

- 1299 Implementation of a Schizophrenia Practice Guideline: Clinical Results.
- 1307 The Use of Antidepressants in Bipolar Disorder.
- 1319 Psychiatric Diagnosis as an Independent Risk Factor for Metabolic Disturbances: Results From a Comprehensive, Naturalistic Screening Program.

Mentorship: The Genuine Article

Mentors are important in academic psychiatry and in the broader world. At times, there are very defined needs for mentorship—how to approach a facet of research or practice that is new, write a type of grant, or acquire specific expertise. Mentorship from a more general perspective is also valuable. Mentorship has an enormous impact, regardless of how broad or how narrow the focus. Problem solving, compromise, and perseverance are lessons often best learned in the context of dedicated mentorship. It is rare to find someone who can meet all of one's needs for mentorship. One strategy is to develop a team of mentors. As part of the team approach, one of the most difficult tasks of the mentee is to integrate and select from ideas and advice that come from different perspectives. This process can be overwhelming and a learning experience in itself.

True mentors see your success as part of their own, even when direct benefits to the mentor are not apparent. Also, it is important to cultivate a relationship with at least 1 mentor to whom you can turn and feel safe with in times of adversity and inevitable setbacks. You are exceedingly fortunate if you have a number of individuals who can draw from their own experiences, expertise, and knowledge of you to facilitate your career and personal development.

How Do You Get Effective Mentorship?

First, you have to be open to it. Ask for it. Geographic proximity is ideal, but aspects of mentorship can be obtained through e-mail and telephone communication. Location is less important than “fit” between mentor and mentee.

Be realistic in what you ask for. Those who are passionate about mentoring seem to find the time. Be clear and focused. Use the means of communication that the mentor finds most efficient. Some things are not meant for e-mail, but some questions fit in the e-mail subject line quite nicely.

Assess fit. Is this person a good role model for you? Do you like how he or she approaches problems? Do you respect him or her? A mentor should be someone you can relate to but does not need to be just like you. How your mentor relates to you is more important than his or her demographics. The person who can help you achieve balance and success might not look like you at all or be what your idea of a mentor looks like.

Be vulnerable. When trying to succeed, we might not want to let the flaws show. You are not giving a mentor a real chance if you are not open enough to reveal your vulnerabilities, your struggles, and areas in which you feel weak. Do you know your weaknesses or approaches that might get in your way? If you are not sure, directly ask a potential mentor how you might improve. If he or she has no suggestions, this person might not be paying enough attention to serve you well as a mentor. If he or she is not constructive in critiques, this mentor might not be supportive enough to help you. If you never need a safe place to express vulnerability or frustration around career development, you may need to ask yourself if you are invested enough, taking enough risks, or too guarded to learn from your setbacks. An incredible gift a mentor can give is sharing his or her own experiences of setbacks, rejections, obstacles, difficulties weighing priorities, and examples of really bad days. Examples of obstacles a mentor experienced can be profoundly inspiring and can give mentees a more optimistic perspective about the adversity that they are likely to encounter.

Three authors in this issue's Early Career Psychiatrists section have generously contributed perspectives on mentoring. We thank them for their contributions.

To provide feedback about the Early Career Psychiatrists section, please contact me at mfreeman@psychiatrist.com.

Marlene P. Freeman, M.D.
Vice–Editor in Chief

IN THE AUTHORS' OWN WORDS

The Impact of Mentorship

The impressive achievement of my former mentor, Thomas Becker, M.D., from the University of Ulm, Günzburg, Germany, had a formative influence on my career. Dr. Becker transformed a huge, traditional state mental hospital in southern Germany into a modern psychiatric university clinic with a strong research department. The mutual stimulation of practical psychiatric work and research based on clinical questions is one of the most powerful instruments to transform and improve services. My former mentor always tried to generate research hypotheses from practical experiences, while at the same time changing treatment processes according to research results. This experience will always remind me that, with our research, we should first keep in mind the aim of improving patients' lives. Too many research projects serve only academic purposes. I learned from my mentor that this can be avoided by raising clinically relevant research questions and by implementing research results continuously. The guideline implementation study presented in this issue of the *Journal* is one example.

