson, *supra* note 2, at 414.

74 See ALEX M. WOOD, et al., *Using personal and psychological strengths leads to increases in well-being over time: A longitudinal study and the development of the strengths use questionnaire*, 50 PERSONALITY AND INDIVIDUAL DIFFERENCES (2011).

75 Subsequently James and others tested the relationship between emotional intelligence and psychological wellbeing. They found that 'personality subsumes any effect of EI on our wellbeing'. COLIN JAMES, MILES BORE and SUSANNA ZITO, *Emotional Intelligence and Personality as Predictors of Psychological Well-Being*, 30 JOURNAL OF PSYCHOEDUCATIONAL ASSESSMENT 425, 435(2012).

76 R. A. BAER, et al., *Using self-report assessment methods to explore facets of mindfulness*, 13 ASSESSMENT 27, 27(2006).

77 C. HASSED, et al., *Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program*, 14 ADV HEALTH SCI EDUC THEORY PRACT 1, 3 (2009).

as Mindfulness-Based Stress Reduction (MBSR). We have noted that stress management has been identified as an important skill for law students.

In 2011, Keng examined 17 randomised controlled trials of MBSR (a number of which were studies involving American college undergraduates) and found that, overall, benefits included reductions in self-reported levels of anxiety, depression, anger, general psychological distress (including perceived stress), improvement in positive affect, empathy, satisfaction with life and quality of life.⁷⁸ In other words, its effects are both potentially preventative or ameliorative with respect to emotional distress and supportive of enhanced wellbeing.

An example of a program aimed at enhancing student wellbeing and teaching mindfulness based stress management in an Australian higher education setting is provided by the Faculty of Medicine, Nursing and Health Sciences at Monash University (Monash). First year students as part of their core curriculum undertake a program entitled the Health Enhancement Program (HEP) which includes mindfulness based stress management and lifestyle programs.⁷⁹ It is conducted by way of eight lectures and six two-hour small group tutorials.

In 2006, 148 students in this course were surveyed twice during their first year of study (at the beginning and the end of a six week period). The researchers concluded that the data suggested that 'self-care in the form of mindfulness-based stress management and lifestyle programs can improve student wellbeing'.⁸⁰ In particular, the study showed that the symptoms of depression and hostility in the students had decreased over the survey period.⁸¹

Not only does this program support the notion that wellbeing can be taught, it also provides an example of the provision, in a university setting, of mindfulness based stress reduction as part of the core curriculum.

Mindfulness programs are being run at a significant number of U.S. Universities.⁸² An example is provided by the extensive programs run at the University of Miami, School of Law (Miami). Mindfulness is taught at Miami in stand-alone subjects and also as part of more traditional subjects including professional responsibility and succession. Additionally, it forms the core of many extracurricular courses and activities. Looking at the range of offerings suggests that mindfulness has become a facet of the culture of the law school. As yet this approach has not been evaluated.

Education in positive psychology or wellbeing as part of health promotion is relatively new, as is the science of wellbeing. When designing mental health interventions for law schools, a range of established programs will be considered. Two being used in law schools are interventions based on strengths theory and mindfulness based programs. Both have been evaluated (although primarily with groups other than law students) and have been found to have ameliorative effects on emotional distress and to enhance wellbeing and thus should be considered by curriculum designers.

78 SHIAN-LING KENG, et al., *Effects of mindfulness on psychological health: A review of empirical studies*, 31 *CLINICAL PSYCHOLOGY REVIEW*, 1042, 1044-1045 (2011).

79 C. Hassed, et al., *supra* note 74, 4-6.

80 C. Hassed, et al., *supra* note 74, 9.

81 C. Hassed, et al., *supra* note 74, 8.

82 See for a list of many of them, SCOTT L. ROGERS, *The Mindful Law School: An Integrative Approach to Transforming Legal Education*, 28 *TOURO LAW REVIEW* 1189, 1190 at note 5 (2012).

If one accepts the BMRI report's recommendation in relation to preparing students for the stress of practice any such intervention should contain a significant element dealing with stress management.

3. INTERVENTION – DEVELOPMENT, DESIGN AND IMPLEMENTATION

3.1 Background and the need for change

The catalyst for change for the authors of this article was their attendance at the first of the annual public lectures in 2006 organised by The Tristan Jepson Memorial Foundation (TJMF).⁸³ The TJMF was established by the parents of Tristan Jepson, a former law student at the University of New South Wales (UNSW) who took his life at age 26 after a period of suffering from severe clinical depression. In discussions subsequent to his tragic death, Tristan's parents discovered a culture of secrecy among some of Tristan's friends who also suffered depression but had not sought help for it. The aims of TJMF include finding ways to address the causes of depression and anxiety in the legal profession. At the outset TJMF focused on two initiatives, one for law students and the second an annual public lecture targeting the legal profession. As with several of the participants, we were prompted to consider what the first annual public lecture meant for us. The College PLT program seeks to prepare law graduates for practice. Our initial question was; Is there an educational role in preparing law graduates for practice from a mental health point of view?

3.2 Consultation Phase

3.2.1 Consultation within the College and the profession

For three years we consulted informally and formally with the lecturers at the College. In November 2009 we invited a number of key external stakeholders to join lecturers at a meeting, to consider the educational needs of the College's PLT students in light of the developing concerns about the mental health of law students and lawyers. This group subsequently formalised into the Consultative Committee.⁸⁴ It comprised representatives from the College, New South Wales Law Society, New South Wales Bar Association, LawCare,⁸⁵ LawCover,⁸⁶ a leading university law school, the BMRI, two national law firms, beyondblue,⁸⁷ a psychiatrist, a social worker and the TJMF.

In essence, the committee took the view that there was a need to provide law students with mental health training.

83 See TJMF Webpage at, <http://www.tjmf.org.au/> accessed 11 september 2013.

84 This College meeting took place in Nov 2009

85 LawCare is a professional and confidential counselling service for solicitors and their immediate family members run by the Law Society of NSW. It is also available in other Australian States.

