

Research Article

# Balancing Autonomy and Safety: A Comprehensive Review of Patient and Psychiatric Nurse Perspectives on Patient Rights in Mental Health Care

Mirela Tushe\*

Aldent University, University Hospital Center "Mother Teresa,"  
Tirana, Albania.

**Corresponding Author:** Mirela Tushe, Aldent University,  
University Hospital Center "Mother Teresa," Tirana,  
Albania.

Received: 📅 2026 Mar 27

Accepted: 📅 2026 Apr 20

Published: 📅 2026 Apr 30



## Abstract

**Background:** The protection and promotion of patient rights in psychiatric settings are fundamental to ethical healthcare and the delivery of person-centered care. However, numerous studies indicate a persistent gap between the theoretical frameworks supporting patient rights and their practical application. This gap is often reflected in the differing perceptions of patients and psychiatric nurses regarding autonomy, informed consent, and the use of coercive measures. While mental health professionals strive to ensure safety and therapeutic effectiveness, patients frequently report feelings of exclusion, disempowerment, and a lack of understanding about their rights.

**Objective:** This review aims to analyze the current body of literature concerning the perceptions of both psychiatric patients and nursing professionals toward fundamental rights in mental healthcare. The goal is to identify shared challenges, points of divergence, and opportunities for improving the ethical standards of psychiatric practice through education, communication, and policy reform.

**Methods:** An integrative literature review was conducted using systematic searches of peer-reviewed articles published between 2018 and 2021 in the Scopus, PubMed, and PsycINFO databases. The search strategy included keywords such as "patient rights," "psychiatric nursing," "coercion," and "informed consent." Studies were selected based on relevance, quality, and their focus on the experiences of patients and healthcare providers in psychiatric settings. A total of 10 high-quality studies were reviewed and synthesized thematically.

**Results:** Three major themes were identified across the literature: (1) communication barriers between staff and patients, (2) limited patient involvement in decision-making, and (3) the frequent use of restrictive measures such as seclusion and involuntary treatment. These themes highlight ethical tensions in practice and reveal a consistent need for more rights-oriented approaches in psychiatric care. Nurses reported challenges in balancing safety with autonomy, while patients expressed a desire for more clarity, respect, and involvement in their care.

**Conclusion:** Findings suggest that achieving truly ethical psychiatric care requires significant changes in institutional culture, professional training, and policy enforcement. Communication must be prioritized, patient autonomy should be respected through shared decision-making, and the use of coercive interventions must be minimized. Promoting mutual respect and understanding between healthcare providers and patients is essential for building trust and safeguarding dignity in mental healthcare settings.

**Keywords:** Patient Rights, Psychiatric Nursing, Mental Health Ethics, Informed Consent, Patient Autonomy, Coercion, Therapeutic Relationship, Restrictive Interventions

## 1. Introduction

Patient rights in psychiatric settings are crucial to maintaining the dignity and autonomy of individuals undergoing treatment. However, balancing patient rights with the need for safety and therapeutic intervention often presents ethical challenges [1]. These challenges can create a significant divide between the expectations of patients and healthcare providers, especially nurses, who are tasked with both ensuring patient safety and maintaining therapeutic relationships. Informed consent is one of the most debated issues within psychiatric care, with nurses often prioritizing safety over the autonomy of the patient [2]. Patients, however, express a desire for more involvement in decisions concerning their care, as well as a better understanding of their rights [3]. This divergence between patient and nurse views often leads to confusion and a sense of powerlessness among psychiatric patients, as well as ethical dilemmas for healthcare providers [4]. Globally, mental health policies, such as the WHO Quality Rights initiative, call for respect for human rights and the implementation of person-centered care [5].

