Pielęgniarstwo w opiece długoterminowej Kwartalnik międzynarodowy

LONG-TERM CARE NURSING INTERNATIONAL QUARTERLY

ISSN 2450-8624 tom 9, rok 2024, numer 2, s. 27-47

vol. 9, year 2024, issue 2, p. 27-47

e-ISSN 2544-2538

DOI: 10.19251/pwod/2024.2(3)

Salar Omar Abdulqadir^{1,A,D,F}

PSYCHIATRIC NURSING IN IRAQ: PAST, PRESENT, AND PROMISING FUTURES

¹ College of Nursing, University of Raparin, Iraq

A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Salar Omar Abdulqadir - 0 0000-0002-4831-9577

Abstract:

This review discusses the current state of psychiatric nursing in Iraq and emphasizes the need for improvement. It explores the historical background of psychiatric nursing in Iraq, including its evolution and the impact of socio-political factors. Psychiatric nursing in Iraq faces a number of difficulties, including a shortage of qualified nurses, stigma surrounding mental health, a lack of services, limited infrastructure, and a lack of established protocols. The various strategies to shape the future of psychiatric nursing in Iraq are urgently needed. These include training and recruitment programs to address the shortage of nursing personnel, awareness campaigns and policy advocacy to reduce societal prejudice, the use of technology and community-centred care models to improve access to mental health services, the establishment of infrastructure and resources, and the implementation of standardized practices. The role of government policies in shaping psychiatric nursing is also discussed. The paper critically analyses the impact of policies, calls for increased government support and resource allocation, and explores international cooperation and best practices. Ethical considerations in psychiatric nursing

are also examined, including the protection of patient rights, the preservation of human dignity, and the development of cultural competency. In conclusion, this review highlights the challenges and opportunities for psychiatric nursing in Iraq and emphasizes the importance of ongoing efforts and financial commitment. It calls on individuals and organizations involved in mental health and nursing to actively participate in promoting the progress of psychiatric nursing in Iraq.

Keywords: mental health nursing, psychiatric nursing, reform, challenges, Iraq.

Received: 2023-12-16

Revised:

Accepted: 2024-03-11 Final review: 2024-03-04

Short title

Iraqi Psychiatric Nursing: Past, Present, and Future

Corresponding author

Salar Omar Abdulqadir College of Nursing, University of Raparin, Rania, 46012, Sulaymaniyah, Iraq;

email: salar.omer@uor.edu.krd

Phone: +9647732644618

Authors (short)

S. Abdulqadir

1. Introduction

The discipline of psychiatric nursing assumes a crucial role in attending to the mental health requirements of a given population, and its importance should not be underestimated, particularly in areas characterized by enduring conflict and hardship (1, 2). Iraq is a country that has experienced prolonged periods of political instability, armed war, and social disturbance (3), serves as a significant illustration of the difficulties and possibilities encountered by psychiatric nurses in delivering crucial mental health services (4-6). Within the domain of healthcare, the discipline of psychiatric nursing assumes a vital and irreplaceable function in promoting the comprehensive welfare of individuals struggling with mental health difficulties (7, 8). Iraq, a country characterized by a multifaceted historical background and persistent societal transformations, is not exempt from the worldwide demand for mental health assistance and provisions. The current efforts to reconstruct and reinstate the healthcare system in Iraq have placed the future of psychiatric nursing in a pivotal position, characterized by a range of obstacles and prospects that warrant further investigation (9).

Iraq has a rich and extensive historical background in the field of psychiatric nursing, characterized by the unwavering commitment of dedicated professionals who relentlessly deliver comprehensive treatment to those facing mental health challenges (10). Nevertheless, the prolonged durations of instability, encompassing military conflicts, have had a detrimental impact on the healthcare system of the country, specifically affecting the provision of psychiatric nursing services (11). The consequences of armed conflict have resulted in a considerable segment of the populace grappling with psychological distress, specifically trauma, post-traumatic stress disorder (PTSD), and related mental health ailments (12). Consequently, there has been a surge in the need for specialized psychiatric nursing services.