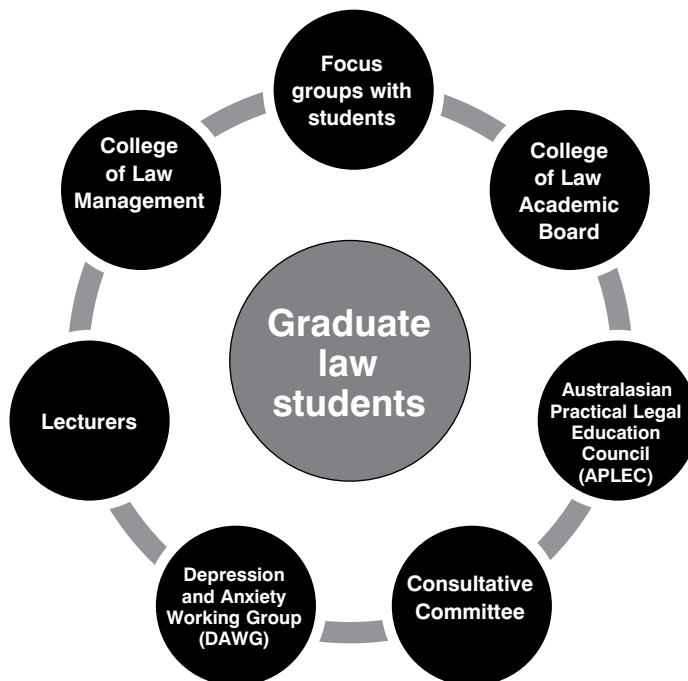
86 LawCover underwrites Compulsory Professional Indemnity Insurance (PII) for solicitors and provides other insurance services.

87 beyondblue is the national depression organisation

3.2.2 Depression and Anxiety Working Group

Arising out of the discussions with the Consultative Committee, the College was invited to join the Managing Partners' Depression and Anxiety Working Group (DAWG). This group was established by Managing Partners at five major law firms⁸⁸ to try and address the increasing incidence of depression and anxiety among lawyers in Australia. The group met regularly and worked collaboratively on, what was decided to be, an educational response. As a member of DAWG, the College became involved in the final design and production of a short film on mental health in the legal profession in Australia entitled *resilience@law* (the short film).⁸⁹ We were also given access to information from member firms of DAWG some of which had conducted focus groups of new lawyers within their respective firms.

Figure 1: Consultation Phase of Workshop Development



⁸⁸ Allens, Blake Dawson now Ashurst, Clayton Utz, Freehills now Herbert Smith Freehills, Malleasons now King & Wood Malleasons

⁸⁹ The College has subsequently taken responsibility for the ongoing distribution of the short film *resilience@law* to legal institutions and individuals working in law. It is made available free of charge subject to agreement as to use.

3.2.3 Australasian Professional Legal Education Council (APLEC)⁹⁰

An APLEC Conference is held annually and includes attendees mainly from Australia and New Zealand but also from South East Asia and the Pacific. During the consultation phase this provided us with a forum to present on aspects of our developing thinking and to generate discussion within the APLEC community. As awareness of the problem grew so did the interest of APLEC conference attendees.

3.2.4 Law Student Focus Groups

Law graduates enrolled in the College's PLT program are our key stakeholders and as such it was very important to obtain their input on any proposed component of the curriculum. We wanted to hear their observations of legal education and the legal workplace and explore with them their perceptions of what a workshop on mental health for law graduates should include and what would be of most interest and benefit to them. Three focus groups with students were held to obtain this information. The focus groups were facilitated by a College lecturer together with law firm representatives of DAWG (each of them being a human resource professional). The process involved generation of discussion by asking a series of trigger questions and then encouraging a free flow of discussion around the issues.

3.2.5 Outcomes of the Consultation Phase

A number of conclusions were drawn following this comprehensive and lengthy consultation phase, namely that:

- The need we perceived in 2006 for the education of law graduates about mental health issues was confirmed;
- It was appropriate for the College to include such education in its PLT program, placed as it is between law school and legal practice;
- Such education should be part of the core national curriculum to ensure a broad reach and impact,⁹¹ noting that the issues would in one way or another impact most if not all graduates at some stage in their careers (or in life);
- A key issue for the College was deciding who was to teach any such training; and
- Law graduates enrolled in the College's PLT program wanted any such education to approach mental health issues from a positive point of view, including information on how to remain well and build and maintain resilience.

3.3 Benchmarking

We also investigated what other legal educational institutions in New South Wales were providing by way of wellbeing and mental health training. There were a number of initiatives that we became

⁹⁰ APLEC represents all professional legal training courses in Australia, New Zealand and the Asia Pacific Region.

⁹¹ About 2400 students per year complete the College of Law PLT program.

aware of including, the University of Wollongong Law School's Vitality for Life program,⁹² the UNSW Law School LawPLUS program, the Macquarie University Law School's peer assisted learning program (PAL),⁹³ and the Faculty of Business and Law at the University of Newcastle's Peer Assisted Study Sessions (PASS).⁹⁴ All these programs are voluntary and, with the exception of Wollongong's Vitality for Life and Law program, all are peer assisted programs. However, although some address life and work or study skills, more often the focus is on course content and study skills rather than on developing psychological resilience and gaining awareness about mental health issues.

Our early thinking was to design and implement a program similar to the Vitality for Life and Law program but which would be compulsory for all students in the College's PLT program. That intervention, we planned, would focus on positive health and wellbeing and mental health literacy and be taught by appropriately trained facilitators.

3.4 Design phase

3.4.1 Mental health education as part of the core curriculum

The psychological distress of law students and lawyers is a matter of significant concern requiring a proportionate response. The College took the view that mental health education should be a part of the core curriculum so that it might have a broad impact and maximum effectiveness for all students. In early 2010, the College committed to developing a program of mental health education as a compulsory part of the curriculum for incoming PLT students.

3.4.2 Designing the intervention

The design phase led to the development of the Resilience and Wellbeing for Lawyers component of the College's PLT program. Our aims in designing the workshop were to support student wellbeing, particularly in providing stress management training, to provide mental health education including the provision of resources to support appropriate help seeking and to address the stigma attaching to those having a mental illness.

At the outset, it was important to identify that the new training would align with the PLT competency standards for entry level lawyers as prescribed by the rules of the Supreme Courts of

92 It aims to provide students with the opportunity to learn life and work skills which will enable them to thrive in their personal and academic life and to build a successful and sustainable career in the legal profession. The program involves a commitment to a series of evidence based interactive and experiential one hour weekly seminars which focus on strategies for minimising stress, maintaining a healthy lifestyle, enhancing physical health and wellbeing, building a supportive environment, developing psychological resilience, communication skills and reflective learning skills, strengthening emotional intelligence and self-awareness.

93 The learning sessions are run weekly for one hour and are peer facilitated, student supported and voluntary. The session reviews the weekly material, both lecture and tutorial, focusing on elements the PAL participants want to discuss and revisit and integrates course content with study skills and exam preparation. See PAL information at www.arts.mq.edu.au/current_students/undergraduate/peer_assisted_study_sessions accessed on 18 September 2012.

