



How to Establish, Plan, and Use a Minority Mentoring Network

State of Affairs: Diverse Mental Health Workforce

- As of 2004, African Americans, Hispanics and American Indians made up over 25% of the U.S. population
- But only constituted 9% of nurses, 6% physicians and 5% dentists

Mentorship

- Mentoring has existed since the dawn of humanity.
- Civilization and culture and passed from generation to generation.
- Mentor in the story of Homer's *Odyssey*.
- Every facet of human endeavor can benefit from mentorship.
- Scientific knowledge is important, but not enough.
- Mentors develop effective, efficient, informed team members.
- Knowledge/Technical Skills are necessary but do not teach nuances.
- Mentoring relationships provide professional and personal development.
- This is especially important for racial minorities who often lack access to the *informal* networks and information that is required for success.

Rationale for Mentorship of Ethnic Minorities

- Majority of medical students who choose Psychiatry decide based on clerkship; psychiatric role models are key determinants.
- Mentorship needed to encourage medical students, especially minority students, to specialize in Psychiatry, and to teach about issues unique to minorities in the medical field (active promotion of cultural competency)
- Must counter stigmatization of psychiatrists with broad exposure to faculty and residents.
Kaltreider NB, Lu FG, Thompson II TL. Student Education and Recruitment into Psychiatry. Academic Psychiatry 1994; 18:154-161.
- Clerkship experiences should also include teaching in primary care sites, as well as exposure to community resources; collaboration with other medical specialties will correct for devaluation of the field of Psychiatry.
- Minority students, often influenced by negative family perceptions of Psychiatry, respond to minority residents/faculty as mentors and will be more likely to consider the field.
- Racial/ethnic minority physicians are more likely to report harassment and bias
- Ethnic disparities in faculty promotion
- Lack of role models or mentors with whom they can identify
- High rate of attrition of minorities along the progression from student to resident to faculty to researcher.

Yager J, Waitzkin H, Parker T, Duran B. *Education, Training, and Mentoring Minority Faculty and Other Trainees in Mental Health Services Research. Academic Psychiatry* 2007; 31:146-151. Witzkin H, Yager J, Parker T, Duran B. *Mentoring Partnerships for Minority Faculty and Graduate Students In Mental Health Services Research. Academic Psychiatry* 2006; 30:205-217.

Benefits of a Diverse Workforce

- Recent study shows that Caucasian medical students were more likely to rate themselves to be highly prepared to care for minority populations and endorsed more equity-oriented attitudes about access to care if they were in a more ethnically-diverse school.
- In addition, underrepresented minority (URM) medical students were substantially more likely than non-minority and non-URM students to have plans to serve the underserved in the future.
Saha S, Guiton G, Wimmer PF, Wilkerson L. Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools. JAMA 2008; 300(10):1135-1145.
- Studies have shown that when residents are exposed to minority colleagues, patients, and attending, their education and abilities to treat ethnically diverse populations are enhanced.
- Relationship seen between percentage of minority residents and improved perception of cultural competency in the program.
King R, Koopman C, Millis D. Training on Ethnic and Gender Issues in Psychiatry Residency Programs. Academic Psychiatry 1999; 23(1):20-29.
- Minority physicians are more likely to serve minority and medically underserved communities, increasing access to care, and can help health systems to reduce cultural and linguistic barriers and improve cultural competence
Moy, Bartman, 1995

How to Plan a Mentor Network

- **Identify Need: Needs Assessment**
 - SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis with key stakeholders
- **Create Infrastructure**
 - Institutional Support
 - Faculty representation
 - Medical school/Mental health representation
 - Trainee representation
 - Medical Students
 - Residents
 - Fellows
 - Interns
 - Local/Regional representation
 - Delineation of roles

- **Delineate Objectives/Goals**
 - Provide mentoring
 - Increase knowledge of cultural issues to medical community
 - Educate community at large
 - Exposure to various elements of psychiatry
 - Education on cultural psychiatry
 - Aid in obtaining graduate and post graduate opportunities
 - Passing on “helpful hints”

- **Define Target Group (s)**
 - Early Career Psychiatrists
 - Psychiatry and or Primary care Residents/Fellows
 - Multi-disciplinary mental health professionals
 - Medical Students
 - Undergraduates
 - High School Students

- **Participants**
 - Who is eligible to participate
 - Where to recruit participants
 - How to stay in contact
 - Expectations
 - Accountability

- **Establish Network Structure**
 - **Mentor Groups**
 - 1:1 mentoring
 - Mentoring “families”
 - Interest based groupings
 - Location based groupings
 - Race/Ethnic based groupings

 - **Meeting Frequency**
 - Ad Lib meetings with mentor
 - Monthly educational opportunities
 - Quarterly meetings with all participants
 - Annual retreat

- **Program Evaluation**
 - Objective and subjective components to measure progress toward program’s goals at specific time intervals (i.e. quarterly, yearly, etc.)
 - Re-evaluation of SWOT analysis at specific time intervals

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Healthy Minds, Healthy Lives. www.healthyminds.org/ (links in bar on right side of screen to information about specific populations: Native American, Hispanic, Asian-American, African-American, Gay/Lesbian/Bisexual, etc.)

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