However, in practice, patients often report feeling disempowered or unaware of their rights [6]. In some cases, institutional policies and high workloads contribute to limited communication between staff and patients, reducing opportunities for dialogue about rights and choices. Additionally, cultural and systemic factors may further hinder patient autonomy, especially in countries where mental illness is highly stigmatized. Nurses often operate under pressure, having to balance therapeutic goals with legal responsibilities and risk management. The lack of training in ethical reasoning and rights-based care models contributes to inconsistent practices. This highlights the urgent need for reforms that reinforce rights awareness, therapeutic alliance, and ethical competency in psychiatric settings. The ethical dilemmas faced by healthcare providers in psychiatric settings are often compounded by systemic issues within mental health institutions. One of the most prominent issues is the lack of adequate training for staff, particularly in the areas of patient rights, ethical decision-making, and communication. Nurses, who play a critical role in the care and well-being of psychiatric patients, are often at the forefront of addressing complex issues surrounding

autonomy, safety, and therapeutic intervention.

However, their ability to navigate these challenges effectively is often hindered by a lack of support, education, and time to engage in meaningful dialogue with patients. In many psychiatric settings, high patient-to-staff ratios and heavy workloads mean that staff members are often forced to focus on the immediate safety of the patient and the management of acute symptoms, leaving little room for a deeper engagement with the patient's rights and preferences. This often leads to a reactive rather than proactive approach to care, where patients' voices are not fully integrated into their treatment plans. While staff are well-trained in managing psychiatric crises, their expertise in fostering meaningful, respectful communication with patients regarding their rights and care choices can be limited. This gap in training can exacerbate the divide between patient expectations and healthcare provider practices, making it difficult for patients to feel empowered and involved in their treatment. Furthermore, institutional policies often emphasize efficiency and risk management over the individual needs of patients. This can lead to a situation where patients are treated more as a set of symptoms to be managed, rather than as individuals with unique experiences and rights. For instance, policies surrounding involuntary admissions, the use of restraints, and forced medication can all serve to limit the autonomy of patients, even though these measures are often justified as necessary for the safety of the patient and others.

However, when these policies are applied without adequate patient involvement or consideration of individual circumstances, they can result in feelings of powerlessness, distrust, and disempowerment for the patient. Additionally, the cultural and social context of mental illness plays a significant role in shaping how patient rights are perceived and respected in psychiatric settings. In many societies, mental illness is still heavily stigmatized, which can further marginalize psychiatric patients and make it more difficult for them to assert their rights. This stigma can lead to negative attitudes from both healthcare professionals and the broader community, and patients may internalize these negative perceptions, making it even harder for them to advocate for themselves. Cultural factors, such as the traditional view of mental illness as a personal or familial shame, can also

influence the way care is delivered. In some countries, mental health care is seen as something that should be hidden or dealt with in isolation, which undermines the importance of integrating patient rights into the care process. In such contexts, patients may feel reluctant to speak up about their needs or concerns, either because they fear judgment or because they have been conditioned to believe that their opinions do not matter. This is compounded by the fact that many psychiatric patients are already in a vulnerable position when they enter care, often dealing with the effects of trauma, isolation, and discrimination.

These factors can make it even more difficult for them to assert their autonomy or to understand and exercise their rights within the therapeutic environment. The lack of awareness of patient rights among psychiatric patients themselves is another critical issue. While healthcare providers may be aware of the rights framework in place, patients are often not adequately informed about their rights in a manner that they can understand and act upon. In many cases, information about rights is presented in dense, legalistic language or is delivered at a time when the patient is in crisis, making it difficult for them to process the information effectively. As a result, patients may not fully understand their right to informed consent, to refuse treatment, or to participate in decisions about their care. This lack of awareness can leave patients feeling disoriented and powerless, unsure of how to navigate the system or advocate for their own well-being. Addressing these challenges requires a multi-faceted approach that not only improves the education and training of healthcare providers but also creates a more patient-centered environment that prioritizes communication, autonomy, and respect for human rights. Healthcare professionals, especially nurses, must be equipped with the knowledge and skills necessary to support patients in understanding their rights and making informed decisions about their care.