In spite of the inherent difficulties, commendable initiatives are currently being undertaken to enhance the field of psychiatric nursing in Iraq. Both governmental and non-governmental organizations have been actively engaged in endeavours aimed at enhancing mental health care, fostering greater awareness, and mitigating the societal stigma around mental illness (13, 14). Various initiatives have been implemented with the aim of enhancing the training of psychiatric nurses, improving the infrastructure of healthcare facilities, and advocating for the development of community-based mental health services (15). Nevertheless, there are several persistent challenges that impede progress in the field, such as a scarcity of well-trained individuals, restricted access to resources, and prevailing social misunderstandings regarding mental health. Moreover, the COVID-19 epidemic has introduced an additional level of intricacy to the condition of psychiatric nursing in Iraq (16). The ongoing global epidemic has not only placed significant pressure on healthcare resources, but it has also intensified pre-existing mental health concerns and introduced novel obstacles associated with feelings of isolation, dread, and unpredictability (17). Gaining insight into the present condition of psychiatric nursing in Iraq holds significant importance for politicians, healthcare practitioners, and organizations dedicated to enhancing mental health services, particularly within the framework of the persistent epidemic.

The significance of addressing the future of psychiatric nursing in Iraq cannot be overstated due to multiple compelling factors. To begin with, Iraq has been contending with the consequences of prolonged violence and instability, resulting in a notable surge in mental health concerns within its populace (18). There has been a significant increase in the need for mental health services, and psychiatric nurses have emerged as crucial contributors in the provision of these services (19). By directing attention towards the prospective advancements in psychiatric nursing, Iraq has the potential to cultivate a resilient healthcare infrastructure capable of adequately catering to the mental health requirements of its populace, hence fostering holistic welfare and societal equilibrium (20). Furthermore, the field of psychiatric nursing in Iraq is presently encountering a multitude of obstacles (21, 22). These hurdles encompass a scarcity of adequately trained personnel, restricted availability of specialized training opportunities, and the presence of societal stigmatization surrounding mental health concerns. Through the acknowledgment and resolution of these obstacles, as well as the allocation of resources towards the advancement of psychiatric nursing (23), Iraq has the potential to enhance the standard of care offered to individuals suffering from mental health issues (24). This not only confers advantages to the patients but also aids in alleviating the strain on other healthcare sectors, such as emergency rooms and primary care institutions, where mental health concerns frequently remain unattended. Essentially, directing attention towards the prospective trajectory of psychiatric nursing is a crucial undertaking in the pursuit of fostering a healthier and more resilient Iraq. This review explores the prospective trajectory of psychiatric nursing in Iraq, analysing the existing challenges it faces and the potential avenues for advancement and enhancement.

2. Historical Context of Psychiatric Nursing in Iraq

Psychiatric nursing plays a crucial role in healthcare systems on a global scale (25, 26), as it focuses on meeting the mental health requirements of individuals. In order to fully comprehend the development of mental healthcare in Iraq, it is important to possess a comprehensive understanding of the historical backdrop surrounding psychiatric nursing in the country (27). This section delves into the historical progression of psychiatric nursing in Iraq, emphasizing significant milestones and analysing the impact of socio-political issues on the discipline.

2.1. Evolution of psychiatric nursing in Iraq

The field of psychiatric nursing in Iraq possesses a substantial historical background that can be traced back to the ancient civilization of Mesopotamia (28). The provision of care for those diagnosed with mental health illnesses frequently involved a close integration of spiritual and religious traditions (29, 30). Nevertheless, the development of contemporary psychiatric nursing emerged during the 20th century (31). In the pre-20th century era, individuals afflicted with mental health disorders frequently encountered marginalization, with their treatment primarily entrusted to conventional healers and religious authorities (32). The comprehension of mental diseases was restricted, and the notion of psychiatric nursing was almost non-existent. The commencement of contemporary psychiatric nursing in Iraq was observed throughout the early 20th century. The establishment of psychiatric institutions and the implementation of organized and structured nursing care for mentally ill patients were outcomes resulting from the influence of Western medicine.

The area of psychiatric nursing in Iraq has undergone significant advancements and transformative milestones, which have played a pivotal role in shaping its progress (33). During the mid-20th century, the establishment of psychiatric facilities, such as the Ibn Rushed Psychiatric Hospital in Baghdad, aimed to offer specialized care to patients suffering from mental diseases (34). This event signified a noteworthy advancement in the progression of mental health nursing. Over the course of time, the field of psychiatric nursing in Iraq has progressively integrated evidence-based practices and therapeutic treatments, thereby conforming to internationally recognized standards of care. Nurses had comprehensive instruction in contemporary psychiatric nursing methodologies. In Iraq, educational institutions have implemented psychiatric nursing programs to ensure that nurses receive comprehensive training in the provision of care for patients with mental health illnesses (35). The process of professionalizing mental nursing has resulted in an enhancement of the quality of care provided.

