

Top diversity and equity leaders in psychiatry offer guidelines for academic medicine

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Diversity, equity and inclusion (DEI) leaders in academic medicine are subject to increasing expectations with limited resources and there is an urgent need for psychiatry departments to commit to fully supporting their efforts, according to an article now available in the *American Journal of Psychiatry* written by top DEI leaders in academic psychiatry

from across the country.

The authors, representing prominent public and private institutions, include Ayana Jordan, M.D., Ph.D., Yale University, and current APA ECP Trustee-at-Large; Ruth S. Shim, M.D., M.P.H. University of California, Davis; Carolyn I. Rodriguez, M.D., Ph.D., Stanford University; Eraka Bath, M.D., University of California, Los Angeles; Jean-Marie Alves-Bradford, M.D., Columbia University; Lisa Eyler, Ph.D., University of California, San Diego; Nhi-Ha Trinh, M.D., Harvard University; Helena Hansen, M.D., Ph.D., New York University; and Christina Mangurian, M.D., M.A.S., University of California, San Francisco.

Dr. Jordan and colleagues describe, from their collective experiences, the growing expectations of people in DEI positions, in part resulting from the recent focus on racial justice and need to address structural racism. "DEI leaders are being summoned for one-on-one and programmatic consultation, anti-racist curriculum development, anti-bias training, and skill acquisition," they write. "However, many of these institutions do not provide the appropriate resources or support necessary to institute an effective response for cultural change... This lack of scaffolding leads to an exacerbation of the 'minority tax,' thereby placing more duress on the very same people adversely affected by structural racism." Notably, almost half of these DEI leaders have not received salary or compensation for the roles.

"It was not surprising to any of us that most DEI leaders were women of color," said Mangurian. "But what was surprising is that so many of us did not receive the support we deserved. Our work suggests that leadership in psychiatry—and across all of academic medicine—should re-examine their current investments so they can provide sufficient financial and administrative support to these extraordinary DEI leaders. This will not only help ensure these women of color thrive and stay

within academia, but will help move us closer to our shared goal of creating a more diverse, equitable, and inclusive environment."

In an accompanying commentary, Altha Stewart, M.D., APA past-president, notes that recent personal accounts by Black academics suggest the lack of leadership support on racism issues "is a major factor in departure from academic medicine by Black physicians (including psychiatrists)." Dr. Stewart discusses the historical underpinnings of structural racism in [academic medicine](#) and emphasizes the need for senior leaders to recognize and address the unintentional but well-institutionalized barriers in their systems and to work to create more balanced, equitable, and welcoming environments. "To retain BIPOC faculty, institutional leadership must believe, validate, and act on faculty's experiences of racism," writes Dr. Stewart.

Jordan and colleagues offer a series of recommendations in the areas of financial, administration and structural practices to effectively support DEI leadership, including:

- Structural
 - Strategically elevate the title of the DEI leader to vice or associate chair in the department, to clearly state the importance of the role.
 - Include that person in the departmental cabinet, executive committee, and/or other leadership team.
- Administrative
 - The roles and responsibilities of the DEI position should be clear when the job description is first presented to potential candidates, with responsibilities commensurate with financial effort provided.
 - As with all leaders, term limits are recommended for this role with evaluation at 5 years and a 10-year maximum

term.

- Financial
 - DEI efforts should receive financial support, including salary reflective of effort and expectations; discretionary funds to implement policies; and support staff.

"Real change will require that no one be exempt in demonstrating the organization's commitment to diversity and inclusion by creating the welcoming environments that will support institutionalization of this new culture," Jordan and colleagues conclude.

More information: *American Journal of Psychiatry* (2021). [DOI: 10.1176/appi.ajp.2020.20091371](https://doi.org/10.1176/appi.ajp.2020.20091371)

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