This means providing patients with clear, accessible information about their rights and ensuring that they are given the time and space to ask questions, express concerns, and participate in their treatment planning. In addition to improving communication, healthcare providers must adopt a more holistic approach to patient care that recognizes the individuality of each patient and respects their autonomy. This approach would involve not only addressing the immediate mental health concerns of patients but also supporting them in reclaiming their voice and agency. For example, instead of focusing solely on symptom management, care plans should incorporate discussions about the patient's values, preferences, and life goals. In this way, care becomes more than just the treatment of illness; it becomes a collaborative effort between healthcare providers and patients to support the patient's overall well-being and recovery. To further support patient autonomy, institutions must also create an environment that encourages the participation of patients in decision-making processes. This could involve implementing practices such as shared decision-making, where patients

and healthcare providers work together to determine the best course of treatment based on the patient's preferences and values. Shared decision-making fosters a sense of partnership and trust between patients and providers, helping to break down the hierarchical barriers that often exist in healthcare settings. In this model, patients are viewed as active participants in their care, rather than passive recipients of treatment. Moreover, healthcare providers must be encouraged to engage in continuous professional development, particularly in areas related to ethics, patient rights, and cultural competency.

This would ensure that they are well-equipped to navigate the complex ethical dilemmas that arise in psychiatric care and to respond appropriately to the needs of patients. Training in ethics and patient rights should be integrated into both initial education and ongoing professional development for all healthcare staff. This will not only improve the quality of care provided but also help to foster a culture of respect and dignity within psychiatric settings. Finally, mental health policies at the institutional and governmental levels must be revisited and updated to reflect the changing landscape of psychiatric care. This includes ensuring that policies related to patient rights, involuntary treatment, and the use of restrictive interventions are not only legally sound but also ethically justifiable and patient-centered. Policies should be designed with the explicit goal of promoting autonomy, reducing coercion, and enhancing the therapeutic relationship between patients and providers. Furthermore, these policies should be regularly reviewed and evaluated to ensure that they are achieving their intended outcomes and that patient rights are being upheld in practice. The ethical challenges surrounding patient rights in psychiatric settings are complex and multifaceted. However, with a commitment to patient-centered care, ongoing staff education, and a more supportive institutional culture, it is possible to create an environment where patient autonomy is respected, and patients feel empowered to take an active role in their treatment. By addressing the systemic, cultural, and educational factors that hinder patient rights, psychiatric settings can better uphold the dignity and autonomy of individuals undergoing mental health care, ultimately improving both the quality of care and patient outcomes.

## 2. Methodology

This literature review follows the framework outlined by which includes defining the research problem, conducting a systematic literature search, evaluating the data, analyzing the results, and interpreting findings. Studies were selected based on the following inclusion criteria: published in English, between 2018 and 2021, and focused on psychiatric care and patient rights. The electronic databases searched included PubMed, Scopus, and PsycINFO. Keywords used included: "patient rights," "psychiatric nursing," "patient autonomy," and "informed consent in psychiatry." The final selection included 10 peer-reviewed articles, among which 5 were highly cited and directly related to the study's aim. Additional articles were obtained from the reference lists

of included studies. To assess the quality of the studies, the CASP checklist was employed, ensuring the studies met rigorous standards for methodological quality. The data was then synthesized into three overarching themes: communication, participation in decision-making, and the use of restrictive measures in psychiatric care [1-5]. A narrative synthesis approach was used to integrate findings from both qualitative and quantitative studies. Duplicates were removed manually, and abstracts were screened independently by two reviewers. Any discrepancies in study selection were resolved through discussion and consensus. Ethical approval was not required for this review, as it did not involve human participants. The process adhered to PRISMA guidelines to ensure transparency and rigor in the selection and analysis of literature.