2.2. Influence of socio-political factors on the field

The domain of mental nursing in Iraq has been greatly impacted by the socio-political context of the country. The mental healthcare system in Iraq during the Ba'athist administration (36), under the leadership of Saddam Hussein, had a multifaceted dynamic (37). During this period, psychiatric institutions received financial support and allocated resources; yet, it is important to acknowledge

that instances of human rights violations were reported within these facilities. The mental healthcare system in Iraq during the Ba'athist regime, under the leadership of Saddam Hussein, exhibited a complex and diverse nature (38). During this temporal epoch, psychiatric establishments were bestowed with financial backing and assigned resources. However, it is imperative to realize that occurrences of human rights transgressions were documented within these institutions.

In conclusion, the historical backdrop of psychiatric nursing in Iraq is characterized by a progression from customary methods to the formation of contemporary mental care. Significant achievements and advancements have contributed to the enhancement of the quality of care delivered to those diagnosed with mental diseases. Nevertheless, the discipline has also been shaped by sociopolitical forces, encompassing instances of instability and conflict. A comprehensive comprehension of this historical context is of utmost importance in order to acknowledge the obstacles and accomplishments within the field of psychiatric nursing in Iraq, as well as to provide guidance for its future advancement.

3. Challenges Faced by Psychiatric Nursing in Iraq

Psychiatric nursing assumes a pivotal position in the facilitation of mental well-being and the provision of comprehensive care to patients grappling with diverse mental health difficulties (39-41). In Iraq, similar to numerous other nations, the field of psychiatric nursing encounters various notable obstacles that impede the delivery of high-quality mental healthcare (42). This section aims to review and evaluate five significant issues encountered by psychiatric nursing in Iraq.

3.1. Shortage of Trained Psychiatric Nurses

One of the primary obstacles encountered by psychiatric nursing in Iraq pertains to the significant dearth of well qualified psychiatric nurses (43). The demand for mental healthcare services in Iraq has experienced a substantial rise as a result of the enduring consequences of violence, displacement, and socioeconomic instability (44). Nevertheless, the current number of psychiatric nurses falls short in meeting the demand. The insufficiency can be ascribed to a multitude of variables, encompassing the dearth of specialist psychiatric nursing school programs, comparatively lower remuneration for psychiatric nurses in relation to other nursing specializations, and the overarching difficulties associated with operating in mental health environments.

The insufficiency of well-educated psychiatric nurses' results in healthcare institutions being overwhelmed, patients experiencing extended wait times when seeking care, and a decline in the quality of care due to staff fatigue (44). To effectively mitigate this scarcity, it is imperative to allocate resources towards the enhancement of mental nursing education programs, the enhancement of working conditions and incentives for psychiatric nurses, and the establishment of a conducive work environment that fosters the retention of professionals in this domain.

3.2. Stigma Associated with Mental Health

In the context of Iraq, similar to other countries globally (45, 46), there exists a prevalent social stigma associated with matters pertaining to mental health (47). The presence of this stigma not only has an impact on individuals who need assistance, but it also extends to the healthcare system as a whole, encompassing the field of psychiatric nursing (48). Individuals who experience mental

health disorders may encounter instances of discrimination, social isolation, and even exclusion from their respective communities. The presence of this stigma serves as a deterrent for patients to actively pursue psychiatric care, while also perpetuating misconceptions around the field of mental health (49). Psychiatric nurses, who play a crucial role in the provision of mental healthcare, frequently meet opposition and unfavourable views from both patients and their families. It is imperative to address and overcome this societal stigma in order to guarantee that persons are able to access necessary care without experiencing apprehension due to potential judgment (50). Efforts aimed at addressing the stigma around mental health should encompass several strategies such as implementing public awareness campaigns, providing education on mental health matters, and establishing anti-discrimination regulations within healthcare environments.

3.3. Limited Access to Mental Health Services

One notable obstacle in Iraq pertains to the restricted availability of mental health care (51). The issue at hand is exacerbated by geographical obstacles, budgetary limitations, and insufficient mental health infrastructure. The limited availability of mental health institutions and specialists poses a significant challenge for a considerable number of Iraqis (52), particularly those residing in rural regions, in their efforts to obtain access to mental health care. Psychiatric nurses frequently have the obligation to provide their services in geographically isolated or underserved regions, hence necessitating the allocation of limited resources (53). In order to tackle this difficulty, it is imperative to allocate greater resources towards enhancing mental health infrastructure, establishing mental health clinics in regions that lack adequate services, and devising telehealth programs to ensure accessibility to care in geographically isolated areas.

