

The Valued Mentorship and Leadership of Ezra Griffith

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I had heard of Ezra before I met him; who hadn't? I had been in Chicago, and in fact, the United States, for approximately two years and had just found out I would be going to Yale for my fellowship. When I ran into Dr. Carl Bell, a prominent psychiatrist and faculty member at the University of Illinois at Chicago, he said, "I hear you are going to Yale. You must look up Ezra Griffith. You'll learn a lot from him." Coming from Dr. Bell, who was a larger-than-life figure himself, I was intrigued.

While I had been assigned to Dr. Griffith as my yearlong supervisor, I did not get to meet Ezra until weeks after my arrival for the fellowship. I have had many supervisors and mentors in my life, in the United States, in the United Kingdom, and in Nigeria, but Ezra ranks right up there. I have had the distinct pleasure of being mentored by him through many chapters of my professional career; I was his assistant at the *Journal of the American Academy of Psychiatry and Law (JAAPL)* from 2005 to 2008, and later I reported to him as medical director of the Whiting Forensic Division of Connecticut Valley Hospital. Ezra was medical director of the Connecticut Department of Mental Health and Addiction Services (DMHAS) from 2009 to 2016, and all medical directors of state psychiatric hospitals reported to him. Finally, I was deputy medical director of DMHAS from 2014 to 2016, serving directly under Ezra. As a result, I have had the rare opportunity of experiencing Ezra from multiple vantage points.

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As a supervisor/mentor, Ezra has the unique combination of being always approachable, charming, attentive, kind, and yet serious all at once. His quest for excellence is legendary. I learned very quickly that Ezra did not accept excuses; there was practically no excuse for not getting a job done. He always listened patiently to my description of a major family event that caused a delay in an assigned task, empathized appropriately, but concluded the discussion by gently reminding me, "Charles, everyone has challenges, but others still find a way to get things done. If we accept these excuses, we will never be productive." I knew he understood and appreciated my challenges, but I learned that tasks must be completed regardless of those challenges—that is how the world works through Ezra's lens.

I remember the first time I presented a draft of an article to Ezra during fellowship. It was handwritten on pages of paper. Ezra's response: "I can see you have spent a long time writing this; the writing is neat and legible." He then insisted I use the computer for all future writings despite my protesting that it would take me twice as much time, because I had not been raised on the computer. He said that was the way of the future: "You might as well get comfortable with it now."

Ezra was attentive, not just to scholarship and clinical expertise, but to all aspects of my professional and administrative career. As assistant to the editor of *JAAPL*, I watched him make decisions about whom to invite to the editorial board; it required adequate representation of men and women, and it had to represent the racial diversity of AAPL. I remember his advice when I was leaving to take on the editorship of the *AAPL Newsletter*: make sure the editorial board is diverse, and always include enough women

to balance out the men. Also, photos in the center spread of the AAPL Newsletter must be inclusive—not just men—and must show racial diversity. I took his advice on all counts.

As a practicing psychiatrist working on one of the most challenging units of the state's maximum-security psychiatric facility right after fellowship, I had many reasons to seek advice. It was intense and downright shocking at times, especially given the background of my training in England, where I had not witnessed any mechanical restraints in three years. I thought it would be excellent to publish my experiences as the unit underwent a cultural revolution. I presented a couple of pages of my thoughts to Ezra. He said, "Although this would make an excellent publication, you can only publish it if you want to stop working for the state." He opined that it would be better for me to redouble my efforts at changing the culture of the unit. Sound advice. As I looked at my draft a while later, I understood what he had meant. I had been shooting from the hip and had not taken into consideration the full implications of my intended scholarship. The message? As much as Ezra loves and encourages scholarship, he taught me to always consider carefully the potential consequences, positive or negative, of my writings. He always cautioned against a quickly drafted email because even a casual one-line email deserved careful consideration before hitting the send button. Of course, the grammar, spelling, and syntax must be right, but so also must the message; it must be clear and unambiguous.

As deputy medical director of DMHAS, I saw Ezra bring scholarship to the work of resolving knotty issues that often confronted us around the provision of excellent care to our most challenging patients and the coordination of their care through the various systems. He got people interested in the scientific theories underpinning our care of individuals with chronic and refractory mental illness, most of whom had legal entanglements. He discussed relevant manuscripts as they landed on his desk as editor of *JAAPL* or through his wide readings, and he supported and encouraged seasoned psychologists in our state psychiatric hospitals to become excited about scholarship and to publish their work, infusing them with the courage and supervision to do so in *JAAPL* and other journals. Further, Ezra ran a forensic discussion seminar open to psychiatrists, psychologists, social

workers, and nurses, and he challenged our system to be sensitive to inequities in access to care and the treatment of minorities with mental illness in the psychiatric/criminal justice systems. Ezra always welcomed disparate opinions, which allowed him to engage in one of his passions—debates, and he responded patiently to them, his long years as a teacher coming through.

During one of our usually large case conferences, Ezra noticed that most of the women in the room were not sitting around the big table but in chairs behind. He insisted on a rearrangement that brought more women to the table, and later he asked me to always insist on women stepping up to the table. He had just read *Lean In: Women, Work, and the Will to Lead*, a book by Sheryl Sandberg, and it solidified his thinking around these issues.

Ezra is a consummate believer in working collaboratively with various stakeholders; he always sought to find common ground, even with the most challenging of agencies. Within weeks of becoming the medical director of DMHAS, he noticed the charged atmosphere between psychiatrists and members of the Connecticut Legal Rights Project (CLRP), a legal entity established by federal consent decree to protect the civil rights of patients in state psychiatric hospitals. Most psychiatrists found it challenging to work with CLRP; the feeling was mutual on CLRP's side, which led to nearly constant tension between them. Ezra immediately set to work cultivating a working relationship with CLRP based on mutual respect and a shared desire to help our patients. A fruitful and trusting relationship was born. Ezra and the clinical director of CLRP toured the state hospitals and made presentations together, discussing the important role of CLRP and developing a roadmap for working with them.

In conclusion, it is difficult to summarize Ezra's impact on my professional development. I find myself frequently employing his teachings and style in my day-to-day work as a psychiatrist, supervisor, mentor, and administrator. I believe the only way to repay him is by paying it forward. I am glad Ezra continues to inspire the next generation of young psychiatrists. Although it is hard to believe, he is busier now that he has officially retired than ever. I look forward to many more years of benefitting from his wisdom and friendship.