### 3. Results

#### 3.1. Communication Barriers

One of the key barriers to the realization of patient rights in psychiatric settings is poor communication. Found that a significant percentage of psychiatric patients (42%) did not fully comprehend the procedures or treatment they were undergoing, which can contribute to feelings of alienation [1]. Nurses, due to time constraints and increased patient load, often do not engage in clear, open communication regarding patient rights [2]. Effective communication, as identified by is pivotal in making patients feel empowered and involved in their treatment [4]. Moreover, noted that there is a mismatch between the expectations of healthcare providers and patients when it comes to understanding informed consent [6]. Patients often feel rushed or pressured into signing documents they do not fully understand, a situation exacerbated by the complexity of psychiatric diagnoses. Improving communication requires a cultural shift within psychiatric institutions, where patients are seen as active participants rather than passive recipients. Creating more time for patient interactions can enhance trust and reduce anxiety. Communication should be adapted to individual needs, including cognitive or language limitations. Institutions must prioritize training in therapeutic communication skills. Strengthening this aspect of care leads to more ethical and person-centered treatment environments.

#### 3.2. Participation in Decision-Making

Another theme emerging from the literature is the involvement of patients in decision-making regarding their treatment plans. According to Cutcliffe and Links, patients frequently report feeling excluded from decisions about their treatment, which can lead to mistrust and dissatisfaction with care [3]. This finding is supported by who showed that patients who are not involved in their care are more likely to be non-compliant with treatment [1]. Nurses, however, are often caught in the dilemma of whether to prioritize patient autonomy or ensure adherence to treatment plans, especially in cases where patients may not have the capacity to make informed decisions due to their psychiatric condition [2]. Highlight that in forensic psychiatric care, the notion of shared decision-making is less commonly

practiced due to the coercive nature of the environment [4]. The lack of shared decision-making negatively affects patients' satisfaction with care and undermines their sense of autonomy. Encouraging participation requires building mutual trust and giving patients space to express their preferences. This approach can foster a sense of agency and improve adherence to care plans. Even in cases where decision-making capacity is limited, collaborative strategies can still be applied. Respecting patients' values and involving them where possible strengthens the therapeutic alliance. Shared decision-making should be viewed as a dynamic process tailored to the patient's needs and evolving condition.

#### 3.3. Use of Restrictive Measures

The third critical issue is the use of restrictive interventions such as involuntary medication or seclusion. According to the decision to implement coercive measures is often made based on clinical judgment and institutional policy rather than patient consent [4]. This creates an ethical dilemma for nurses, who are required to balance patient autonomy with the safety needs of the institution. However, Cutcliffe and Links argue that the use of such measures is often justified by nurses as being in the best interest of the patient, even though it may violate basic human rights [3]. Found that restrictive measures often lead to feelings of anger and distrust among patients, making it difficult for therapeutic relationships to thrive [6]. Nurses themselves report experiencing moral distress when having to apply such measures, particularly when they feel that the treatment goes against their ethical beliefs [5]. Minimizing the use of coercive interventions requires a shift toward de-escalation techniques and trauma-informed care. Facilities should implement clear guidelines and accountability measures to ensure restrictions are only used as a last resort. Promoting a culture of empathy and patient-centered care can significantly reduce reliance on such practices. Involving patients in post-incident reviews may also support emotional recovery and relationship repair. Ultimately, restrictive measures should be replaced where possible with approaches that prioritize dignity, trust, and recovery-oriented values.

### 4. Discussion

The findings of this review underscore the ethical complexities that arise in psychiatric care, particularly regarding communication, autonomy, and restrictive interventions. Nurses are often caught between adhering to institutional policies and respecting patient autonomy. The study by emphasized that while nurses view their actions as necessary to ensure patient safety, patients see them as violations of their rights. Furthermore, while the WHO's QualityRights initiative advocates for the promotion of person-centered care, the evidence suggests that psychiatric institutions still struggle to fully implement these principles [1,5]. The findings from and demonstrate that the use of restrictive interventions often diminishes patients' sense of autonomy and worsens their mental health outcomes [4,6]. Ultimately, there is a clear need for training that emphasizes patient rights and ethical decision-making. This can help nurses better navigate the complexities of psychiatric

care, ensuring that both patient safety and autonomy are preserved. The moral distress reported by nurses when implementing restrictive measures suggests that institutional support for ethical reflection is essential [3]. Increased collaboration between staff and patients can foster a more balanced therapeutic environment. Organizations should evaluate their policies through a human rights lens to identify areas needing reform. Emphasizing empathy and cultural competence may also improve care quality and trust. Future studies should explore practical interventions that reduce coercion without compromising safety. A shift toward more inclusive and rights-oriented models of care is both necessary and overdue.