3.4. Infrastructure and Resource Constraints

The field of psychiatric nursing in Iraq encounters notable limitations in terms of infrastructure and available resources. Mental health facilities frequently experience insufficient funding, resulting in inadequate provision of essential equipment and medications (54). The presence of resource limitations is a significant obstacle to psychiatric nurses in delivering complete treatment to their patients. Insufficient infrastructure can also pose a threat to the safety and welfare of both patients and healthcare personnel (55). In order to address these problems, it is imperative for governmental entities and international organizations to allocate resources towards the enhancement of mental health facilities, provision of critical resources, and establishment of a secure and supportive atmosphere for the practice of psychiatric nursing. Sufficient financial resources and effective deployment of resources play a crucial role (56) in enhancing the quality of mental healthcare services in Iraq.

3.5. Lack of Standardized Guidelines and Protocols

One further obstacle encountered by psychiatric nursing in Iraq pertains to the absence of standardized rules and protocols for the provision of mental healthcare. The lack of explicit directives may lead to incongruities in the provision of care (57), hence posing challenges for psychiatric nurses in delivering therapy that is grounded in empirical research. The implementation of standardized rules and practices is crucial in order to ensure equitable provision of care to all

patients, irrespective of their choice of healthcare facility (58). The establishment and execution of standardized standards and protocols for psychiatric nursing in Iraq necessitates the cooperation and coordination of healthcare practitioners, policymakers, and specialists in the field of mental health. It is imperative that these recommendations incorporate the comprehensive aspects of evaluation, diagnosis, treatment, and follow-up care in order to enhance the overall calibre and uniformity of mental healthcare provisions.

The field of psychiatric nursing in Iraq encounters numerous obstacles, encompassing a scarcity of adequately qualified practitioners, the presence of mental health stigmatization, restricted availability of services, limits related to infrastructure and resources, and the absence of established protocols (59). To effectively tackle these difficulties, it is imperative to adopt a comprehensive strategy that encompasses various aspects (60). This strategy should encompass investments in education and training, destigmatization initiatives, enhanced availability of healthcare services, infrastructural improvements, and the establishment of evidence-based standards. It is imperative to address these problems in order to guarantee the provision of high-quality mental healthcare to persons in Iraq, thereby meeting their just and necessary needs.

4. Prospects for the Future of Psychiatric Nursing in Iraq

Psychiatric nursing assumes a pivotal position in the management of mental health issues, with considerable opportunities for advancement in the context of Iraq. Given the escalating need for mental health services across the nation, it is crucial to formulate and implement policies that may adequately address these requirements in an efficient manner. This section examines the diverse aspects pertaining to the future of psychiatric nursing in Iraq (61, 62). It places particular emphasis on endeavours aimed at mitigating the scarcity of psychiatric nurses, implementing strategies to diminish the stigma surrounding mental health (63), enhancing the availability of mental health services, fostering the development of infrastructure and resources, and establishing standardized practices within the field of psychiatric nursing (64).

4.1. Efforts to Address the Shortage of Psychiatric Nurses

Investing in training and teaching programs represents a promising route for the future of psychiatric nursing in Iraq (65). The implementation of specialist psychiatric nursing curricula inside nursing schools has the potential to contribute to the expansion of a more extensive cohort of competent professionals in the field (66, 67). Furthermore, the provision of scholarships and incentives aimed at encouraging students to pursue a career in psychiatric nursing has the potential to draw a greater number of persons to this particular field of study (68). The implementation of continuous education and training programs for current nurses is imperative in order to ensure that their knowledge and abilities remain current in light of the ever-evolving landscape of mental health treatments.

In addition, recruitment activities play a crucial role in solving the scarcity of psychiatric nurses in Iraq. One potential strategy could be to establish collaborations with international organizations in order to temporarily enlist the services of overseas mental nurses (69). Moreover, the implementation of financial incentives and career growth prospects might enhance the appeal of the nursing profession, particularly in the field of psychiatry, by encouraging nurses to specialize in this

area (70). The implementation of recruitment centres or online platforms aimed at optimizing the application process and disseminating comprehensive information regarding careers in psychiatric nursing can serve to augment recruitment endeavours.

