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Advancing mentorship opportunities of LGBTQ+ youth through a novel cascading mentorship and advocacy training model for medical students

Améliorer les possibilités de mentorat pour les jeunes LGBTQ+ grâce à un modèle novateur de mentorat en cascade et de formation sur la défense des droits pour les étudiants en médecine

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth experience challenges beyond those typically experienced in adolescence. These include increased discrimination and stigma by family, school, and community members¹ associated with increased rates of anxiety, depression, and substance use.¹⁻⁴ LGBTQ+ youth without available role models experience increased psychological distress relative to age matched peers who have access to one-on-one role models.⁴ Mentors play crucial roles for LGBTQ+ youth in boosting self-esteem, building resilience, and engaging in identity exploration.^{3,4}

Despite these benefits, there is a lack of mentoring services specifically designed to address the unique needs of LGBTQ+ youth.^{2,3} The Advocacy Mentorship Initiative (AMI) is a mentorship program at UofT created with the goal to bridge this gap by empowering mentors with the skillset and knowledge required to engage with this population.

AMI is an experiential learning initiative that enables pre-clerkship medical students at the University of Toronto (UofT) to serve as mentors for youth from marginalized and vulnerable groups. Medical students themselves are mentored by resident physicians, thus creating a cascading mentorship model.⁵ The program is overseen by the senior author, a Child and Adolescent and Forensic Psychiatrist.

Medical students are enrolled as volunteers through Youth Assisting Youth (YAY), a not-for-profit community organization that matches vulnerable youth aged 6-15 to mentors aged 16-29. Youth referred to AMI face significant challenges associated with the social determinants of health (SDOH). Some participants are LGBTQ+ youth, who are often identified as 'at-risk' due to increased social stressors and lack of family acceptance.

Mentors and mentees are matched by YAY and pairs meet over a nine-month period or more for approximately 1.5 hours each week in a non-clinical setting participating in pro-social and community-based activities. Over 70 mentors have enrolled since the program's inception in 2014.

Monthly seminars are facilitated by e-modules with topics focusing upon anxiety, bullying, depression, substance use, and LGBTQ+ health and the importance of creating a safe space for these youth.⁶ AMI provides a training environment in which the unique challenges faced by these youth is openly discussed and mentors can discuss their own experiences.

Mentors participating in AMI from 2017-2020 (n=50) completed pre- and post-program evaluation surveys composed of Likert scales scored from 1-5 (1=poor,

5=excellent). This project was approved by the University of Toronto's Research Ethics Board and all participants provided informed consent.

These surveys evaluated mentors' levels of confidence related to various skills associated with interacting with vulnerable and marginalized youth. Mentors also ranked their self-knowledge regarding SDOH and other domains related to child and adolescent development. Pre- and post-participation scores were compared with sign tests. Mentors reported significantly increased knowledge in SDOH and child development, as well as increased confidence in working with vulnerable populations and in advocacy skills.⁵

AMI's cascading mentorship model can be utilized to enhance undergraduate medical education and bolster understanding of LGBTQ+ health, SDOH, child development, and LGBTQ+ health for medical students, while also providing additional mentorship opportunities for LGBTQ+ youth. Limitations include not knowing the sexual orientation or gender identity of every participant and lack of data concerning specific impacts of the program on the mentees themselves. Nevertheless, we advocate for the use of this model to engage further with this specific population given the benefits mentors described. Next steps would involve further evaluation in these areas as well as the piloting of LGBTQ+-specific mentorship programs in this population.

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