BOOK REVIEW

Geriatric Mental Health Ethics: A Casebook

Reviewed by:

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Dr. Bush is a practicing neuropsychologist[1] and his other books, some of which were written with other people, examine ethics in the context of psychology, neuropsychology, clinical neuropsychology, and forensic psychology. In this newest book, the focus is ethical aspects of mental health professionals' treatment and care of older people. Relatively few books have been published specifically about this area of healthcare so new discussions are welcome.

The author sets four goals for *GMHE*; they are to: (1) describe ethical challenges routinely encountered by professionals who treat elderly people; (2) identify available resources; (3) explain his own model for ethical decision making; and (4) apply this model to different clinical situations. As highlighted in the book's title, clinical scenarios are employed extensively. Chapters 5 to 13 tackle different cases and in total, twelve cases are in the book.

Bush's decision making model is utilized in cases about professional competence, personal relationships, privacy and informed consent, psychological assessment, treatment, seniors who belong to special populations (e.g., ethnic, religious), and health promotion. The cases' settings vary too: hospitals, skilled nursing facilities, independent practices and outpatient clinics. And, finally, the perspectives range from that of a neuropsychologist to a psychiatrist, a counselor and a social worker.

The book has three strengths. First, the cases are not the overly simplified kind used much too frequently, but instead include realistically complicating details. Moreover, the inclusion of different professional perspectives and treatment settings avoids a common tendency to focus just on MDs and PhDs. Second, the target audience is practicing mental health workers who typically seek out information that effectively and efficiently contributes to the quality of their work with clients and their families. The clear writing style and text formatting therefore should be much appreciated. Third, repeated application of the ten-step model,

which is quite comprehensive, will increase readers' understanding of what, at first blush, seems rather daunting.

The concluding section of the book includes a quote from Beauchamp and Childress: "'often what applies most in the moral life is not consistent adherence to principles and rules, but reliable character, good moral sense, and emotional responsiveness'" (144). While these factors appear in various cases, they are not obvious enough in comparison to the various principles and rules employed. Admittedly in the opening pages of *GMHE*, Bush adds a caveat that this book is based on his earlier publications, which have more conceptual explorations. And it is understandably frustrating to practitioners if theoretically dense concepts (e.g., authenticity, embodiment, agency) are poorly explained and never connected to actual interactions between clients and their mental health workers. Nonetheless, more explicit attention to people's character and integrity, situational meanings and working with people's emotional life is warranted.

Another shortcoming is the absence of common problems in mental healthcare such as psychotic disorders, manic disorders, personality disorders, addictions, diagnostic uncertainty, patients who are treatment refractory, trauma and violence, suicidality and self-harm, involuntary hospitalization and treatment, and use of restraints and seclusion. Mental healthcare must deal with serious social justice challenges that are absent in much of acute care, physical medicine. These challenges include the all-too-real impact of social determinants of health (e.g., poverty, homelessness, immigration), marginalization, stigma, and the involvement of the criminal justice system. Unfortunately such challenges are not addressed enough by the cases.

In closing, the book's primary content is presented in just 140 or so pages and so it will appeal to busy mental health workers to read. Bush's model can help professionals tackle ethical considerations as thoroughly, conscientiously and strategically as they tackle clini-

cal considerations, and this is a good thing. However, for mental health treatment and care of older people, the book and model's helpfulness for more complex, yet still common, mental health concerns and dilemmas still needs to be demonstrated. This is something I look forward to.

Footnotes:

1. Neuropsychology is a subspecialty of psychology. It involves the study of brain structure and functioning as they relate to our psychological processes and behaviour

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