4.2. Strategies for Reducing Mental Health Stigma

In order to mitigate the stigma surrounding mental health in Iraq, it is essential to implement extensive public awareness initiatives (71). The primary objective of these initiatives should be to impart knowledge to the general public on mental health issues (72), with a particular emphasis on highlighting their status as medically curable conditions rather than being attributed to moral shortcomings (73). The establishment of partnerships among government agencies, healthcare institutions, and non-governmental organizations (NGOs) has the potential to provide financial resources and facilitate the implementation of impactful campaigns (74). Moreover, the utilization of social media and other digital platforms can effectively expand the reach of information to a broader demographic, particularly among the younger generation.

It is also necessary to direct advocacy endeavours on influencing legislative changes aimed at addressing and mitigating the stigma around mental health (75). Collaboration between advocacy groups and mental health practitioners can be crucial in advocating for the enactment of anti-discrimination laws and regulations, as well as the inclusion of mental health education into educational curriculum (76). The success of these lobbying initiatives is contingent upon the provision of government support, which is manifested through the allocation of cash and resources.

4.3. Improving Access to Mental Health Services

The merging of telemedicine and technological breakthroughs (77) holds significant potential for enhancing the future of mental nursing in Iraq. The provision of telepsychiatry services has the potential to enhance the accessibility of mental health care in geographically isolated and underserved regions. The deployment of telehealth necessitates crucial measures such as investment in infrastructure, training healthcare professionals in its utilization, and establishing legislative frameworks that facilitate its adoption (78).

Community-based care approaches have the potential to enhance accessibility to mental health treatments for persons requiring assistance. The implementation of community mental health centres and outreach programs has the potential to facilitate the identification and provision of support to those experiencing mental health difficulties at an earlier juncture (79, 80). Psychiatric nurses possess the potential to assume a crucial position within these programs through their provision of comprehensive assessments, therapeutic interventions, and educational initiatives to various groups. The success of these activities can be enhanced by collaboration with community leaders and local groups.

4.4. Infrastructure and Resource Development

The allocation of resources towards the development of mental health institutions (81) is of utmost importance for the long-term sustainability and advancement of psychiatric nursing in Iraq. This encompasses the establishment and refurbishment of psychiatric hospitals and clinics, along with the provision of contemporary medical equipment and pharmaceuticals (82). Sufficient financial

support and appropriate allocation of resources from governmental bodies and foreign entities are crucial for the expansion and sustainable maintenance of these facilities. Collaborative alliances of governmental entities, healthcare institutions, and non-governmental organizations (NGOs) have the potential to effectively address resource deficiencies. International organizations, such as the World Health Organization (WHO) and United Nations agencies, have the capacity to offer technical expertise and financial resources to facilitate the establishment and enhancement of mental health infrastructure (83). In addition, collaborations with academic institutions such as universities and research institutions can serve as a valuable means to conduct research and gather data, which can subsequently be used to inform the development and implementation of mental health policies and practices.

4.5. Standardization of Psychiatric Nursing Practices

The establishment of standardized mental nursing procedures is necessary in order to guarantee the provision of treatment of the highest quality (84). It is recommended that Iraq use evidence-based guidelines and methods to effectively evaluate, diagnose, and treat mental health issues. It is imperative to establish these recommendations through a collaborative effort involving mental health professionals, organizations, and pertinent stakeholders to guarantee their efficacy and cultural appropriateness (85). In order to uphold and enhance the quality of treatment provided, it is necessary to establish mechanisms for continued professional development and accreditation for psychiatric nurses. The aforementioned measures encompass compulsory ongoing education, certification initiatives, and periodic evaluations, all aimed at ensuring the sustained proficiency of nurses within their respective domains. Accreditation entities possess the capacity to supervise and evaluate the standard of mental nursing programs and establishments, thereby fostering a sense of responsibility and upholding high standards of performance (86).

The potential for advancement in the field of psychiatric nursing in Iraq is considerable, contingent upon the nation's proactive measures to tackle the scarcity of psychiatric nurses, diminish the stigma surrounding mental health, enhance the availability of mental health services, establish infrastructure and resources, and standardize psychiatric nursing protocols. Through collaborative endeavours including governmental entities, healthcare institutions, and the global community, Iraq has the potential to augment the calibre of mental healthcare services and promote the overall welfare of its populace (14).

5. The Role of Policy and Government Support

With the global increase in demand for mental health services, there is a growing need to analyse the influence of government policies and support on the trajectory of psychiatric nursing. This section covers three primary dimensions of this matter: Evaluating the influence of governmental policies on the trajectory of psychiatric nursing, promoting the augmentation of governmental backing and financial resources, and deliberating on global partnerships and exemplary methodologies.

