

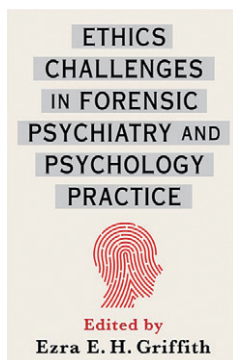
## Book Forum

### Ethics Challenges in Forensic Psychiatry and Psychology Practice

edited by Ezra E. H. Griffith, M.D. New York, Columbia University Press, 2018, 376 pp., \$65.00 (hardcover).

The field of ethics involves systematizing, defending, and recommending concepts of right and wrong behavior. The practice of forensic psychiatry and psychology has been described at times as an ethical minefield, as competing obligations at the interface of the justice and health care systems produce challenges regarding what is the “right” behavior and call for an ethical framework for guiding practice in this arena. In this book, Dr. Ezra Griffith, professor emeritus of psychiatry and African American studies, and deputy chair for diversity and organizational ethics at Yale University, has put together a collection of essays written by an esteemed group of contributors, many of whom are leading thinkers within the field of forensic ethics. This accessible book covers a surprisingly diverse range of topics, including work with children, the incarcerated, sex offenders, and individuals requiring involuntary treatment, as well as dilemmas involving the use of neuroscience and psychological testing, just to name a few. Ethical dilemmas involve reasoning about what “should” be done by the good doctor, and deciding what “good” means in the context of the medical relationship. This important contribution to the field of forensic ethics offers a broad discussion of ethical dilemmas and how best to reason through them when practicing within the forensic realm.

Part 1 of the book focuses on how one approaches solutions to ethics problems in forensic practice. This section begins with a nice description of the various competing ethical theories pertinent to forensic psychiatry and psychology that one might use when confronted with these dilemmas. Theories such as principlism, casuistry, narrative, the ethics of caring, and normative ethics are described, and then the authors present their concept of dialectical principlism, which is their method of laying out, prioritizing, and balancing conflicting ethics considerations to help practitioners act most ethically. This section of the book goes on to describe ethical challenges produced by issues such as feminism, practicing within a context of limited resources, dealing with role conflicts, and working with concepts of objectivity and competence in forensic assessments.



Part 2 of the book shifts its focus to ethics in major areas of forensic practice, including topics such as minors' autonomy, ethics dilemmas in correctional institutions, involuntary outpatient commitment, and the use of neuroscience in forensic contexts. The authors of these chapters provide practical examples of real-world issues that forensic practitioners face within these contexts. For instance, within the correctional context, the authors discuss the very relevant issues of confidentiality, consent, and competence that affect the correctional practitioner. The authors of this chapter suggest that correctional psychiatrists and psychologists may require their own separate code of ethics because of secondary duties owed to the criminal justice system that must be balanced against the duty to the patient in treatment. The chapter on neuroscience provides a very relevant discussion about how the use of brain imaging might raise new ethical issues as forensic clinicians attempt to draw conclusions between brain and behavior while being mindful about not going “beyond the data” with regard to those conclusions.

Part 3 takes the book into areas of more specific ethics problems in forensic practice. Each of these well-written chapters provides the forensic practitioner with a nuanced look into these special areas of practice. Topics in this section include the use of psychological testing, the ethics of mandated video recording of forensic evaluations, and the ethical challenges of assessing and treating challenging patient populations such as children, sex offenders, asylum petitioners, and Guantanamo detainees. Additional topics touch on the use of the Internet, interacting with the media, and the ethics dilemmas encountered in violence risk assessment.

This book contains 20 interesting and well-written chapters discussing a variety of topics that any forensic practitioner would find useful. Each of these chapters could be a stand-alone monograph, given the specialized nature of each. Much of forensic psychiatry is practiced by general psychiatrists who do not have specific forensic training and who could make great use of this book to familiarize themselves with the problem areas likely to be encountered in their work.

The authors of these chapters provide real-world ethical dilemmas and attempt to aid those practicing in this field to resolve these often complex ethical challenges. The thrust of this book is to help guide practitioners' thinking with regard to these dilemmas, without necessarily providing specific solutions. As perfectly stated on the inside of the book jacket, this book “provides a roadmap for specialists in these evolving fields to recognize dilemmas through reflection and consideration, thoughtfully articulate the problems, and create solutions.”

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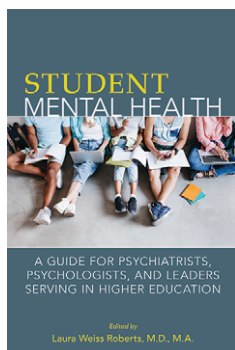
*The author reports no financial relationships with commercial interests.*

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## Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education

edited by Laura Weiss Roberts, M.D., M.A.  
Washington, D.C., American Psychiatric  
Association Publishing, 2018, 530 pp.,  
\$62.00 (paperback).



*Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education* is a good introductory guide to many of the social and clinical issues encountered by student mental health clinicians. This book is not a comprehensive text, and it does not provide in-depth exploration of some of the more complex, advanced student mental health issues (see below).

