

Editorial

Mentorship Program in Mental Health: Time to develop a new academic relationship

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Training in mental health has remained a debatable issue in Pakistan with a limited number of approved training slots and supervisors.¹ The paid training slots are not available to a number of candidates and the question of low remuneration has been a non motivating factor in the discipline of psychiatry. Of late, the exodus of doctors from United Kingdom with immigration issues and revamping of training structure has left the doctors in dilemma and many among those returning back are still lurking in darkness in terms of their postgraduate career.² Those wishing to pursue a career in psychiatry face frustration in view of limited outlets, improper training structure and attitudes of prospective trainers in many institutions leaving alone few academic institutions. Irony of the fact is that training slots are powerfully controlled by few government institutions and self proclaimed pundits despite the fact that a number of private institutions are functional with young generation of mental health professionals who have good background of training skills. It is important for a trainee in psychiatry to have a strong mentor who can play a big role in career guidance, tuition, research and academic excellence. Lack of appropriate support in these areas leave a budding professional with multiple lacunae throughout his career building process and many a times result in a dysfunctional mental health professional assuming a leadership role adding further fragility to the academic skeleton of this discipline. Canadian Psychiatric Association³ has embarked upon a unique project of improving skills and understanding of mental illness which is without any financial implication and can go a long way in further improving the understanding and knowledge about mental illnesses. The concept is to match a senior psychiatrist to a trainee or early career psychiatrist who would undertake the responsibility of mentoring throughout the career of mentee or protégé. Mentoring is a joint venture where two people share responsibility of learning. The typical characteristic for the mentor is not expected to be all knowing, has desire to help others develop their skills, can assist in gaining access to help or expertise, shares experience of success, willing to offer valuable insight by sharing personal scenarios, anecdotes and case examples, make the commitment of time and energy to mentoring as with clinical, teaching or other professional activity. The required characteristics of the protégé are: committed to expanding

capabilities, open and receptive to new ways of learning and trying new ideas, able to accept feedback and act upon it, able to communicate and work cooperatively with others, knows when to ask for help and has a sense of personal responsibility and commitment. The UK system has an introduction of a number of changes in the area of education and training.⁴ With the system of education akin to that of Britain, keeping pace with the changes or at least following some steps in that route will be of some academic worth. Pakistan with its meager financial and human resources can get potential benefit from a mentorship program which is a zero cost to cost effective project and can easily be adopted. An aspiring trainee can gain insight into the career guidance strategy, learn from experiences of mentors and may be able to benefit the health care system of the country. However, successful implementation of this program is not possible without potential collaboration among private and public sector psychiatrists. It is also important that these would-be mentors are motivated enough and prepared to devote time for the mentees. There are three bodies which can initiate this program: the Pakistan Psychiatric Society (PPS) can take up this program, the College of Physicians and Surgeons of Pakistan (CPSP) can do wonders in this respect in all fields of medicine but as this program does not have a direct bearing on the examinations, monitoring of such a program may not be appealing for this body, the Pakistan Medical Association (PMA) may take up this program which may go a long way towards academic improvement. As this organization represents all doctors and all specialties, one wonders whether there will be an interest in initiating a pilot program for psychiatry. A list of potential mentors is a second step which may not pose difficulty despite very low number of psychiatrists as a trainee can be matched by either a local mentor from the same location, within the province, inter provincial, national or even international matching is worthwhile. The mentorship program of somewhat different nature are in action by the University of Ottawa⁵ and American Association of Directors of Psychiatric Residency Training⁶ but the model adopted by Canadian Psychiatric Association (CPA)³ which is more relevant and useful for developing countries. In this Canadian model, mentors and mentees may be invited through print or electronic media for expression of interest and emphasis on mentors to declare

their specific areas of interest in the field. Upon matching between a mentor and a mentees, it must be decided as how frequent they can meet each other and the mode of communication for being in constant touch. With the current technology, e-communication has made things easier, while telephonic and postal services are becoming efficient, cost effective and faster. This mode of course, does not replace the importance of periodic personal meetings but can keep the individuals in touch where distances are cause for concern. Preferably, the matching should be outside the normal domain of training place of the mentee and be unrelated to training evaluation and subsequent examination which otherwise could cause a number of ethical problems and may be damaging. The personal integrity of a potential mentor is of paramount importance as a wrong matching can lead to multiple issues in the relationship which may reach pathologic proportions. In a country like Pakistan, it is important to monitor and evaluate the program at periodic

intervals for its stability and progress. One may hope that this sort of mentorship program if remains successful in psychiatry can then be adopted by every discipline of medicine.

References

1. Gadit, A. Psychiatry in Pakistan; 1947-2006: A new balance sheet. *J Med Bio Sciences* 2007; 1: 1-21.
2. Gadit AM. Dilemma facing IMG's from Pakistan *BMJ Career Focus* 2006; 333:179.
3. The CPA Mentoring Program [online] 2006 [cited 2007 July 9]. Available from URL: <http://www.cpa-apc.org/browse/doucments/106>, date accessed 9/7/2007.
4. www.rcpe.ac.uk/medical_training/index.php "Changes in UK Medical Training-Overseas Doctors" Royal College of Physicians of Edinburgh, date accessed: 9/7/2007.
5. Resident Research Mentoring Program. University of Ottawa [online] 2006 [cited 2007 July 9]. Available from URL: www.uottawapsychiatry.ca/index.php date accessed 9/7/2007.
6. www.aadprt.org/aadprt/2006/IMG/default.asp "International Mentorship Program in Psychiatry" Shashi Bhatia, date accessed: 9/7/2007.