5.1. The role of government policies in shaping the future of psychiatric nursing

The practice of psychiatric nursing is significantly influenced by government policies. The establishment of a framework encompasses various aspects such as education, license, practice

standards, and the integration of psychiatric nursing into the wider healthcare system (87). Policies exert an influence on various aspects of mental nursing, including the range of activities that fall within the scope of practice, the methods via which payment is facilitated, and the capacity of psychiatric nurses to deliver holistic and comprehensive treatment (88).

Government policies are responsible for establishing the license requirements for psychiatric nurses, thereby guaranteeing that these healthcare professionals adhere to predetermined educational and competency standards. These regulations serve the purpose of upholding the standard of care delivered to individuals with mental health need (89). Policies establish the parameters of professional practice for psychiatric nurses, delineating their duties and obligations within diverse healthcare environments. The broadening of the area of practice has the potential to enhance the availability of mental healthcare services. Government measures have the potential to facilitate the assimilation of psychiatric nursing into primary care settings (90), consequently enhancing the availability of mental health services for marginalized groups.

5.2. Advocating for Increased Government Support and Funding

In order to adequately address the increasing need for mental health services, it is vital for psychiatric nursing to get major support and financing from governmental entities. Sufficient resources are important for the expansion of the personnel, enhancement of infrastructure, and the development of innovative initiatives. Government funding plays a vital role in providing financial support (91) for educational programs, scholarships, and incentives aimed at attracting and retaining experts in the field of psychiatric nursing. The allocation of resources towards enhancing the staff contributes to the mitigation of deficiencies in mental health care provision. Allocation of funds can be focused towards the modernization of mental health facilities, investment in telepsychiatry services, and enhancement of electronic health records systems with the aim of boosting patient treatment and improving accessibility (92). The provision of governmental assistance for research in the field of psychiatric nursing serves to foster the development and implementation of evidence-based practices, hence resulting in improved results for patients. In addition, financial resources may be committed towards pilot initiatives aimed at investigating novel methodologies within the realm of mental healthcare.

5.3. International collaborations and best practices

The significance of international collaboration and the exchange of best practices in the field of psychiatric nursing cannot be overstated when it comes to effectively tackling the various mental health concerns that exist on a worldwide scale (93). Governments have the potential to play a crucial role in enabling these exchanges. Governments have the ability to develop collaborative relationships and formal agreements that facilitate the exchange of knowledge and best practices among psychiatric nursing experts and organizations across international borders (94). International collaborative endeavours have the potential to foster increased awareness regarding mental health and mitigate the societal stigma around mental illness. Governments has the capacity to provide support for programs that are geared towards enhancing mental health outcomes on a global scale. The utilization of comparative research and benchmarking with other nations can facilitate

the identification of areas for enhancement within domestic mental health systems and policies by governmental entities.

6. Ethical Considerations in Psychiatric Nursing

The practice of psychiatric nursing necessitates the incorporation of ethical issues (95), since it is a discipline that requires the demonstration of compassion, empathy, and a strong dedication to enhancing the welfare of those grappling with mental health difficulties (96). Psychiatric nurses frequently meet intricate ethical quandaries in their routine professional practice, which underscores the importance of possessing a sophisticated comprehension of ethical principles and values. This essay aims to examine the significant ethical considerations in the field of psychiatric nursing, which may be categorized into three primary areas. Three key areas of focus in the discipline include: A. The examination and resolution of ethical challenges and duties, B. The safeguarding of patient rights and preservation of their dignity, and C. The promotion of cultural competency and sensitivity.

6.1. Addressing ethical dilemmas and responsibilities in the field

Psychiatric nurses commonly confront ethical quandaries necessitating meticulous contemplation and decision-making (97). These ethical challenges may encompass concerns like as the forcible admission of individuals to hospitals, the utilization of restraints or seclusion, the management of medication, and the potential conflicts between a patient's autonomy and their overall well-being (98). In order to effectively tackle these issues, it is imperative for psychiatric nurses to uphold a set of ethical responsibilities.