#### 4.1. National Context and Practical Implementation

Implementing patient rights in psychiatric care settings requires not only legal frameworks and ethical guidelines, but also strong cultural, educational, and institutional support. While international organizations such as the World Health Organization have promoted person-centered and rights-based care models, their implementation remains uneven, particularly in countries with limited resources, high stigma, and institutional barriers [5]. In many low- and middle-income countries, including those in the Balkan region, mental health services often struggle with underfunding, high patient-to-staff ratios, and insufficient training in ethical decision-making for psychiatric nurses [7]. In such contexts, nurses may find themselves unprepared to navigate complex ethical dilemmas related to autonomy, coercion, and consent. These challenges are further exacerbated by systemic stigma toward mental illness, which influences not only public attitudes but also internal practices within psychiatric institutions [8]. Although legal frameworks regarding patient rights exist in many countries, including Albania, their enforcement in psychiatric institutions is often fragmented or inconsistent. For instance, the presence of formal policies on informed consent or voluntary treatment does not always translate into actual practice. Highlights that many nurses report a lack of institutional guidance and limited opportunities to engage in ethical reflection, resulting in decisions that are driven more by risk management than by ethical principles [2].

In addition, a lack of patient education about their rights significantly weakens the position of individuals receiving psychiatric care. Point out that patients are frequently unaware of their rights to refuse treatment, seek a second opinion, or file a complaint. In some cases, consent is obtained in a perfunctory or coercive manner, with patients signing forms they do not fully understand, often under emotional duress [6]. This disconnect between formal legal structures and practical application undermines trust and creates barriers to building effective therapeutic relationships. The role of education and professional development in promoting ethical psychiatric care is crucial. Found that institutions with structured training programs in human rights and ethical communication demonstrated greater staff confidence in implementing shared decision-making practices [9]. Moreover, regular ethics workshops and

interprofessional dialogues can empower nurses to critically examine their role in balancing safety and autonomy. However, in many psychiatric settings, such training is either optional or absent altogether. Cultural factors must also be considered when evaluating the implementation of patient rights. In traditionally hierarchical healthcare systems, patients are often expected to defer to medical authority, which limits their involvement in decisions about their care [10]. Such dynamics can unintentionally discourage the development of collaborative care models, particularly when professionals perceive patient input as disruptive or irrelevant.

This underscores the importance of culturally adapted models of care that maintain respect for individual rights while being sensitive to local expectations and values. One promising approach to bridging these gaps is the integration of rights-based models into national health education curricula. For example, incorporating modules on ethical reasoning, legal accountability, and trauma-informed care into nursing and medical education can prepare future professionals to uphold human dignity in even the most challenging clinical situations [8]. Moreover, support from leadership at institutional and governmental levels is necessary to ensure that these changes are sustained and enforced. The use of external monitoring bodies or ombudsman services also plays a vital role in ensuring transparency and accountability. Independent reviews of psychiatric institutions can provide insights into the systemic use of restrictive interventions and offer recommendations for improvement. These mechanisms can also serve as platforms for patients to express concerns and receive fair treatment, thus strengthening the ethical climate within institutions [5]. Another best practice is the involvement of service users in the design and evaluation of psychiatric services. When patients are treated as stakeholders with lived experience, care systems become more attuned to their needs and more capable of delivering dignified, individualized treatment.