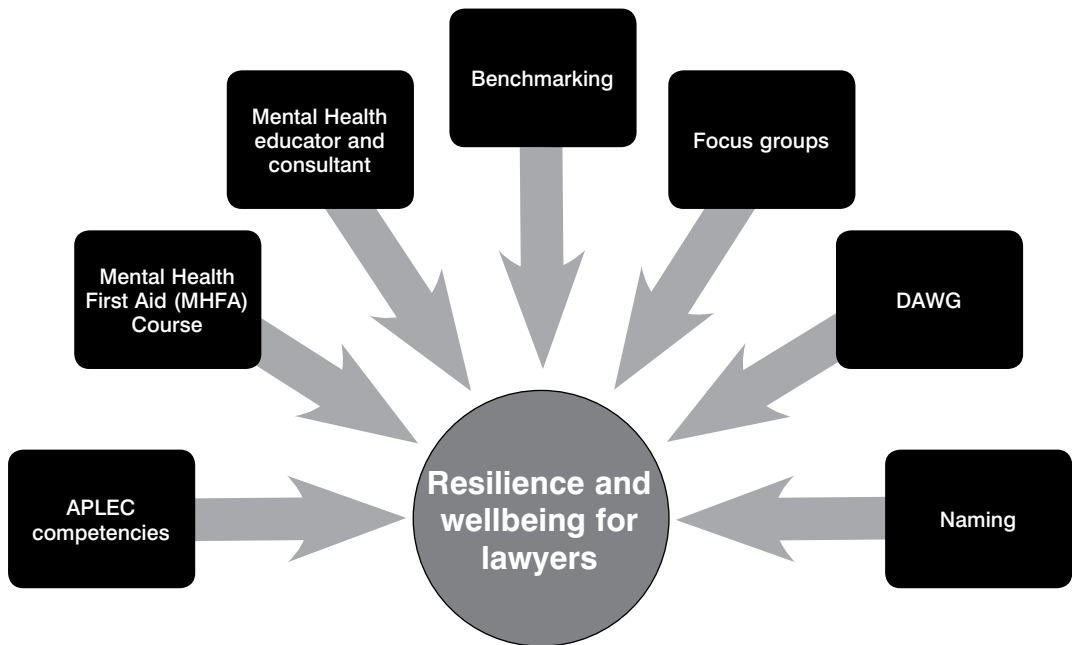
94 The PASS program consists of one hour weekly review sessions which provide students with an opportunity to compare notes discuss difficult concepts and review weekly materials in an informal setting. The sessions are conducted by PASS leaders who are students who have already completed the course and who have excelled in their results. See PASS information at www.newcastle.edu.au/faculty/business-law/for-students/current/pass/ accessed 18 September 2012.

the various States and Territories. The competencies included standards for Work Management and Business Skills and Ethics and Professional Responsibility⁹⁵ and we concluded that the new training would align with these.

As we did not have prior training in mental health or psychology and in order to educate ourselves prior to designing the new training, we completed a MHFA course. The training provided by that course is designed to enable delivery of mental health training by non-health professionals to non-health professionals. One of the key aims of the MHFA course is to make it broad-based so as to reach as many people as possible while still maintaining appropriate standards. This approach was an important discovery for us and was a turning point in our thinking. We realised that it was possible for law lecturers (as non-health professionals) to be trained to deliver mental health information to the College's non-health professional law graduates.

As the College did not have the resources to carry out the full design and preparation of materials for the new training, it was decided to consult and collaborate with a professional mental health educator. The person we approached was (at that time) a professional mental health educator and a former lawyer.⁹⁶

Figure 2: Inputs for and Influences on Workshop Design



⁹⁵ See APLEC Competency Standards at http://www.aplec.asn.au/Pdf/Competency_Standards_for_Entry_Level_Lawyers.pdf accessed 11 September 2013

⁹⁶ Susan Goldie – mental health educator and trainer of MHFA trainers.

A key issue for us was what mode of delivery should be used. We felt strongly that, as it was to involve mental health and self-care skills training, it should be taught face-to-face. However, the PLT onsite programs were already very full. Given the time constraints it was agreed, after much discussion, that the new training would take the form of a two and a half hour workshop⁹⁷ to be conducted during an onsite in small groups of up to 20 students.

Having decided on the workshop format, consideration was given to assessment. It was decided that the workshop would require attendance and adequate participation and that it would be graded as satisfactory/unsatisfactory. This was considered appropriate given that the aims of the workshop and the nature of the material covered lend themselves to a non-threatening and non-competitive environment. This approach was also consistent with the College's policies relating to other areas of skills training (for example advocacy and negotiation).

Given that law lecturers would facilitate the workshops, as a design principle, it was also important to acknowledge the limits of what could be taught by them as non-mental health professionals. A lecturer's role in the workshop was determined to be one of providing information and facilitating discussion and not one of counselling or advising. This was a strong focus of lecturer training.

We chose to call the workshop 'Resilience and Wellbeing for Lawyers' to reflect the student preference expressed in focus groups, for mental health material to be introduced by way of concepts such as resilience and wellbeing.

Throughout the design process we were supported by and drew from the many ideas that had been offered to us during the consultation phase including the DAWG and the materials they provided, the focus groups and the input of the Consultative Committee. By late 2010 we were ready to run the first pilot workshops.

4. THE WORKSHOP: RESILIENCE AND WELLBEING FOR LAWYERS

4.1 Elements

4.1.1 Teaching method

As the workshop is taught in small groups, the teaching spaces are set up so that students can work flexibly in groups of four-five and also as a whole group. In the workshop, the lecturer takes the role of facilitator, provides information and more importantly opportunities for discussion in both small groups and as part of the whole group. A key task for the lecturer is to develop a supportive environment in which to do this. Students are encouraged to raise any questions they have or concerns with the facilitator during or after the workshop.⁹⁸

97 The workshop is now 3 hours.

98 At the outset we were concerned about how to respond to a student becoming upset in class. In order to manage this we now have in place a backup system involving having a lecturer with MHFA training outside class designated as a 'go to' person should the need arise. The lecturer, if the need arises, can take the student to the 'go to' lecturer and return to class. Fortunately this backup has been needed in less than a handful of cases.

It was initially envisaged that a co-facilitation model be adopted for the workshop. This model is considered to have advantages for the facilitators who can complement and support each other and for the students who have the benefit of a diversity of perspectives and styles. Such an approach would also have the benefit of modelling of collaborative behaviours. However in light of the number of courses and students being taught this has not been possible to achieve.