Stefan Weinmann, M.D., Dr.P.H.

I am a psychiatrist working with patients who have mood and anxiety disorders at the Department of Neuroscience of the University of Turin, Italy, under the supervision of Giuseppe Maina, M.D., and Filippo Bogetto, M.D., professors of psychiatry.

Dr. Maina recently gave me the opportunity to spend time at the Western Psychiatric Institute and Clinic in Pittsburgh, Pa., under the supervision of Andrea Fagiolini, M.D., a professor of psychiatry working in the field of bipolar disorders. As soon as I arrived in Pittsburgh, Dr. Fagiolini warmly welcomed me and made sure I had everything needed to begin my new experience.

As a mentor, Dr. Fagiolini ensured that I could work in a nice, quiet office equipped with Internet access to virtually every medical journal of interest. The room had huge windows offering a spectacular view of the campus. I was provided with the best possible environment one could ask for in order to think and work effectively. From the beginning, Dr. Fagiolini encouraged that I take part in the various meetings held at the clinic in order to obtain contact with different teams with diverse fields of expertise. He also allowed me to attend an inpatient unit, an opportunity that helped me acknowledge the differences in the care of patients between the Italian and U.S. health care systems.

A few weeks after my arrival, Dr. Fagiolini called me to his office and shared his views on antidepressants and their use in bipolar disorder. He was convinced that, despite the fact that a recent study failed to show superior efficacy, antidepressants play a key role in helping at least some depressed people recover from bipolar depression. The talk we had in his office

was stimulating and thought provoking. During residency, I was taught to recognize and try to differentiate unipolar and bipolar depression, while Dr. Fagiolini said we should look at depression through dimensions, such as anxiety and the level of energy displayed, instead of exclusively focusing on a categorical diagnosis. It was no longer a case of whether or not to treat depressed people with bipolar disorder with antidepressants, but rather to identify, through the use of psychopathological dimensions, *which* depressed patients with bipolar disorder could benefit from the use of antidepressants in addition to an antimanic agent.

In the next several days, we repeated and refined this conversation, after which Dr. Fagiolini asked me to write a comprehensive review on the use of antidepressants in bipolar disorder. This task would be the first step to counterbalance the recent harsh positions against antidepressant use in bipolar disorder. I felt excited and honored: my mentor was giving me the possibility to enter this most relevant debate from the main door.

Every now and then, Dr. Fagiolini sent me recent interesting articles that suggested various possible approaches to the matter. During that time, he, together with Ellen Frank, Ph.D., and Holly A. Swartz, M.D., in Pittsburgh and Dr. Maina in Turin, provided thoughtful advice that helped streamline the article I was writing. The review is published in this issue of the *Journal*, and we hope it will help shed light on the critical role of antidepressants in bipolar depression.

A good mentor should provide continuing education and personal support and guide the professional development of the mentored. Dr. Fagiolini accomplished all of these tasks with friendship and warmth, and it is my pleasure to thank him for all he did during the year I spent in the United States.

Virginio Salvi, M.D.

While working in 2 different institutions in Maastricht, The Netherlands, and in Leuven, Belgium, I was in the situation that I could experience different styles of mentorship. More recently, I also started helping out younger colleagues. I now know that mentoring is a difficult job, which demands social skills, persistence, scientific competence, and patience. What I found to be a very important aspect of good mentorship was the willingness to debate. That I was allowed to disagree and debate the topic of investigation with my (reputed) mentors gave me enormous motivation and inspiration. Science demands not only intelligence but also creativity. Guiding a young scientist while stimulating his or her creativity to develop new insights, hypotheses, and scientific approaches is a challenging task, and I was lucky to have mentors who did this brilliantly. By starting to mentor younger colleagues myself, I realize how difficult guiding such a process can be.

Ruud van Winkel, M.D., Ph.D.