According to Cutcliffe and Links, such participatory models have been shown to reduce the use of coercion and improve patient satisfaction [3]. Moreover, co-producing policies with service users can help shift institutional cultures from paternalism to empowerment. Finally, policy-level interventions are essential for long-term change. Governments should ensure that national mental health strategies include explicit provisions for protecting and promoting patient rights. These policies must be backed by funding for staff training, public education campaigns to reduce stigma, and routine audits of psychiatric practices. Argue that without political will and systemic reform, even the most well-intentioned guidelines remain aspirational rather than actionable [7]. In conclusion, implementing patient rights in psychiatric care is not solely a matter of individual ethics or professional conduct. It requires a multidimensional strategy involving legal enforcement, institutional reform, staff education, and cultural sensitivity. By investing in these areas, mental health systems can move closer to the ideal of person-centered care that respects

autonomy, promotes recovery, and safeguards human dignity.

## 5. Conclusion

This review has highlighted the critical need for a more balanced and ethical approach to mental health care, where both the safety and rights of psychiatric patients are upheld equally. In psychiatric settings, patients often experience vulnerability not only due to their mental health conditions but also because of the environment in which care is delivered. The tension between protecting patients and promoting their autonomy continues to be one of the most complex ethical challenges in mental healthcare. Mental health nurses and other professionals frequently operate under high-pressure conditions, where quick decisions must be made to prevent harm. However, this focus on safety can unintentionally lead to practices that neglect the patient's right to participate in their own care. In many cases, patients feel unheard, disempowered, or even punished by systems meant to support their recovery. This breakdown in the therapeutic relationship can hinder treatment progress and result in long-term mistrust toward mental health services. Furthermore, the use of coercive measures such as forced medication, seclusion, and involuntary admission continues to be widespread in psychiatric institutions. While these interventions may be justified in extreme cases to prevent immediate harm, their frequent use raises serious ethical concerns. Patients often describe these experiences as traumatic, and they may suffer emotional consequences long after the episode ends.

As a result, it becomes imperative that restrictive practices be applied only as a last resort and in a manner that respects the person's dignity. A core conclusion from this review is the urgent need to reorient mental healthcare towards a rights-based and person-centered framework. This requires not just policy reforms, but a deeper cultural transformation within healthcare systems. Patients must be seen not as passive recipients of care but as active participants with valuable insights and preferences. Engaging patients in meaningful dialogue, offering choices, and supporting their self-determination are all fundamental to building a truly therapeutic environment. To create this shift, healthcare providers need stronger institutional support, clearer ethical guidance, and ongoing training in communication, empathy, and decision-making. Institutions also need mechanisms for reflection and feedback, where both staff and patients can express concerns and contribute to service improvement. The path toward ethical psychiatric care lies in promoting understanding, trust, and mutual respect. A mental health system that values the voices and rights of patients is not only more humane it is more effective in supporting lasting recovery.

### 5.1. Recommendations

To bridge the gap between ethical principles and daily practice in psychiatric care, several practical and structural actions must be taken:

• **Strengthen Ethical and Human Rights Training for Mental Health Professionals:** Mental health staff should

receive regular and comprehensive training focused on ethical decision-making, human rights in mental health, and communication skills. Training should move beyond legal obligations and emphasize real-life scenarios, emotional intelligence, and strategies for handling ethically complex situations. Education in trauma-informed care and cultural sensitivity should also be prioritized to ensure respectful and inclusive practice.

• **Develop Patient-Centered Guidelines and Decision-Making Protocols:** Clear institutional policies should be established to guide staff in situations where patient safety and autonomy may conflict. These protocols should promote shared decision-making, where patients are involved in planning their care even during crises. Decision-making tools, such as individualized care plans and preference-based directives, should be part of routine practice to ensure that the patient's voice is central.

• **Promote Patient Awareness and Empowerment:** Patients should be informed from the beginning of treatment about their rights, options, and the mechanisms available to express concerns or disagreements. Educational materials should be clear, accessible, and offered in multiple formats and languages when necessary. Empowering patients with knowledge about their rights increases confidence, strengthens cooperation, and fosters a sense of ownership over the recovery process.

• **Encourage Open Dialogue Between Patients and Staff:** Open communication must become a priority at every stage of treatment. Creating opportunities for regular conversations about care, preferences, and expectations can prevent misunderstandings and build stronger relationships. Mental health institutions should allow space for patients to share feedback on their experiences and include them in discussions about how services can be improved.

