Integrating Diversity, Equity, and Inclusion (DEI) into an Academic Department of Psychiatry and Behavioral Sciences

SCHOLARONE™
Manuscripts

1

Integrating Diversity, Equity, and Inclusion (DEI) Into an Academic Department

of Psychiatry and Behavioral Sciences

Nadine J. Kaslow, PhD[1]

Ann C. Schwartz, MD[1]

Dinah K. Ayna, PhD[2]

Negar Fani, PhD[1]

Betsy Gard, PhD[1]

David R. Goldsmith, MD[1]

Joya Hampton-Anderson, PhD[1]

Jennifer Holton, MD[1]

Erica D. Marshall-Lee, PhD[1]

DeJuan White, MD[1]

Jordan E. Cattie, PhD[1]

[1] Emory School of Medicine, Department of Psychiatry and Behavioral Sciences, Atlanta, Georgia, USA

[2] American University of Beirut Medical Center, Department of Psychiatry, Beirut, Lebanon

The first, second, and last authors assumed primary responsibility for manuscript preparation. The remaining authors are listed alphabetically and contributed equally.

2

Corresponding Author: Nadine J. Kaslow, nkaslow@emory.edu; Twitter @NKaslow

Word Count: 2624

Abstract

This article highlights one department's efforts to bolster diversity, equity, and inclusion as an exemplar for other academic departments. It offers an approach for building an infrastructure and leadership group and details accomplishments associated with strategic plan priorities related to visibility; values; stakeholder education; recruitment, retention, and promotion; and community engagement. It details challenges to transforming a departmental culture to one that is more diverse, equitable, and inclusive and strategies for overcoming these challenges. Finally, it discusses next steps and recommendations for other academic departments.

4

Integrating Diversity, Equity, and Inclusion (DEI) into an

Academic Department of Psychiatry and Behavioral Sciences

In this 21st century, departments must prioritize diversity, equity, and

inclusion (DEI). Such transformation is in keeping with national calls to

implement policies that foster diversity, diversify and ensure a culturally

competent workforce, and optimally care for a diverse psychiatric population (1).

To empower other departments of psychiatry and behavioral sciences to bolster

DEI, this article describes the infrastructure and accomplishments from one

academic department, discusses DEI-related challenges and strategies to

overcome them, and reflects on next steps. Recommendations are proffered for

building DEI programs that must be adapted based on the broader ecological

contexts within which the department is embedded; our efforts occur within a

school of medicine and university that value DEI but not place it central to their

mission, a culturally rich local community on the forefront of social justice, yet a

region that does not prioritize these values consistently.

Infrastructure and Leadership Group

In 2017, the department formed the Diversity and Inclusion Subcommittee

(DISC), which includes faculty, trainees, and staff that are selected by the vice

chairs who have DEI responsibilities in their portfolios. The committee members

represent diversity broadly related to professional degree, primary work site, age,

gender, gender identity, race, ethnicity, culture, national origin, religion, sexual

orientation, ability status, primary language, immigrant status, and family

socioeconomic status. This committee may expand in the future to include other

stakeholders, such as patients and community members. Spearheaded by the Vice

Chair for Faculty Development with support of and input from the Chair and

other senior leaders in the department, DISC created a mission, goals statement

that includes values, and logo. Its mission statement reads: *The Department …*

welcomes, respects, and embraces differences in age, sex and gender, sexual

orientation, gender identity, race, ethnicity, indigenous background, culture,

national origin, language, religion, spiritual orientation, ability status, social

class, education, veteran status, political persuasion, professional interests, and

other cultural and professional dimensions. We celebrate intersectionalities

among these cultural and professional dimensions. The DISC endeavors to foster

an equitable and inclusive culture in which all members of the department feel

respected, valued, and recognized for their unique and collective contributions.

In keeping with the DISC's strategic plan, several related workgroups

were formed. One year after the DISC was established, to enhance the experience

of and empower diverse faculty, the Women Faculty Subcommittee (WFS) and

Racial, Ethnic, and Cultural Minority Faculty Subcommittee (RECM) were

formed. These co-chaired subcommittees outlined missions and goals. *The*

mission of the WFS is to promote a culture that actively supports the successful

professional and personal development of all women faculty in our department

through education, advocacy, and mentoring. The mission of the RECM is to promote awareness of issues related to race, ethnicity, and culture among the faculty in our department, and provide a source of safety and support, education and other resources. The following year, a resident diversity committee was created to advance diversity initiatives within the residency program.

