



availability of potential mentors and clarity about what could be expected from a mentoring relationship would all improve the scheme.

Conclusion

Mentoring for consultant child psychiatrists is strongly recommended and can provide invaluable support at the time of stepping up from a senior trainee to the consultant position. It can also be of great benefit to well-established consultants. However, a shortage of experienced consultants willing to become mentors and difficulties in making mentoring readily available across all areas of Scotland have limited the scope of the scheme.

Declaration of interest

The authors are all mentors on the Scottish child psychiatry mentoring scheme.

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Psychiatric Bulletin (2009), **33**, 47–48. doi: 10.1192/pb.bp.108.022772

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But what exactly is mentoring? Invited commentary on . . . Mentoring scheme for child and adolescent psychiatry consultants in Scotland[†]

Mentor was originally a person. In Greek mythology he was a friend of Odysseus, asked to look after Odysseus' son Telemachus when Odysseus left for the Trojan War. In modern times the term mentor has come to mean a trusted friend or counsellor. The mentor is usually someone senior and more experienced who 'looks after' a more junior colleague. The noun has become a verb and mentoring is often seen as the process by which an older and wiser colleague passes on wisdom, experience and advice, and helps to guide a more junior person. Agreed definitions are however rare, as a quick internet search will reveal. Confusion about the differences between such terms as supervision, consultation, mentoring, coaching, befriending and even counselling, abound.

Most newly appointed consultants will be familiar with regular supervision during their training but even this supposedly agreed and College mandated activity varies enormously. In a critical incident study exploring what goes on in supervision we noted wide variation and concluded that there was a need for clear guidance on supervision and appropriate procedures and mechanisms to obtain resolution of difficulties in relation to inadequate supervision for trainees. It was also clear that too few supervisors had received training in supervision (Cottrell et al, 2002). Although recipients often speak highly of supervision there is little evidence to demonstrate that it is effective in terms of enhancing practice to the point of improving patient outcomes (Kilminster & Jolly, 2000).

Is mentoring different from peer supervision and if so, how? Would any warm confiding relationship receive equally positive feedback from recipients? Perhaps these definitional issues do not matter as long as the person being mentored finds it helpful, but if we are to recommend mentoring to newly appointed consultants we need to be clear about what it is we are recommending and how it fits with other supports available to newly appointed staff.

We should also consider the likelihood that any effective intervention may also carry with it the risk of unintended effects. What might these be for mentoring? The traditional definition of a wise senior colleague imparting wisdom might infantilise junior consultants rather than empower them, or perhaps induct them into an 'old boys network' that could institutionalise existing practice at the expense of new ways of working or perpetuate gender or ethnic biases.

I am not suggesting here that mentoring is harmful, rather I am highlighting that van Beinum et al's helpful audit of a mentoring scheme raises more questions than it answers. The recipients of mentoring are very positive about their experiences but it is unclear what it was that they were in receipt of! In their article mentoring is described as '. . . everything from having a trusted older colleague to talk matters through, to intensive support during particularly stressful periods . . .'. One wonders if the latter is what the mentor anticipated when volunteering for the scheme and how much support the

[†]See original paper, pp. 45–47, and authors' response, p. 48, this issue.



original papers

mentor had in dealing with such a situation? The authors themselves note that more guidance is needed about how the mentoring relationship should work. They seem to assume that the mentor should be from outside the new consultant's immediate service even though this has led to difficulties in all new appointees having a mentor. Does this have to be the case? Could a more local colleague be an effective mentor, and if not, why not? And what is an 'effective mentor'? Is the goal the peace of mind and emotional well-being of the person being mentored, a more productive employee or some combination of the two? Many businesses and schools that promote mentoring schemes have more formal guidelines that involve clearly set objectives, meeting schedules and built-in evaluation. van Beinum *et al* suggest that mentoring is 'strongly recommended'. I suspect they may be right but before we can recommend what may be a helpful process we should be much clearer about what we want to achieve, how we intend to achieve it, provide training and support for those providing it, agree ground rules for the conduct of all involved (e.g. confidentiality, boundaries, frequency of meetings, how to complain

about the mentor/mentee and renegotiate) and agree formal methods of evaluation. Such a process would also necessitate being clear about how mentoring differs from other supports and ensuring that those other supports are also in place for newly appointed consultants. van Beinum *et al* are to be commended for starting the process of looking more carefully at the mentoring relationship others need to follow.

Declaration of interest

None.

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Psychiatric Bulletin (2009), **33**, 48. doi: 10.1192/pb.bp.108.024117

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Authors' response. Invited commentary on... Mentoring scheme for child and adolescent psychiatry consultants in Scotland[†]

Professor Cottrell raises a number of challenging questions in his commentary on our article, and we welcome further debate. Dialogue may create a space in which new possibilities can be thought about and explored, and this lies at the heart of our conception of mentoring.

Our assumption has been that the step from trainee to consultant is challenging and that newly appointed consultants are often anxious, particularly about non-clinical aspects of their new job. Such anxiety sometimes makes it hard to think. At the core, mentoring is about facilitating thought by the mentee, and often by the mentor too. In that sense, considering mentoring as 'a wise older colleague imparting wisdom' is unhelpful, as it both implies a power inequality and fails to acknowledge the possibility of new thinking taking place.

Cottrell asks how much support mentors had. In our scheme, mentors met at least yearly for peer supervision and support, and these meetings were facilitated by a consultant in psychodynamic psychotherapy. Scotland is a small country, where most people in our field know each other and where the Scottish Institute of Human Relations, by providing a variety of training courses in psychological therapies, has provided a common training experience in psychodynamic ways of thought. Let us be clear, however: mentoring was never conceived of as a therapeutic relationship – the aim has always been to facilitate thinking about uncertainty and ambiguity at work.

Given the potential entanglement between work and private concerns, the mentor comes from outwith the mentee's immediate working service, both to provide a degree of privacy and confidentiality to the mentoring relationship and to facilitate thinking about potentially difficult relationships with colleagues. We argued it would be harder to explore such organisational dynamics if the mentor was intimately acquainted with the colleagues the mentee was struggling with. Having a mentor from outwith one's immediate working service also provides some protection against the potential of continuing local poor practice such as 'perpetuating ethnic or gender biases'.

Lastly, Cottrell asks difficult questions about evaluation of mentoring relationships that go to the heart of what it is to be a consultant child and adolescent psychiatrist. We would counsel against a narrow and positivistic definition of the role of a consultant as an unthinking cog in a machine, but tough questions of how one demonstrates that a good job is being done do not go away. We would argue that a good consultant is able to continue to think empathically and creatively in complex organisational dynamics, and mentoring aims to promote that ability. How does one evaluate quality of thinking?

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[†]See original paper, pp. 45–47, and invited commentary, pp. 47–48, this issue.