• **Minimize the Use of Restrictive Measures:** Psychiatric facilities should commit to reducing their reliance on involuntary interventions. Instead, they should invest in training staff on non-coercive techniques such as de-escalation, active listening, and behavioral support strategies. Restrictive measures should only be used when absolutely necessary and always followed by debriefing sessions that involve both staff and patients to promote healing and learning.

• **Establish Regular Institutional Reviews and Accountability Mechanisms:** Institutions must implement regular audits and reviews of clinical practices, particularly in cases involving restraint or involuntary care. These reviews should assess whether ethical standards are being met and identify areas where care can be improved. Transparency and accountability not only protect patient rights but also help staff feel more supported in ethically challenging situations.

• **Create Stronger Support Systems for Ethical Decision-Making:** Establishing ethics committees within psychiatric hospitals can offer valuable guidance to staff faced with difficult cases. These committees should be multidisciplinary, including clinicians, legal experts, and patient representatives, to ensure that decisions are balanced and transparent. They can also provide emotional support to staff experiencing moral distress.

- **Invest in Community-Based Alternatives to Hospitalization:** A shift toward community mental health services is essential to reduce unnecessary hospitalization and promote recovery in familiar, less restrictive environments. Expanding mobile crisis teams, supported housing programs, and outpatient recovery services can help meet patients' needs while respecting their autonomy. Community-based care often results in better long-term outcomes and fosters greater inclusion.
- **Encourage Leadership that Prioritizes Rights-Based Care:** Institutional leaders must take an active role in promoting ethical care practices. This includes setting clear expectations, recognizing staff who demonstrate compassionate care, and integrating human rights into the core values and goals of the organization. Leadership commitment is key to sustaining a culture that values patient dignity and participation.
- **Involve Patients in Service Design and Policy Development:** Finally, the voices of patients should be included not only in their own treatment but also in shaping the future of mental health services. Involving individuals with lived experience in policy development, staff training, and quality improvement initiatives leads to services that are more responsive, respectful, and relevant to those they aim to serve.

#### References

1. Ebrahimi, S., & Dehno, E. S. (2018). Attitudes of nurses and hospitalized patients about the rights of psychiatric clients. *Iranian journal of psychiatry, 13*(4), 274.
2. Roberts, M. (2004). Psychiatric ethics; a critical introduction for mental health nurses. *Journal of psychiatric and mental health nursing, 11*(5), 583-588.
3. Cutcliffe, J. R., & Links, P. S. (2008). Whose life is it anyway? An exploration of five contemporary ethical issues that pertain to the psychiatric nursing care of the person who is suicidal: Part one. *International journal of mental health nursing, 17*(4), 236-245.
4. Tsunematsu, K., Fukumoto, Y., & Yanai, K. (2021). Ethical issues encountered by forensic psychiatric nurses in Japan. *Journal of forensic nursing, 17*(3), 163-172.
5. World Health Organization. (2021). *Guidance on community mental health services: Promoting person-centred and rights-based approaches*. World Health Organization.
6. Chavez, F., & Nunez, J. (2020). The ethical challenges of consent in psychiatric settings: A global perspective. *Journal of Clinical Nursing, 29*(1-2), 21-30.
7. Kallivayalil, R., & Verma, A. (2020). Autonomy versus coercion: An ethical dilemma in psychiatric nursing. *International Journal of Nursing Ethics, 27*(4), 535-541.
8. Swartz, S., & Lamb, J. (2018). Legal and ethical dilemmas in psychiatric care: The intersection of safety and autonomy. *Journal of Legal Medicine, 39*(3), 349-359.
9. Williams, P., & Adamson, T. (2019). Examining shared decision-making in psychiatric care: Barriers and facilitators. *Psychiatric Nursing, 43*(5), 654-661.
10. Anderson, P., & Jensen, M. (2021). Rights-based approaches in mental health care: A conceptual analysis. *Mental Health & Social Inclusion, 25*(2), 111-119.