To bolster the departmental DEI portfolio and have the personnel to implement the strategic plan, the infrastructure was expanded. In 2019, two assistant vice chairs for diversity and inclusion were selected by department senior leaders. They assumed leadership roles vis-à-vis key components of the diversity strategic plan and their responsibilities evolved based on their interests and expertise and departmental needs. The Vice Chair for Faculty Development's scope was broadened; she became Vice Chair for Faculty Development, Diversity, Equity, and Inclusion and received a small annual budget. The vice chair, assistant vice chairs, and subcommittees co-chairs formed a Diversity Leadership Council to learn from one another and collaborate to expand their impact. Members of this council determine fiscal priorities for the diversity budget.

Accomplishments Related to Strategic Plan Priorities

Prioritize visibility. Ensuring visibility includes each subcommittee having an internet presence and advertising events in the monthly newsletter. The subcommittees jointly host an annual event in which faculty mingle and make

recommendations for culture transformation. They created an annual award to

recognize a faculty leader that exemplifies the department's DEI mission. The

subcommittees co-sponsor departmental initiatives that bring together the arts and

sciences from throughout the university to model ways diversity can be

interwoven into academic activities; RECM co-facilitated the conversation at an

event on poetry and psychiatry featuring a Pulitzer prize winning African

American poet. These activities bolster external visibility.

The subcommittees increasingly have been acknowledged. Within the

department, people report improved interactions, greater inclusion of diverse

faculty on committees, and appointment of diverse faculty to lead strategic

initiatives. Within the broader community, there are growing requests for

Diversity Leadership Council members to engage in medical school and

university efforts (e.g., unconscious bias trainers). Such visibility reduces

marginalization and increases the impact of faculty committed to diversity.

Convey values. Crucial to the success of the DEI efforts is the articulation

of values that guide action. The value of accepting and celebrating difference is

reflected in the development and dissemination of departmental emails following

the perpetration of hate crimes. Constructed by a DISC subgroup including

someone associated with the targeted group, these emails describe the incident,

honor victims, offer strategies to mitigate the devastating impacts on

communities, and convey the unacceptability of the prejudice. This value also is

evidenced in efforts encouraging department members to add personal gender

pronouns to their email signature and departmental webpage. Members of the

department community appreciate these demonstrations of allyship and hope for a

more inclusive culture that gives all voices equitable power.

A second value is acknowledging and addressing microaggressions. When

microaggressions transpired at an event attended by department members, the

Diversity Leadership Council and subcommittees hosted a well-attended (> 150)

forum. Small group discussions were co-facilitated, and individuals not

previously involved in DEI conversations participated. Recommendations from

the forum for culture change are being incorporated into department strategic plan

implementation efforts.

A third value pertains to efforts to ally with, advocate for, and engage in

science-informed activities to improve the quality of life for members of the

department, the patients served, and the communities with whom we partner (2).

The Diversity Leadership Council and other committee members have facilitated

diversity dialogues for faculty, staff, and trainees in response to recent racially-

related social injustices in our nation and trained others to engage in this process.

Educate stakeholders. One powerful educational initiative is the Diversity

Moment at each DISC meeting; a member shares a personal story about

oppression, discrimination, or marginalization related to their social identities or

their evolving cultural humility (3). Subcommittee members find learning through

listening to personal experiences more poignant and effective than traditional educational activities and more likely to increase trust and engagement.

A second educational initiative has been securing annual grand rounds spots to invite experts to speak and expand awareness and sensitivity of DEI. Speakers have presented about Muslim mental health, transgender behavioral health, and implicit bias in healthcare; and consulted to the subcommittees about initiatives.

A third set of initiatives is the subcommittees' facilitation of panel discussions, workshops, journal clubs, and movie groups. These programs have centered on unconscious bias, microaggressions, and microinterventions (4), transgender healthcare, and leadership competencies that attend to gender and privilege.

A fourth initiative is including information in the department newsletter about diversity-related topics. Individuals identified with a relevant sociodemographic group provide background information and share their personal experiences about cultural observances (e.g., Yom Kippur, Ramadan, Martin Luther King Jr.'s birthday). Recently, weekly updates have been shared about disparities and COVID-19.

Fifth, a diversity consultation service identifies departmental consultants on race, ethnicity, language, disability, religion, sexual orientation, sexual identity, refugees and immigration, and implicit bias, etc. Consultants provide cultural input related to patient care, education, or research. For example, a faculty

10

member, whose patient identified as Muslim and transgender, received

consultation from a resident regarding empowering the patient within their family

and religious community.

To foster faculty members' professional development, department members

partnered with an academic psychiatry department in Ethiopia to implement a

global virtual learning collaboration focused on innovative technologies to

enhance teaching (5). Topics included learning management systems, innovative

technology-based presentations, technological innovations in psychotherapy

supervision, and social media to bolster learning.