4.1.2 Materials

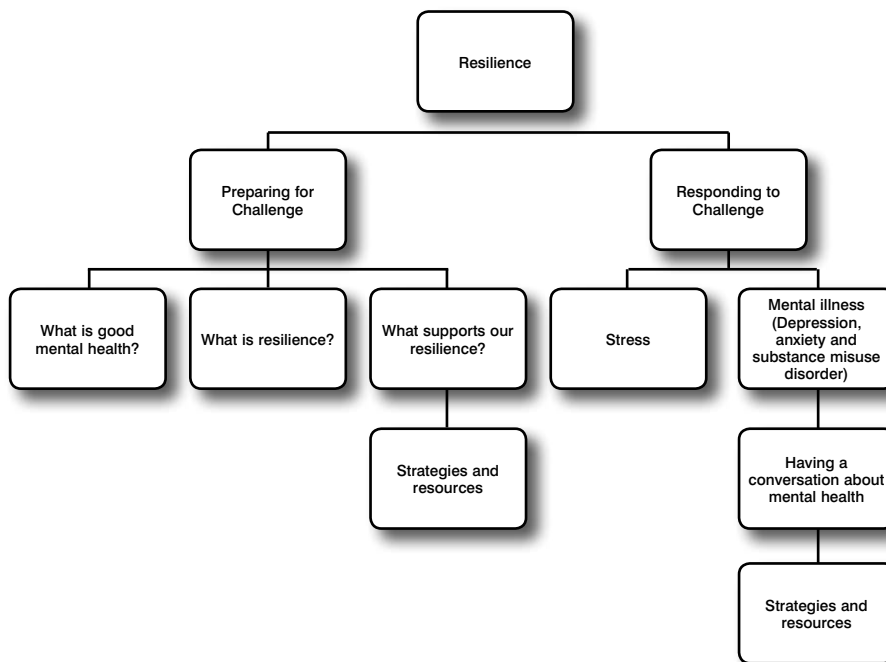
Working with our consultant, it was decided that the student materials would take the form of a workbook and that lecturers would be supported by print and online resources. The workbook⁹⁹ was designed to be used in the workshop and for students to take away and use in the future at work or at home. It includes a mix of information, discussion points, activities and other resources. Students are encouraged to reflect on the material covered in the workshop and what they might take away and adopt from it in their daily lives and also to complete the workbook activities not covered in class. They are also encouraged to retain the workbook as a useful resource.

4.1.3 Content

Part of the College's workshop seeks to educate students about common mental illnesses and their symptoms through discussion, supported by the workbook. Students' learning is further enhanced by viewing the short film in which lawyers graphically describe their lived experience of mental illness. The workshop then covers appropriate help seeking. Again this is undertaken through discussion supported by the workbook, which provides material about the sources of appropriate assistance and lists other resources (mainly online resources).

⁹⁹ A copy of the index to the workbook is Appendix 1

Figure 3: Workshop and workbook structure



Conceptually we use the term ‘resilience’ in two ways. The first is that of considering resilience as a *preparation* for challenge. Here students are asked to consider the important elements of good mental health which include a full range of emotional responses, important relationships and a range of personal resources to support their overall wellbeing. We also consider the nature of resilience and the resources we have or may develop to support resilience. Students complete activities in class (or at home) that support the development of proactive steps or strategies to build or maintain resilience.

Resilience is then considered in the context of that which we require when *responding* to challenge. This is considered in terms of our cognitive, emotional and behavioural responses to challenge, particularly stress. The concept of stress, both good and bad, is explored and warning signs of negative stress are considered. Students complete activities which look at what causes stress at work, realistic thinking, managing stress and time management. These all support the development of strategies to help students manage stress.

The workshop then moves to a discussion of what occurs when the individual’s resources and resilience are not enough. We commence to work with a definition of mental illness and provide information about the way that it impacts a person’s whole being; emotions, cognition, behaviour and physical wellbeing. Depression, anxiety and substance misuse are discussed as they are the most common mental illnesses suffered by Australians (and commonly coexist). Signs that a

person who has depression, anxiety or a substance use disorder (or a combination of these) might exhibit at work are discussed, together with statistics on common mental illnesses in the broader Australian community and the associated poor rates of help seeking.

The workshop is underpinned by the short film. Lecturers can use their discretion as to when this should be played, but our experience has shown that it is effective to play the short film prior to any discussion on mental illness. This is because it provides stories from real life describing what depression, anxiety and substance use disorder can look like more generally and in the workplace. The short film can be confronting but, in our experience, is ultimately uplifting. It sends a message of hope that collectively and individually we can reduce the impact of common mental illness at work and at home.¹⁰⁰

Components on how to talk about mental health concerns (our own or another's), being an effective listener and getting help for a mental health concern are also covered. Finally, reference is made to the part of the workbook which includes information on types of professional help available and other related resources.

4.2 Implementation

4.2.1 Pilot workshops

Prior to rolling out the workshop nationally we conducted two pilot workshops. On both occasions the workshop worked well. Informal discussions with the students prior to and during the workshops helped us to further develop our approach. For example, on the basis of feedback from the first pilot workshop, in the second pilot workshop we made it clear at the beginning of the workshop that there was neither a requirement nor expectation that students would make personal disclosures during the workshop. Following each of the pilots there was further fine tuning of the content and the ordering of activities. We also asked the students who participated in the pilots to complete an evaluation. The responses were overwhelmingly positive in relation to both the relevance of the material and presentation of the workshop.

4.2.2 Timing

The workshop was initially placed towards the end of an onsite week, prior to a number of assessments. However the challenge was that the attention of some students was significantly diverted towards their assessments, and after careful consideration the workshop was moved in the timetable to the first day of the second face-to-face intensive onsite week, where the focus was on teaching and learning rather than on assessments. The workshop is therefore now scheduled approximately two-thirds through the PLT program, and it has been observed that students are more able to focus on the workshop at this time.

4.3 Law Lecturers as Mental Health Educators

Formal expressions of interest were called from lecturers who would be interested in presenting the workshops. Consideration was given to these, as well as the level of interest and enthusiasm the lecturers had expressed more informally about the workshop during the consultation and design phases. For the first intake of lecturers to teach the workshop, consideration was also given to the

¹⁰⁰ In fact students in evaluations most often cite the short film as the aspect of the workshop that they most like.

attributes of lecturers most appropriate to teach it. As the workshop became more accepted as a normal part of the PLT program some lecturers who had been sceptical or non-committal about its inclusion have come forward actively seeking to train for and teach it.

Lecturers at the College are drawn from the practising legal profession and do not (with one or two exceptions) have any prior training in psychology or mental health. As stated above, it was important for all lecturers seeking to teach the new workshop to complete MHFA training. Completion of the MHFA course would enable lecturers to achieve a level of mental health literacy and assist them to acquire the knowledge and confidence to teach the new workshop effectively and improve their interactions with students generally. After completing the MHFA course lecturers received a further one day of in-house training.

This further training was designed to assist lecturers to become more familiar with and competent in using community mental health language, to practise the skills they acquired at the MHFA course and to familiarise themselves with the key concepts of resilience and stress which are pivotal to the teaching of the workshop. Lecturers are then guided through the students' workbook allowing opportunity to explore the student activities in small groups. The overall pace and timing of the workshop was considered.

