Editor:

In their recent article, "Illuminating Sociocultural and Ethnocultural Consciousness in Forensic Practice," Griffith and colleagues make a call to action for forensic practitioners to become more aware of social and ethnocultural factors affecting their lives and the lives of the persons they evaluate. The authors state that we “must attend more closely to the effects of sociocultural and ethnocultural experiences on ourselves and our evaluatees” (Ref. 1, p 263). I would like to take their thoughtful proposal one step further: it is imperative that forensic psychiatrists and the forensic psychiatry community actually do something to change the lives of the people with whom we work.

In a world where institutionalized racism, exposed and undeniable, causes vulnerable persons of color with mental disorders to be incarcerated in large numbers in our jails and prisons, it is the forensic psychiatrist who is in the best position to understand, to act, and to create change. It is the forensic psychiatrist who knows the patient, the system, and the law and is thus able to intervene in what are often complex clinical and legal predicaments of the persons and populations with whom we work.

It is time to step past the neutrality we were trained to maintain; as ethical professionals, we can no longer be bystanders when so much harm is being done in and by the systems and institutions of which we are a part. We must move our field to action, where neutrality maintains its place, but where we can also consider ourselves to be leaders in creating solutions to one of the most important problems of our time: the over-incarceration of vulnerable people with mental disorders.

There are a growing number of forensic psychiatrists who are already actively engaged in this type of change and cultural shift. We are finding ways to use the law and our clinical expertise to benefit people and populations, turning outpatient competency restoration programs into community housing opportunities for the homeless, or expanding jail clinic interventions to include collaboration with justice partners to divert persons into treatment programs.

Forensic psychiatry as service, like other specialties of medicine, must be our new culture. As our field grows with more young, aware, and diverse physicians, let us not lose them to our traditional approach. Let us modernize our field to include expert service, not for legal ends alone, but also for social justice. Let us bring our knowledge and skills to the courtrooms, jails, prisons, and community to benefit people and assist the professionals who work with them. Let us create and operate programs and services that meet the needs of the patients involved in the justice system. There is no better medical specialty prepared to do this than our own.

References

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Editor:

I thank Dr. Berlin for starting a conversation with his article "Legal, Mental Health, and Societal Considerations Related to Gender Identity and Transsexualism." Dr. Berlin notes that forensic psychiatrists will be increasingly asked to provide expertise related to gender dysphoria, along with the mental health and legal implications of gender self-identification. Dr. Berlin, however, did not much explore the tradeoffs involved in legal recognition of gender self-identification. The impact of these tradeoffs is largely unknown, as gender identity is relatively new as a concept and only recently recognized within regulatory and legal frameworks.

Dr. Berlin did demonstrate that human reproductive biology and sexual expression are complex. Despite this, biological sex is clear in well over 99% of humans. Furthermore, biological sex is deeply engrained within human culture, laws, and psychology. In contrast, determining gender identity appears more ephemeral. Potter et al. defined three dimensions of gender identity: felt gender, gender contentedness, and gender