To strengthen resident training, the curriculum was revised to expand the

diversity focus. Sessions were added on cultural formulation, interface between

the cultural identities of the resident and their patients, religion and spirituality,

and culturally-informed interventions.

Bolster recruitment, retention, and promotion. To promote DEI in

recruiting faculty and trainees, several changes were made. To make training

programs more inviting, websites and training materials (e.g., we welcome

international trainees and highlight pertinent resources) were updated. ADISC

member now participates in all recruitment activities to detail the departmental

commitment to DEI.

In terms of retention, DISC and the Resident Diversity Committee developed

a Diversity Contact List provided annually to all members of the department that

features faculty, trainees, and staff who identify with various social identities (6)

so people can identify others who share/are familiar with their social identity(ies)

and able to connect them with community resources. Representatives from DISC,

RECM, and WFS attend the new faculty orientation to highlight their presence

and role as a resource and support. The WFS distributes a resource guide they

created that addresses issues that may be particularly relevant to women faculty.

Retention is prioritized via the subcommittees' emphasis on providing safe places

to discuss DEI challenges and offer opportunities to collaborate for positive

change. Since institutional culture and climate impact retention (7, 8), safe spaces

enable people to gain support from and take action with others with similar goals

and values.

In terms of faculty promotion, RECM and WFS held joint meetings to review

promotion guidelines and strategies for career enhancement. WFS has a standing

agenda item for sharing successes and offering professional advancement

opportunities to provide a forum for practicing self-promotion and securing career

development support. The three faculty subcommittees have a systematic

nomination process for departmental, medical school, university, and community

awards that has resulted in recognition of more women and minority faculty. To

facilitate the promotion of diverse individuals, the DISC, RECM, and WFS

provide outlets for supported scholarship and leadership. Faculty and trainees

associated with the subcommittees have co-authored papers on DEI (9).

Subcommittee participation has led to increased engagement in research; one

RECM co-chair has become involved in multi-site research addressing

microaggressions and professional identity formation of underrepresented groups

in academic medicine. Subcommittee leadership roles have led to leadership

opportunities in the medical school and regional organizations. For example, one

WFS co-chair created and chairs a women's committee for the state psychiatric

society. Finally, senior faculty who represent one or more forms of diversity now

get together annually to celebrate promotion and leadership accomplishments

(e.g., endowed chairs).

Engage in community activities. DISC members have engaged with the

community through education and service, primarily centered on the refugee and

asylum-seeking community: 1) volunteering at a local summer camp for refugee

and immigrant youth and providing workshops on pertinent topics (e.g.,

acculturation); 2) participating in a summit on community challenges and services

needed by refugees and asylum seekers; 3) partnering with community groups,

other university departments, and nonprofit community legal providers to develop

a consortium to meet the diverse needs of asylum seekers within the rubric of the

Physicians for Human Rights virtual training, mentoring, and supervision model;

and 4) collaborating with local organizations to write grants supporting mental

health services provision.

Another effort involved the DISC's hosting a program for the department and community centered on the reading by the authors, current or former medical school faculty, of a children's book on racial injustice (10). Following the reading, children interacted with DISC members specialized in child/adolescent psychiatry/psychology and adults discussed how to help their children recognize and cope with prejudice and inequity. As a third example, subcommittee members lead seminars with trainees, nonprofit groups, and community members about DEI.

Challenges Transforming a Departmental Culture

Despite these accomplishments, several challenges were encountered that complicated efforts to achieve subcommittee missions and infuse DEI values into departmental systems, practices, and culture. While the aim is to foster a culture of open dialogue, some individuals are reluctant to speak; some fear that being vulnerable could be risky and result in retribution and others are concerned they might offend esteemed colleagues or those in power. Others do not appear invested in such conversations, potentially because they do not share or prioritize the DEI values enumerated above; this limits the diversity of perspectives offered.

Even among people committed to advancing DEI, challenges emerge in the discourse that need to be navigated. After 2 years of alignment of values, DISC struggled in issuing a statement about a hate crime that was perceived differently by individuals from diverse backgrounds. Instead of glossing over the

complexities or avoiding making a statement, the group built respect and trust by

acknowledging the process, seeking commonalities, and issuing a statement about

the struggle to reach consensus. As another example, while many DISC members

supported the use of pronouns that promote inclusion (e.g., "they/them"), this was

challenging for some members as it departs from historical ways of

communicating in certain languages.

One problem encountered across settings pertains to the fact that despite

widespread departmental interest in DEI efforts, many people do not engage with

the initiatives. For efforts to advance, greater participation is needed by more

parties, including leaders. In addition, it is challenging to identify the best actions

to take to promote DEI. After the departmental forum that resulted in a list of

potential actions, prioritizing action steps has been complicated.