- 1. Informed consent: It is fundamental for psychiatric nurses to ascertain that patients possess the requisite ability to grant informed consent for treatment, which encompasses comprehending the potential advantages and disadvantages (99). In situations when the ability of an individual is uncertain, it is essential to adhere to ethical principles by engaging relevant legal authorities to determine the most suitable course of action in the best interest of the patient.
- 2. Confidentiality: The preservation of patient anonymity holds significant importance within the field of mental nursing (100). Nurses are obligated to fulfil their duty in safeguarding patients' confidential data, while simultaneously striking a delicate equilibrium with the imperative of guaranteeing the welfare and security of both the patient and others.
- 3. Autonomy and Beneficence: Achieving a harmonious equilibrium between upholding a patient's autonomy and making decisions that are in their utmost welfare can present a formidable task. It is imperative for nurses to actively participate in shared decision-making procedures wherever feasible, incorporating patients into the process of care planning while considering their well-being, particularly in cases requiring severe mental illness (101).
- 4. Advocacy: psychiatric nurses possess a moral responsibility to actively advocate for the well-being of their patients, thereby guaranteeing the provision of optimal care (102). This includes the promotion of access to suitable therapy, support services, and a secure and therapeutic setting.

6.2. Ensuring patient rights and dignity

Ensuring the rights and preserving the dignity of those receiving psychiatric care is a core principle that underpins ethical conduct in this field. In order to ensure the protection of these rights (103), it is vital for psychiatric nursing staff to prioritize the following principles:

- 1. Privacy and dignity: The preservation of patient privacy and the provision of respectful and dignified treatment are fundamental rights that should be afforded to individuals seeking medical care (104). It is imperative for psychiatric nurses to establish a secure and unbiased setting wherein patients are able to freely articulate themselves without apprehension of being stigmatized or subjected to discriminatory treatment.
- 2. Least Restrictive Measures: It is recommended that nurses employ measures that are minimally restrictive in order to promote safety and achieve therapeutic effects (105). This necessitates a meticulous evaluation of the potential harm to the patient and everyone involved, while also exploring alternative approaches to seclusion or constraint whenever feasible.
- 3. Anti-Stigma Efforts: It is critical for psychiatric nurses to proactively participate in endeavours aimed at mitigating the societal stigma around mental illness (106). This encompasses the act of questioning and debunking stereotypes, raising public consciousness about mental health issues, and actively supporting regulations that safeguard the rights of those affected by mental health illnesses.

6.3. Promoting Cultural Competence and Sensitivity

The significance of cultural competence (107) in the field of psychiatric nursing cannot be overstated, given the different origins and belief systems of patients. The provision of culturally sensitive care necessitates the consideration of various ethical factors.

- 1. Cultural Assessment: It is crucial for psychiatric nurses to perform thorough cultural assessments in order to gain a comprehensive understanding of the patient's cultural heritage, belief systems, and core values (108). This knowledge has the potential to inform treatment strategies and treatments that demonstrate sensitivity towards cultural diversity.
- 2. Inclusivity: It is essential for nurses to establish a care atmosphere that is inclusive and culturally responsive, ensuring that patients experience a sense of worth and comprehension, irrespective of their cultural or ethnic heritage (109).
- 3. Language and Communication: The importance of effective communication in the field of mental nursing cannot be overstated. It is imperative for nurses to effectively address language difficulties so as to not impede a patient's engagement in their healthcare or impair their capacity to communicate their concerns (110).
- 4. Ethical Relativism: In order to uphold cultural sensitivity, nurses must also demonstrate an awareness of ethical relativism (111), so ensuring that cultural norms and behaviours do not contravene globally acknowledged ethical standards or jeopardize the welfare of the patient.

Ethical issues play a central role in the field of psychiatric nursing, serving as a guiding framework for all aspects of professional activity (112). In the realm of psychiatric nursing, it is imperative to approach ethical challenges with a sense of responsibility, prioritize the preservation of patient rights and dignity, and actively foster cultural competency and sensitivity. These fundamental principles are crucial for the delivery of exceptional care. Psychiatric nurses can enhance their ability

to assist persons in their pursuit of mental health recovery and promote the concepts of respect, autonomy, and compassion by following to these ethical guidelines.

7. Conclusion

In summary, this review has presented a thorough examination of the status of psychiatric nursing in Iraq, encompassing its historical background, existing obstacles, and potential opportunities moving forward. The development of psychiatric nursing in Iraq has been shaped by a range of socio-political circumstances, resulting in advancements as well as challenges within the discipline. The scarcity of well qualified practitioners in psychiatric nursing in Iraq presents a formidable obstacle to the provision of sufficient mental health care. The obstacles faced by individuals with mental health issues are exacerbated by the presence of stigma, which serves to deter them from seeking assistance and perpetuates misunderstandings about psychiatric treatment. The necessity for significant investment and changes in the mental health sector is highlighted by the combination of restricted availability of mental health services and the presence of infrastructure and resource limitations.