Many lecturers expressed their concerns about teaching subject matter outside their 'comfort zone'. The train the trainer program provided an opportunity to address lecturers' fears and to manage their expectations about possible student reactions to and in the workshop. Examples of difficult questions or conversations that might arise in the workshop are addressed by working through a hypothetical student response scenario and general discussion.

More than half the lecturers in the College's PLT program, have now completed the training requirements to teach this workshop. As the majority of lecturers teach across most subjects in the program, the percentage of trained lecturers is expected to grow over time.¹⁰¹

The teaching by the lecturers is supported by lecturers' resources. These resources include definitions of key terms used in mental health, suggested approaches to setting the context of the workshop, discussion points and resources to support key activities, suggested timetable and copies of relevant articles.

Ongoing peer support is provided for lecturers in the form of debriefs both formal and informal. Periodically there are meetings to discuss content or process issues arising from the teaching of the workshop. This is a valuable opportunity for lecturers to share their experiences and gain insight into ways that particular student questions or concerns have been addressed. Following each offering of the workshop at a College there is often an informal debrief among lecturers on how the workshop went on that occasion, any difficulties that arose and how improvements could be implemented.

As the workshop is facilitated by a single lecturer there were concerns as to how best manage the workshop particularly if a student became distressed. The solution was to appoint a designated

¹⁰¹ The College operates in six locations and is staffed by lecturers from four campuses. The MHFA training and the Train the Trainer program were mainly undertaken by lecturers in their own city. With multiple full-time and part-time general courses offerings of practical legal training through each of the four Colleges and numerous other courses offered with large and medium size firms around the country there is a significant and ongoing demand for lecturers to teach this workshop. As mentioned earlier more than 2,400 students are now completing this workshop as part of their practical legal training each year.

'go to' person whenever the workshop was taught. That person would be an appropriately trained lecturer who would be available to provide support for a distressed student if the situation arose. This would allow the lecturer running a workshop to hand the distressed student to the 'go to' person and then continue with the workshop without undue delay. This solution has proved to be effective and there are only three cases, of which we are aware, where this has occurred in almost three years of running these workshops.

5. WORKSHOP EVALUATION AND OUTCOMES

Student evaluations

Student evaluations were sought across the first six months of workshop implementation and 1216 students from all College campuses completed evaluations.¹⁰² The response rate was 76.91%, which may be regarded as being relatively high. We think that this rate was achieved because the evaluations were completed and collected in class at the end of the workshop.

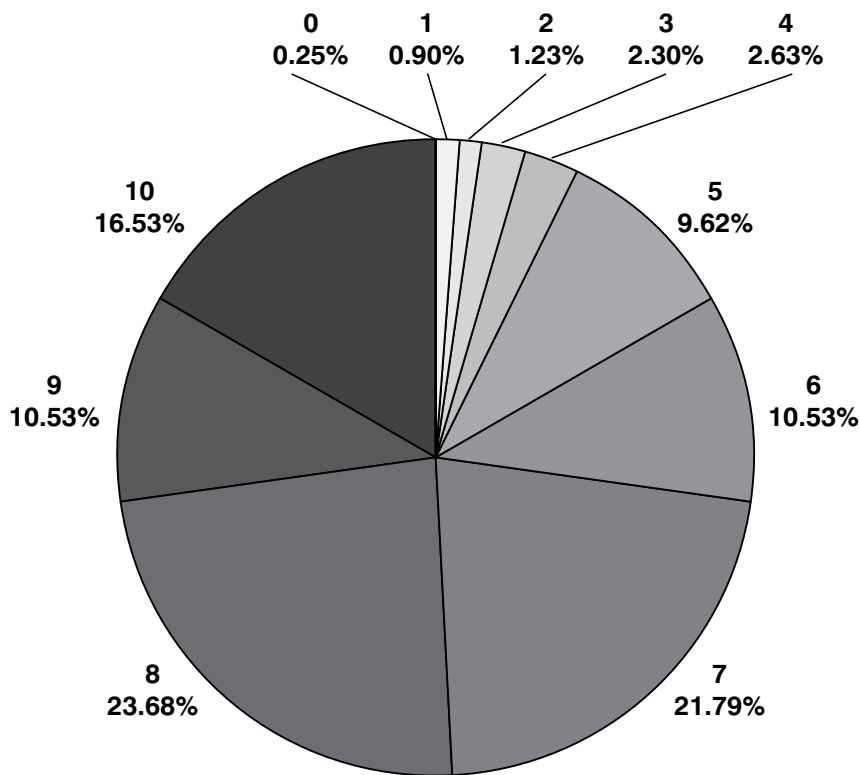
The evaluation questionnaire included six questions, seeking both quantitative and qualitative responses.

In 2011 women comprised 60% of and men 40% of College students. Although the survey did not record the gender of respondents we have no reason to believe that it did not accord with the gender balance in the student population for that year. In the same year 80% of our students were 30 years of age or under. In future surveys we intend to gather more specific data about gender and age. This will assist us in further research including differentiating responses by gender.

In the evaluation, students were first asked to score the relevance of materials presented in the workshop; 83.06% of students indicated a score of 6 or higher where 0 indicated 'Not at all relevant' and 10 indicated 'Very relevant'.

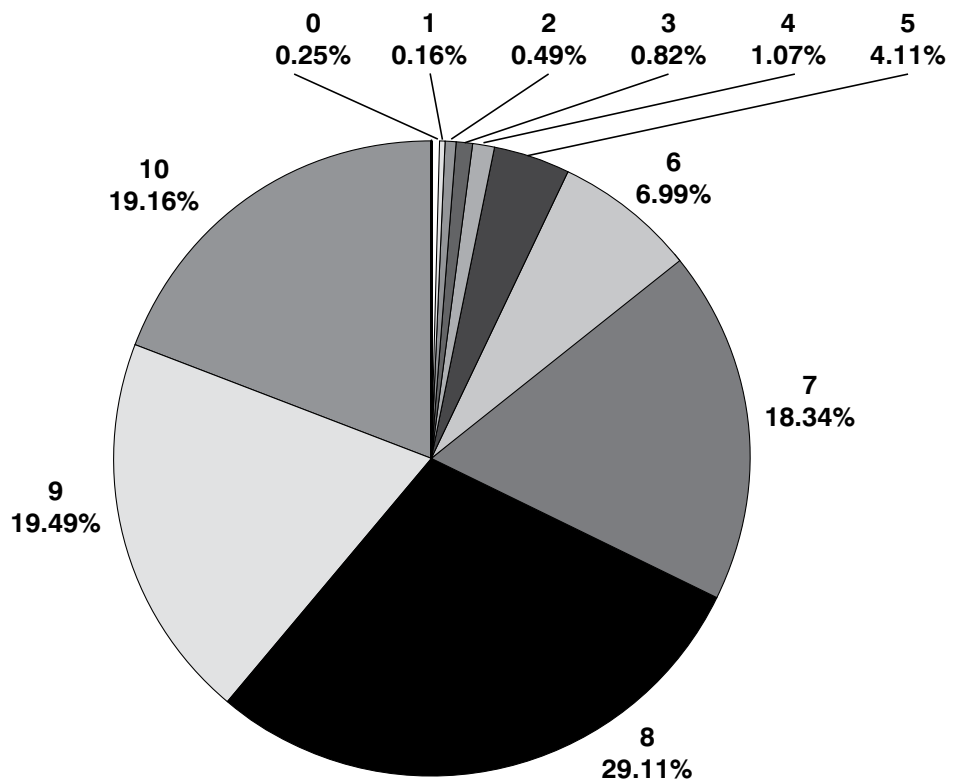
¹⁰² Participant evaluation forms for the workshop are at Appendix 2