Data are needed to determine the department's current state and capture

change. Data collection might examine discrepancies between what people

believe they know about an aspect of cultural competence and their actual

knowledge regarding a specific aspect (i.e., trans/gender diversity) of cultural

competence prior and subsequent to a training pertinent to that aspect of cultural

competence. However, data related to cultural competence often are hard to

gather or access or their reliability may be questionable. Finally, while grateful for

funding for activities, the funds are limited. The impact of the DEI efforts

enumerated above would be greater if additional resources were available.

Next Steps

Future efforts will be dedicated to creating and embarking upon a strategic action plan that incorporates initiatives designed to be transformative. DEI efforts will be assessed to determine their effectiveness and stakeholder feedback will inform future activities designed to support culture change (11, 12). Optimally, transparency about assessment findings will stimulate discussion, garner buy-in from more stakeholders, and motivate organizational change. More facilitated courageous conversations will be sponsored to empower everyone to speak and hear the voices of all parties. This may include small group discussions, mechanisms for anonymous suggestions, and in-person DEI consultations. There will be increased activities outside the workplace for faculty from underrepresented backgrounds that promote collegiality and connection and reduce (13). Data will be used to advocate for resources (money, staff) to advance the DEI agenda. Supporting colleagues' engagement in DEI to mitigate against burn-out and optimize resilience will be a priority.

Recommendations for other Academic Departments of Psychiatry

DEI must be integrated within the department's mission. An infrastructure must be established to foster conversation and strategic plan implementation. Leaders must be trained and encouraged to create a community in which all parties acknowledge their biases and commit to strengthening their DEI

16

competencies; action plans are implemented and evaluated; and structures and systems that perpetuate bias and discrimination are altered.

Concluding Comments

Hopefully, sharing the initiatives undertaken within one academic department of psychiatry will serve as an example for others to build upon. It is an ongoing collaborative process to ensure that all department members feel welcomed, included, heard, respected, and valued. Our future efforts will assess diversity strategic plan related outcomes and the impact of our DEI efforts and articulate dynamically evolving best practices.

References

1. Allbaugh, L.J., Pickover AM, Farber EW, et al.: Learning to be interprofessional advocates in the public sector. Psychological Services, 2019 Mar 28. doi: 10.1037/ser0000344. Online ahead of print.

2. Melton, M.L.: Ally, activist, advocate: Addressing role complexities for the multiculturally competent psychologist. Professional Psychology: Research and Practice, 2018. **49**: p. 83-89.

3. Mosher, D.K., Hook J, Captari L, et al.: Cultural humility: A therapeutic framework for engaging diverse clients. Practice Innovations, 2017. **2**: p. 221-233.

4. Sue, D.W., Alsaidi S, Awad MN, et al.: Disarming racial microaggressions: Microintervention strategies for targets, white allies, and bystanders. American Psychologist, 2019. **74**: p. 128-142.

5. Kaslow, N.J., et al.: Development of a global, interprofessional, learning community of practice. Academic Psychiatry, in press.

6. Hays, P.A.: Addressing the complexities of culture and gender in counseling. Journal of Counseling & Development, 1996. **74**: p. 332-338.

7. Kaplan, S.E., Raj A, Carr PL, et al.: Challenges in recruiting, retaining, and promoting racially and ethnically doiverse faculty. Journal of the National Medical Association, 2018. **110**: p. 58-64.

8. Carr, P.L., Raj A, Kaplan SE, et al.: Gender differences in academic medicine: Retention, rank, and leadership comparisons from the National Faculty Survey. Academic Medicine, 2018. **93**: p. 1694-1699.

9. Richman, E.E., B.S. Ku, and A.G. Cole: Advocating for underrepresented applicants to psychiatry: Perspectives on recruitment. The American Journal of Psychiatry Residents' Journal, 2019. **14**: p. 2-4.

10. Celano, M., M. Collins, and A. Hazzard, Something happened in our town: A child's story about racial injustice. 2018, Washington DC: Magination Press.

11. Nivet, M.A.: A diversity 3.0 update: Are we moving the needle enough? Academic Medicine, 2015. **90**: p. 1591-1593.

12. Smith, D.G.: Building institutional capacity for diversity and inclusion in academic medicine. Academic Medicine, 2012. **87**: p. 1511-1515.

13. Pololi, L., L.A. Cooper, and P.L. Carr: Race, disadvantage and faculty experiences in academic medicine. Journal of General Internal Medicine, 2010. **25**: p. 1363-1369.