

Women in Child and Adolescent Psychiatry

Imagine a world where community, harmony, and equality exist. A place fueled by innovation where trees grow from balanced soil to provide both shade and oxygen to people who breathe it all in. Where women are valued as community leaders, mothers, and professionals, who are essential for building the future. If you close your eyes and listen in earnest, you can feel that this mystical paradise exists. It is real. And so our journey begins to find this promised land.

This issue of *JAACAP Connect* focuses on the collective strength, wisdom, and potential of women in child and adolescent psychiatry. Despite the distance we've come, there remain enormous inequities for women in medicine. Women attend medical school in numbers equal to or exceeding males.¹ Despite this, robust barriers exist that impact promotion, retention, and quality of life for women. Persistent disparities at all ranks have been noted, even more so for women with multiple intersecting minoritized identities.² Woven in this issue are discussions of triumph and challenge: to both celebrate how far we have come, and to pursue a more just and equal world.

The issue opens with "Being a Woman Leader: Reimagining 'Themyscira' in Child Psychiatry" by Chen *et al.* Themyscira is a fictional island nation and the birthplace of Wonder Woman, where women leaders are trained warriors who approach challenges as opportunities. This concept is foundational for women in child psychiatry who battle to help patients, families, colleagues, trainees, and themselves towards living their best lives. To perform this juggling act, values must be prioritized. At the top of this list are justice, equity, diversity, and inclusion (JEDI) efforts.

In this spirit, we introduce "Towards a Culture Shift: Advocating for Equity, Diversity, and Inclusion for Women in Child Psychiatry." Hua *et al.* describe the factors contributing to persistent inequities in mental

health care for women psychiatrists and for patients. They note the importance of attention to intersectionality and to forming productive habits at the institutional and community levels. They document strategies for promoting JEDI values at the individual, institutional, and community levels and offer a simple call to action.

At the core of addressing JEDI efforts is managing implicit bias. In "Addressing Implicit Bias in Child and Adolescent Psychiatry," Challa *et al.* document the importance of addressing implicit bias in order to repair health disparities, for both provider and patient outcomes. They offer concrete strategies at the individual and institutional levels that we hope will inspire you to implement in your own institutions.

Advancing on our journey, the next articles address issues that disproportionately affect women in the profession. Mergler *et al.* in "Considerations for the Future: Family Planning and Infertility During Psychiatry Training," discuss an oft-neglected topic that is key to work-life integration: family planning. They adeptly outline the challenges postgraduate training poses upon families, as well as disparate family leave practices across different institutions. They propose a unified approach to policies addressing maternal mental health, family leave, and infertility services for trainees and advocate for broad-based support that aligns with federal law and association guidelines.

We cannot overlook the impact of the COVID-19 pandemic in this special issue on girls and women. Lowder *et al.* take on this task in "The Impact of COVID-19 on Women: Highlighting Vulnerabilities and Opportunities" and begin with a striking statistic: *women comprise 70% of healthcare workers*. They describe the jarring impact the pandemic has had on women personally and professionally. They outline contributors to burnout and name opportunities to rebuild with an intentional focus on women, offering hope in a time of uncertainty.

The social isolation brought on by the pandemic contributed to an increased reliance on social media to preserve connection. In a sobering and vulnerable *Connect Corner* piece entitled “*Connect Corner: A Review of My Own Facebook Feed*,” Paula Wadell discusses the cycle of unwellness and how Facebook can fuel disenchantment with one’s work-life balance. She calls for the creation of a culture where we undo normalization of unhealthy behaviors to create space for self-care and expectation management.

Finally, we close with “Spotlight on Juvenile Justice: Girls in the System.” Belzince *et al.* compose a powerful piece exploring the impact of racism, sexism, and oppression that fuel girls’ involvement in juvenile justice. They call for aggressive efforts to treat recurrent trauma and mental health symptoms in girls while more broadly addressing the underlying societal factors that perpetuate gender and racial inequities.

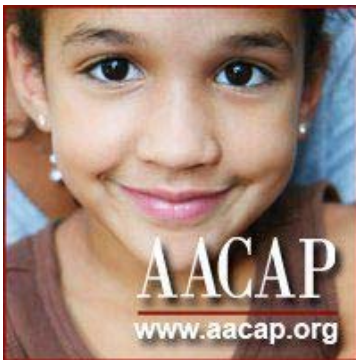
In this special issue, the articles remind us of the values we, as a society, and as professionals in child and

adolescent psychiatry, hold close. Many of us entered this field because we believe children are the future, and we also know mothers play a key role in shaping that future. We hope this issue helps us see our greatest challenges as our most important opportunities. In joining our efforts to create a sustainable, resilient, and gender inclusive future in the profession, we form the lush terrain of Themyscira.

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References

1. 2019 Fall Applicant, Matriculant, and Enrollment Data Tables. Association of American Medical Colleges. December 2019. Accessed May 19, 2022. https://www.aamc.org/system/files/2019-12/2019%20AAMC%20Fall%20Applicant%2C%20Matriculant%2C%20and%20Enrollment%20Data%20Tables_0.pdf.
2. Diversity in Medicine: Facts and Figures 2019. Association of American Medical Colleges. Accessed May 19, 2022. <https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019>.



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