Part 1 provides an overview of general topics relevant to student mental health, including discussion of transition-age youths, campus culture, student mental health program structure, and suggestions for self-care for student mental health clinicians. The chapter “Strategies for Excellence in Student Health Programs” may be one of the most useful chapters in this book, and the author clearly has expertise in the subject matter. He poignantly describes the tensions faced as campuses and clinicians strive to provide excellent care while often being perceived as lacking and unresponsive. The chapter “Burnout and Self-Care of Clinicians in Student Mental Health Services” is particularly relevant because student mental health clinicians work with a particularly challenging population—a group of young adults at an age when mental illness often presents; a group at higher risk of suicide; an intelligent, privileged population; and a group with a lot to lose. Unfortunately, this chapter misses the mark and, rather than address these issues, examines the risks of burnout inherent to those who practice medicine in general. The chapter does address the unfortunate, all too common expectations for excellent service in the presence of woeful underfunding and understaffing.

Part 2 provides an overview of developmental, social, academic, and resilience issues among college students. The discussion of Jeffrey Arnett’s description of the period of emerging adulthood is vital foundational knowledge for any student mental health clinician.

Part 3 focuses on clinical evaluation and treatment of specific mental health issues in college students. The chapters

are very brief with limited specific treatment recommendations and are almost absent of mention of pharmacological interventions.

“The Suicidal Student” chapter does offer useful behavioral strategies but, likewise, neglects any mention of pharmacological intervention. What is particularly disconcerting is the lack of mention of lithium, which has well-documented properties to reduce suicidal ideation (1) and can be judiciously used in acutely suicidal college students with often rapid and positive effect.

I was excited to see the chapter “Innovation, Technology, and Student Well-Being” but was disappointed there was not a discussion of students’ preferred means of communication, which I have generally found to be e-mail and/or text messaging—an issue that requires an examination of boundaries, ethics, and confidentiality concerns.

The final chapters in Part 4 dedicated to distinct populations are particularly useful and unique, as many other college mental health resources do not specifically address these populations. I was left with a few questions after reading these chapters. In terms of military students, I wonder how the authors would respond to those students who are on military scholarships (e.g., medical students) and are fearful of seeking help for mental health issues owing to a fear they will lose their scholarships and military status if they receive a formal mental illness diagnosis. In the chapter dedicated to graduate students and postdoctoral fellows, the authors note it is difficult to obtain clear estimates of psychiatric disorders among graduate students, and they describe the incidence of disorders and symptoms of students in general. The American College Health Association–National College Health Assessment data do include information specific to graduate students (in addition to separate data for undergraduate students). In the chapter on medical students, fellows, and residents, the authors imply that licensing questions are no longer stigmatizing in terms of questions about mental health issues (p. 475). Regrettably, in 2016, two-thirds of state licensure application and renewal questionnaires asked about history of (not just current) mental health issues, and 40% of physicians reported they would be afraid to seek formal mental health care because of fear of negative impact on licensure (2).

For psychiatry residents considering a career in student mental health, and for new student mental health faculty, the book provides a good first introduction. Those who are managing student mental health services would welcome a forum for discussions of more complex student mental health issues, including:

- Treatment structure (walk-in, urgent care, late hours, cancellation fees, treatment guidelines, on-call coverage, etc.);
- Student mental health and the law (the interaction between the Family Educational Rights and Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 [when applicable], student-clinician confidentiality, mandatory reporting);

- History of, prevention of, and response to school violence;
- Helping and supporting students as they fail and are dismissed from college, graduate school, or medical school (managing shame, suicidality, debt, a new life path);
- Stigma reduction and increasing help-seeking behavior;
- Unique challenges to providing psychotherapy with college students;
- The role of the psychiatrist or clinician in screening for and providing recommendations for accommodations for psychiatric and psychological disabilities; and
- The complexities of effectively diagnosing attention deficit hyperactivity disorder in those who have been intelligent enough to compensate while maintaining appropriate protocol to prevent misuse and diversion of stimulant medication.

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1. Cipriani A, Hawton K, Stockton S, et al: Lithium in the prevention of suicide in mood disorders: updated systematic review and meta-analysis. *BMJ* 2013; 346:f3646
2. Dyrbye LN, West CP, Sinsky CA, et al: Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clin Proc* 2017; 92:1486–1493

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## CORRECTION

When the editorial “Is There Really Nothing New Under the Sun? Is Low-Dose Ketamine a Fast-Acting Antidepressant Simply Because It Is An Opioid?” by Mark S. George (doi:10.1176/appi.ajp.2018.18070800) was published online on August 29, 2018, it included statements about ketamine and NMDA receptor activation; ketamine is an NMDA-R antagonist.

The third sentence of the second paragraph should read “They asked this question in part because the other main pharmacological action of ketamine, *N*-methyl-D-aspartate (NMDA) receptor antagonism, has largely failed to emerge as the necessary mechanism of action for ketamine’s antidepressant effects.”

The seventh sentence of the third paragraph should read “It may be that ketamine’s effects require combined opioid receptor activation and NMDA receptor antagonism.”

The article was reposted with these sentences corrected on September 21, 2018.