Figure 4: Student perceptions of workshop relevance



Second, students were asked to score the presentation of the workshop; 93.09% of students indicated a score of 6 or higher where 0 indicated 'Not well presented' and 10 indicated 'Very well presented'.

Figure 5: Student perceptions on how well the workshop was presented



From these responses, the comments made by students in answering qualitative questions in the evaluations and from the experience of those teaching the workshop, it would appear that the students perceived the workshop to be highly relevant to them and very well presented.

Third, students were asked what aspects of the program¹⁰³ they particularly liked. The responses most commonly referred to the short film (DVD) and the ‘openness’ of the program which suggests that students value the opportunity to discuss mental health issues openly and in a supported environment. Student comments included the following:

The DVD provided more of a personal approach to the topic. Inspiring and motivating to learn about other practitioners experience with depression and anxiety.

The DVD. It showed that many people go through it especially in law. Makes it feel like it is okay to have these feelings of stress and that you can get help and still continue your career. You don't need to hide from the world.

It was good to be able to talk about the issues of depression and anxiety.

Opportunities to discuss the issues with people with different experiences.

¹⁰³ In the evaluations the workshop was referred to as the ‘program’.

Some comments supported the idea that psychological or mental health literacy should be taught at different points in a law student's life as part of a continuum.

All of it. This should be shown at the start of law school and again when people start as grads.

Fourth, students were asked whether there were aspects of the program they particularly disliked. Almost 70% of students did not respond to this question, from which we concluded that the majority of students did not dislike any particular aspects of the workshop. The 30% of students who responded to the question made comments related mainly to timing, structure and length of the workshop, rather than the content.

Fifth, students were asked whether there was anything else they would like to be included in the program. Again, almost 70% of students did not respond. Of the approximately 30% who responded a significant number wanted more! They wanted more personal stories (ideally) by guest speakers and they wanted more skills, information, discussion and activities. Given the frequency and multiple locations of our workshop offerings it is not possible for us to provide guest speakers at each workshop. These responses from students would support those in legal education institutions seeking to implement longer and more comprehensive interventions.

Sixth, students were asked about their overall response to the program. The responses were grouped into positive, neutral and negative: 82% of comments were positive, 15% were neutral and 3% were negative. Examples of student comments are shown below.

Discussing the problem of depression openly and with sympathy.

Gave practical advice on coping strategies and how to help others.

Delivered well. Good that it was delivered by a lawyer with experience.

The course is a must. Given the statistics and the prevalence of mental illness, this course provides a basis to work from and a help in recognising the signs in yourself before it advances to a level that requires extensive assistance.

I think it is fantastic that College of Law is running this program. It has heightened my awareness and no doubt others. It is the right time to discuss these issues when many are starting out.

I believe the program is extremely relevant and should form a permanent fixture of the College of Law

It was great it reinforced for me that stress and depression are real and treatable, and that I'm not alone in feeling overwhelmed at times.

Very useful and informative. Has made me aware of the issues, associated with work and personal circumstances and I felt better equipped to deal with a situation should it arise.

Very positive. I think it is an important subject to have in the overall course.

Good. Made me realise how prevalent mental illness is in the legal profession and helped us learn to deal with these issues rather than be embarrassed or ashamed

It is a great program for students to do. It helps them understand how to better cope with stress and anxiety – which I'm sure most students feel when they are fresh out of uni and about to start work in a law firm.

About time the legal profession are recognising that people do experience anxiety and depression – well done.

Very beneficial seminar. Hopefully other law firms will follow by example.

We plan to collect a further set of student evaluations shortly using the same questionnaire.

5.2 Lecturer experiences

While there has not been a formal evaluation of lecturers' experiences in delivering the workshop we have had formal and informal debriefs with lecturers (at each campus and nationally) in group settings and individually.

Lecturers have told us of their heightened awareness of mental health issues and the development of their skills through their training for and delivery of the workshop. They spoke of the challenge and stimulation arising out of varied experiences in the workshops and the sense of accomplishment they felt having successfully taught it.

They also reported a greater insight and understanding of their own students and a feeling of being better prepared to respond to their students' needs, particularly their mental health needs.¹⁰⁴

From our own observations, and also as reported to us by other lecturers, it would appear that there has been very little if any resistance or reluctance by students to attending and participating in the workshop.

5.3 Learning outcomes

5.3.1 Student mental health literacy

Although we have not yet formally assessed the learning outcomes, there are some indicia of success. First, the comments made in student evaluation forms referred to above suggest that some have been able to 'take on board' a measure of health literacy.¹⁰⁵ Second, we know of students who have realised, during the course of the workshop or following it, that they have a mental health problem or concern and that they have subsequently sought appropriate advice and treatment.

Earlier we referred to Nutbeam's analysis of the three levels at which health education might operate.¹⁰⁶ The College workshop promotes functional health literacy (the first level) as it provides students with mental health information including the sources of appropriate assistance in the health system.

At the second level is 'interactive health literacy' which is focused on 'the development of personal skills in a supportive environment'.¹⁰⁷ The workshop also works at this level. It is not simply an information session. It is interactive and undertaken in a supportive small group environment and is aimed at some skills development. Learning about the symptoms of common mental illnesses and where to seek help for a mental health concern are the subject of an activity and class discussion supported by the short film and its expression of the lived experience of common

104 Which extends only to general pastoral care and providing Mental Health First Aid (as first responder).

105 For example: 'a help in recognising the signs in yourself before it advances to a level that requires extensive assistance'; 'it reinforced for me that stress and depression are real and treatable'; 'Made me realise how prevalent mental illness is in the legal profession and helped us learn to deal with these issues'.

106 Nutbeam, *supra* note 46, at 265.

107 Nutbeam, *supra* note 46, at 265.

mental illnesses by members of the profession.

