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Mentoring scheme for child and adolescent psychiatry consultants in Scotland[†]

AIMS AND METHOD

To describe the mentoring scheme for consultant child psychiatrists in Scotland and discuss findings of a qualitative questionnaire survey of all eligible consultants' use and satisfaction with the scheme.

RESULTS

All 21 respondents who had used the mentoring scheme thought it had been of great help. A third of respondents appointed since the start of the scheme had not used it. This could be because the consultants were not aware of the scheme, there were not enough mentors or mentoring was not included in consultants' job plans.

CLINICAL IMPLICATIONS

Formal mentoring is strongly recommended for all newly appointed consultants. Written recognition within job plans for both mentoring and being mentored would support mentoring arrangements.

Consultants need good support systems to deal with the stress of their everyday work (Holloway *et al*, 2000). Mentoring in the form of regular meetings with an experienced colleague has been proposed as one way of supporting both specialist registrars who become consultants and more senior consultants (Roberts *et al*, 2002; Dean, 2003; Dosani, 2006). In the west of Scotland there are 'transitional groups' where senior specialist registrars and newly appointed consultant psychiatrists meet with a consultant psychotherapist and an organisational consultant to discuss work-related issues (Wilkie & Raffaelli, 2005). The groups are based on a waiting list and do not cover the whole of Scotland. Recognising the need to provide additional systems of support across the whole of Scotland, the Scottish Section of Child and Adolescent Psychiatry established a mentoring scheme in 2000.

Child and adolescent psychiatry mentoring scheme in Scotland

The scheme aims to offer a mentor to all newly appointed, as well as established, consultant child psychiatrists. Two national panellists on each consultant appointment committee meet with the candidate who, following the job interview, has been offered the consultant post to explain the scheme and provide a list of mentors they can contact. The scheme is also advertised at annual meetings of the Scottish Section of Child and Adolescent Psychiatry, with further information provided on request by the coordinator of the mentoring group. Currently, there are eight senior consultants who act as mentors, all volunteers and coming from all parts of

Scotland. They work in a different health board area to that of their mentee and arrange meetings or telephone discussions with them on work-related issues as often as the mentee requires and usually for no longer than a year.

Mentors themselves meet annually to provide a support network and discuss difficult issues that have emerged during mentoring; these discussions are strictly confidential and all references to mentees are anonymous. The problems that have emerged included clinical issues such as the management of unusual or particularly difficult cases, strategic planning, service delivery and relations with colleagues or within teams. These last two issues are the most commonly discussed and cause the greatest concern.

Since the mentor/mentee relationship is strictly confidential, it was impossible to find out whether all newly appointed consultants have a mentor and whether the scheme was universally known. Consultants who had come from training schemes outside of Scotland, such as locums, often had weak links to the local consultant community and frequently worked in challenging posts. Some consultants had problems finding a mentor within reasonable travelling distance as most mentors were based in the west of Scotland. We conducted an audit of the mentoring scheme at the beginning of 2007 to investigate mentees' satisfaction with it and suggestions for improvement.

Mentoring survey

We sent a questionnaire to all consultant child psychiatrists in Scotland in February 2007, asking about the year

[†]See invited commentaries, pp. 47–48, this issue.



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of their appointment to the consultant grade, use of mentoring, whether they were satisfied with the scheme and their ideas on how it could be improved. Altogether 69 questionnaires were sent and 44 returned, giving a return rate of 64%. Responses were anonymous and information on non-responders was not available, precluding an evaluation of possible bias in the results.

Results

Since the start of the mentoring scheme in 2000, 21 respondents became a consultant and 15 used the scheme (Table 1). The other six said they had not been aware at the time of their appointment that such a scheme existed, but all but one had used an informal mentor.

There were no negative comments and mentoring was very highly valued by all who had used it (Box 1), including the four respondents who were already established consultants at the time the scheme originated in 2000 and used a mentor from the scheme.

Respondents' suggestions on how the scheme could be improved were: more information about the scheme at the time of appointment, written details of how the mentor/mentee relationship was expected to operate, greater availability of potential mentors (including better

geographical spread) and recognition in job plans for dedicated time for mentoring (Box 2).

Discussion

Having a supportive colleague can lead to better job satisfaction and lower the job stress (Rathod *et al*, 2000; Littlewood *et al*, 2003). Initiatives providing support for consultant psychiatrists have included stress-busting groups (Murdoch & Eagles, 2007) and trainee/consultant transition groups (Wilkie & Raffaelli, 2005). Mentoring is another way of providing support and has included everything from having a trusted older colleague to talk matters through, to intensive support during particularly stressful periods in a newly appointed consultant's professional life.

It has been difficult to make mentoring universally available in Scotland and a third of respondents who had been appointed since the start of the scheme had not used it. Furthermore, some consultants had problems finding a mentor from outwith their immediate peer group but still within manageable travelling distance. Recruiting mentors has been difficult as mentoring is time consuming and most mentors need colleagues willing to cover for time spent mentoring. Formal recognition within job plans for both mentor and mentee would improve availability of mentoring. Better publicity, greater

Table 1. Use of and satisfaction with mentoring scheme according to date of appointment to consultant grade¹

Date of appointment	Number of consultants appointed	Used mentor from scheme	Happy with mentor from scheme	Not happy with mentor from scheme	Used informal mentor outside of the scheme
Consultant before 2000	23	4	4	0	16 ²
Consultant 2000–2001	3	3	3	0	2
Consultant 2002–2004	9	6	6	0	5 ³
Consultant since 2005	9	6	6	0	6

1. Some consultants used both a mentor from the scheme and an informal mentor at the same time.

2. Seven did not use any sort of mentor.

3. One did not use any mentor.

Box 1. Views about the mentoring scheme

- 'Invaluable perspective of more senior colleague'
- 'Help in understanding responsibilities/systems/team dynamics'
- 'Crucial to bounce ideas about team and personal development off a trusted, more experienced colleague. Has stopped me making some big mistakes!'
- 'Meetings with mentor helped adjust thinking to a more long-term strategic way'
- 'Unbiased listening ear with very useful advice'
- 'Objective experienced impartial viewpoint invaluable – reduced anxiety of new post'
- 'It has been extremely useful to have someone more senior and outwith the local situation to discuss situations with – it has been extremely supportive'
- 'Reassurance/encouragement. Information as to what is happening in the profession as a whole'

Box 2. Suggestions on how to make the scheme better

- 'Tell people about it!'
- 'Dedicated time off for mentoring'
- 'Make more mentors available'
- 'Written info/suggestions sent prior to starting'
- 'Information about scheme could be given at interview'
- 'More accessible list of potential mentors'
- 'A greater number of mentors outwith the west of Scotland'
- 'Written info operationalising role/expectations of mentor/mentee relationship'
- 'Would be useful to be sent a list of mentors [with information on] how to contact them'
- 'Acceptance (by management) of more face-to-face mentoring'
- 'Dedicated time off for mentoring so I don't have to steal time from other things – should have protected time for this'

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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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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.