'Critical health literacy'¹⁰⁸ which is the third level, supports cognition and skills in and around identifying the social determinants of health and looking at effective social and political action. At this level, the workshop provides a forum in which new law graduates may further explore the culture of the legal profession and the culture of law firms. They then may go on to consider how those institutions might need to change to better support the health and wellbeing of those working in the profession.

The issues raised, and the manner in which they are raised, vary considerably from workshop to workshop (this is both a source of pleasure and challenge for our lecturers). Thus whether these broader issues are considered in a class is determined by the class itself. Some classes focus significantly on them and in doing so function at this third level.

To what extent does the workshop develop the social benefits referred to by Nutbeam? In the case of law students and in the context of the form of health literacy dealt with in this article, these might include an increased ability to respond to peers, family or friends experiencing the symptoms of mental illnesses. This is briefly covered in the workshop and the workbook also contains supporting material.

For some students it might also lead to an increased ability to engage in community action in and around Mental Health Law and Policy and the rights of those suffering mental illness.

Another aspect of critical health literacy supported by the workshop is the development of social capital. This might include greater knowledge and understanding of mental illness itself and of (future) clients who may be suffering a mental illness (or emotional distress). At the beginning of the paper reference was made to the study undertaken in 2007 by the ABS¹⁰⁹ of the mental health of the Australian adult population. As it concluded that a very significant proportion of the adult population suffered a mental illness in any one year it is likely that many students who go into legal practice will at some time act for a person (or persons) with a mental illness. It would almost seem reasonable to assert, that for this reason alone, that all law students, particularly those intending to practice, be trained in mental health literacy.

In the university context, where clinical legal education is taught, it would seem that mental health literacy might appropriately be taught as part of or associated with that subject. Self reflection is an important aspect of clinical legal education. As part of that process students are required or encouraged to reflect on their performance and as part of that, their capacity to assume the professional role. Students might be encouraged also to reflect on the personal resources they have and may need to develop to assume that role. Part of the context, for undertaking such a reflection, could include information about mental health issues in the profession and mental health literacy training. It might also include evidence based wellbeing and resilience training, particularly stress management training.

We argue above that mental health training may lead to the development of social capital. In a clinical legal education program this might also prove useful in the context of student reflection. Students might be encouraged to reflect on a client's responses in any interaction and the student's own assessment of the client. Both the reflection and the assessment might, in appropriate cases,

108 Nutbeam, *supra* note 46, at 265.

109 See National Survey, *supra* note 9.

be informed by such training.

It has been said that there is a strong correlation between malpractice and misconduct by legal practitioners and their having suffered a mental illness. It would be worthwhile considering and researching the ameliorative effect (if any) of mental health literacy on the rates of malpractice and misconduct in the profession. The relevant argument might be that receiving mental health literacy training will enable law students and lawyers to more readily identify the symptoms of mental illness in themselves, leading to earlier treatment and thereby reducing risks to clients (of a practitioner who may continue to practice with an untreated mental illness affecting their ability to function).

Finally, the workshop works at one other level. It demonstrates to students that as lawyers we can discuss mental health issues, resilience and stress management together in an open way. Our very clear perception is that law graduates are ready, willing and able to engage in this. The words of students in workshop evaluations best express this;

Discussing the problem of depression openly and with sympathy.

Opportunities to discuss the issues with people with different experiences.

It was good to be able to talk about the issues of depression and anxiety.

5.3.2 Supporting law student wellbeing and resilience

In designing the College program students told us that this was the way to engage them about mental health issues, that is, by focusing on resilience and maintaining wellbeing. The workshop commences with a focus on wellbeing and resilience – both prevention of illness and measures to enhance wellbeing.

In our experience law students are keen to participate in discussion about these topics, and although we have not measured whether their wellbeing and resilience has improved after the workshop, student evaluations provide support for the proposition that they have gained a greater understanding of what they need to do to stay well.

6. RECOMMENDATIONS

6.1 Law students should receive mental health literacy training

We suggest that all law students receive mental health literacy training on the basis of the material set out in sections 2.2 and 5.3.1 and primarily for the many potential benefits it might bring to both law students and their communities.

6.2 Mental health literacy can effectively be combined with wellbeing and resilience training

Although we are not entirely sure of the reasons, we know that there is a significant decline in the wellbeing of the student population as they attend law school. It is reasonable to assert that it is the responsibility legal education institutions to implement appropriate interventions which might both ameliorate students' increasing emotional distress and enhance their wellbeing.

In this paper we have reviewed three interventions which have been the subject of positive

evaluations. These and others might form the basis of interventions in our institutions and further research.

It would seem both appropriate and feasible to combine interventions aimed at enhancing the wellbeing of law students including stress management together with mental health literacy training, as they are so closely related. The College's workshop confirms that this can be accomplished.

One key reason for this is that as we have noted law students asked us to take a positive approach (an approach promoting student wellbeing), to mental health training. We can now say after three years that, that from our experience working with Australian students, that this is a way in which to engage law students in learning about mental health issues.

6.3 Legal education institutions should consider making mental health literacy training and wellbeing training part of the core curriculum

It is generally agreed that the emotional distress of law students and lawyers is an important issue.

Legal education institutions and the bodies regulating them are considering how appropriate responses might be reflected in relevant standards. For example the College, as a PLT provider, is governed by the APLEC Competency Standards for Entry-Level Lawyers (2002) (the Standards) which are currently under review. Some possible matters for review have been identified and a proposition for each matter has been formulated for the purpose of facilitating discussion.

Proposition 5 provides – That the Standards should require PLT providers to make students aware of resources available to them relating to cultivating wellness, developing resilience and dealing with depression.

This aligns our view that mental health literacy and wellbeing should be a compulsory part of the PLT curriculum (and we argue by extension the curriculum of all legal education institutions) so as to achieve broad and equitable impact.

6.4 Law lecturers can be mental health educators

Our experience has been that law lecturers suitably trained and with a genuine interest and ability to engage with mental health material and issues are adaptable to teaching courses related to law students' and lawyers' mental health.

MHFA training for lecturers has significantly supported the teaching of the workshop. In light of the proportion of young people suffering mental illnesses and the greater proportion of tertiary students, particularly law students, suffering emotional distress, it would be prudent for all lecturers and other student-interfacing roles in legal education institutions to be trained in MHFA.¹¹⁰ In our view this should be a priority.

¹¹⁰ We understand that as part of a range of mental health initiatives being undertaken by Victoria University, that all staff of the university (academic and non-academic) have been offered the opportunity to undertake MHFA training. As yet no evaluation of this program is available. This would seem to be a very appropriate initiative.

6.5 Mental health training should align with standards for law schools

In 3.4 above we noted our decision to align the Resilience and Wellbeing Workshop with the relevant Competency Standard. For Australian universities Threshold Learning Outcomes (TLOs) have been established for the Australian Bachelor of Laws degree, as part of the Learning and Teaching Academic Standards Project (LTAS).

If mental health and wellbeing training is to be provided to law students it will be important to align the programs with the appropriate standards.

In Australia that is TLO 6, 'Self Management', the text of which is as follows;

Graduates of the Bachelor of Laws will be able to:

- (a) learn and work independently, and
- (b) reflect on and assess their own capabilities and performance, and make use of feedback as appropriate, to support personal and professional development¹¹¹

In consultations with the profession, TLO 6 was acknowledged as critical to professional practice because it incorporated a capacity for resilience through personal awareness and coping skills that might include openness to assistance in times of personal and professional need.¹¹²

Huggins and others have written a very detailed paper on the implementation TLO 6.¹¹³ In the paper they write that TLO 6(a) 'may address a broad range of skills including time management, stress management, resilience and emotional intelligence'.¹¹⁴ The paper goes on to offer advice and strategies for implementing TLO 6 in the design and delivery of law school curricula. In so doing the authors say that their work was informed by the 'aim of promoting students' wellbeing'.¹¹⁵

During the College workshop we have noted that students reflect on the nature of the meaning of good mental health and resilience, what supports resilience in themselves and others, the nature of stress and the way that they manage stress. This type of material falls directly within the scope of TLO 6. Although admittedly the workshop is only 3 hours long, the evaluations and our own experience suggest that students are strongly engaged by the workshop and describe a shift in their awareness and perceptions as a result. As such, this aligns with TLO 6.

111 AUSTRALIAN LEARNING AND TEACHING COUNCIL, *Learning and Teaching Academic Standards Project Bachelor of Laws Learning and Teaching Academic Standards Statement*, 50 (2010).

112 AUSTRALIAN LEARNING AND TEACHING COUNCIL, *Good Practice Guide, Threshold Learning Outcome 6 Self Management*, 23 (2011).

113 ANNA HUGGINS, SALLY KIFT AND RACHEL FIELD ANNA HUGGINS, *Implementing the Self-Management Threshold Learning Outcome for Law: Some Intentional Design Strategies from the Current Curriculum Toolbox*, 21 LEGAL EDUCATION REVIEW 183(2011) [hereinafter *Implementing*], see also A. HUGGINS, *Autonomy Supportive Curriculum Design: A Salient factor in Promoting Law Students' Wellbeing*, 35 UNSWLJ 683(2012).

114 Huggins *Implementing*, *supra* note 111, at 184.

115 Huggins *Implementing*, *supra* note 111, at 193.

7. CONCLUSION

Many law students experience elevated levels of emotional distress during their time at law school. Research shows that elevated levels of emotional distress are statistically significant predictors of serious mental illnesses. Thus it can be asserted that law students are an 'at risk' group. Lawyers are experienced at managing risk and it is likely that many different initiatives will be needed and will be designed and implemented by legal education institutions to respond to this risk.

Much work is being done to identify the factors associated with psychological distress in law students, particularly in the structure, pedagogy and curriculum of law school. Informed by this context much work is also being done to renew law school curricula and teaching.

Earlier in the paper we noted that many different interventions will need to be developed to meet the risks that have been identified. This argument has been significantly supported and developed by the University of Melbourne researchers.¹¹⁶

Mental health literacy and wellbeing training, we argue, should form part of the training of all law students. However, it is only one part of any comprehensive response to law student psychological distress.

The intervention we propose has two elements. The first is to provide all law students with mental health literacy training. Providing such training would appear to be a most appropriate response to risks that students face. It is likely that this form of training will also have indirect benefits including the building of social capital. Our experience at the College is that this form of training can be undertaken at little cost. Using the MHFA as a model program, mental health training can be appropriately provided by non-mental health professionals, in our case law lecturers. This approach has been successfully implemented at the College.

The second element is developing programs to support law student wellbeing. In light of research finding about the mental health of university and college students and an increased public discourse about mental health, it is increasingly common for policy making bodies and those setting the learning standards (or best practice guidelines) for students to include a requirement that institutions work to support the wellbeing of students. In our view interventions which might be developed to meet these aims might effectively be taught in association with training in relation to mental health literacy and should include stress management training.

In light of the mental health risks faced by law students it is both necessary and feasible to include such interventions as part of the core curriculum of legal education institutions.

There is now a healthy community of learning developing in this field and we and many others hope that the momentum which has now built for the development of new initiatives supporting the mental health and wellbeing of law students will continue. At the College we aim to move to a formal evaluation of the Workshop and also to review its current form particularly, the extent to which we teach first aid behaviours, improvements in our teaching of mindfulness and stress management and the addition of suicide prevention material.

The growing body of literature about the mental health of law students perhaps sheds new light on the words of John Dewey:

Education is a social processeducation is not a preparation for life; education is life itself.

116 Larcombe and Fethers, *supra* note 29.

Appendix 1 – Resilience materials index

Resilience@law: Mental Health and Wellbeing in the Legal Profession

Contents

Introduction

What the research says about...

Awareness and education

Removing stigma

Self care strategies

Support and resources

Workbook overview

Resilience

Why does this program focus on resilience?

What is resilience?

Building resilience - preparing for challenge

Good mental health and wellbeing

Building resilience - responding to challenge

Building resilience - understanding stress

What is stress?

What are some warning signs of negative stress?

Are there any quick fixes for negative stress?

A quick stress audit tool

Taking control of stress

When resilience is not enough – responding to mental illness

What is mental illness?

How to talk about mental health concerns

A few facts

Depression - what might it look like

What might depression look like at work?

Anxiety - what might it look like

What might an anxiety disorder look like at work?

Substance misuse - what might it look like at work

How to talk about mental health concerns

A few tips

How to be a better listener

Listen more effectively - at work and at home

Getting ready to listen

Listening effectively

Getting help for a mental health concern

What types of help are available?

What might my workplace offer?

What does mental illness and recovery look like at work?

Getting further information

Appendix 2 – Resilience Workshop evaluation form for students



Resilience and Wellbeing for Lawyers Participant Evaluation

Course:

1. How relevant was this material to you? ← Not at all relevant Very relevant →
1 2 3 4 5 6 7 8 9 10

2. How well was it presented? ← Not well presented Very well presented →
1 2 3 4 5 6 7 8 9 10

3. Were there aspects of the Program which you particularly liked?

.....
.....
.....
.....
.....
.....

4. Were there aspects of the Program which you particularly disliked?

.....
.....
.....
.....
.....

5. Is there anything else you would like included in the Program?

.....
.....
.....

.....
.....

6. What is your overall response to the Program?

.....
.....
.....
.....
.....
.....