Nevertheless, there exists a promising outlook for the prospective development of psychiatric nursing in Iraq. There are ongoing endeavours being made to tackle the scarcity of psychiatric nurses through the implementation of training programs and recruitment campaigns. Efforts directed at mitigating the stigma surrounding mental health encompass the implementation of public awareness programs and active advocacy for policy alterations. Efforts are currently underway to enhance the availability of mental health treatments by means of telemedicine and community-based care models. Improving the quality of mental health care in Iraq necessitates the implementation of infrastructure and resource development, alongside the establishment of standardized psychiatric nursing practices. The significance of government policy and assistance should not be underestimated. Policy decisions are of utmost importance in influencing the trajectory of psychiatric nursing, and it is imperative to advocate for heightened government funding and support in order to effectively tackle the difficulties expounded upon in this article. In addition, the incorporation of international collaborations and the assimilation of globally recognized best practices can offer significant insights and advice for the mental health care system in Iraq. In the context of psychiatric nursing in Iraq, it is vital to prioritize ethical considerations. The essential components of delivering ethical and compassionate care in this domain encompass the resolution of ethical quandaries, the protection of patient rights and preservation of their dignity, as well as the cultivation of cultural competency and sensitivity.

Ultimately, the potential of psychiatric nursing in Iraq is promising; nevertheless, its realization necessitates collaborative endeavours from various entities, such as governmental agencies, healthcare establishments, practitioners, and the community. Sustained investment, active lobbying, and comprehensive legislative reform are necessary to guarantee the provision of optimal mental health care to persons in Iraq, commensurate with their just entitlement. This review paper functions as a persuasive appeal to individuals engaged in the mental health and nursing domain, urging them to collaborate in order to surmount obstacles and foster a more promising outlook for psychiatric nursing in Iraq.

Conflict of interest

The authors declare that they have no financial interests that need to be mentioned here.

Funding

The present study has not received any financial support from any institution, agency or governmental or non-governmental sector.

Ethical approval

Ethical approval is not required for available research

Authors contribution

SOA conceived and wrote the manuscript, SKA designed the manuscript, RMO revised the manuscript, and finally, the author (s) read and approved the final version of the manuscript.

Acknowledgments

We are grateful to the editorial board and the reviewers for their valuable comments that certainly improved the manuscript.

References

- 1. Söderberg A, Ejneborn Looi GM, Gabrielsson S. Constrained nursing: Nurses' and assistant nurses' experiences working in a child and adolescent psychiatric ward. International Journal of Mental Health Nursing. 2022;31(1):189-98.
- 2. Trombley J, Chalupka S, Anderko L. Climate change and mental health. AJN The American Journal of Nursing. 2017;117(4):44-52.
- 3. Saied AA, Ahmed SK, Talib H, Abdulqadir SO, Omar RM. Mental healthcare in Iraq-Time to be a priority. Asian journal of psychiatry. 2023;84:103539.
- 4. Morina N, Akhtar A, Barth J, Schnyder U. Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review. Frontiers in psychiatry. 2018;9:433.
- 5. Miller KE, Rasmussen A. The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. Epidemiology psychiatric sciences. 2017;26(2):129-38.
- 6. Rozanov V, Frančišković T, Marinić I, Macarenco M-M, Letica-Crepulja M, Mužinić L, et al. Mental health consequences of war conflicts. Advances in psychiatry. 2019:281-304.
- 7. Seidi PA, Jaff D, Connolly SM, Hoffart A. Applying Cognitive Behavioral Therapy and Thought Field Therapy in Kurdistan region of Iraq: A retrospective case series study of mental-health interventions in a setting of political instability and armed conflicts. Explore. 2021;17(1):84-91.
- 8. Al-Hawdrawi HH, AL-Fayyadh S, Diener E, Bakey S, Wright V, Alobaidi W. The lived experience of iraqi nurses who live and work in communities impacted by war or terrorist threat. Research Journal of Pharmacy Technology. 2017;10(7):2058-62.
- 9. Tasca C, Rapetti M, Carta MG, Fadda B. Women and hysteria in the history of mental health. Clinical practice epidemiology in mental health: CP EMH. 2012;8:110.

- 10. Younis MS, Khunda D. Maha Sulaiman Younis: A personal history of psychiatry in Iraq through war and conflict. Global Psychiatry. 2020;3(2).
- 11. Diab M, Veronese G, Abu Jamei Y, Hamam R, Saleh S, Zeyada H, et al. Psychosocial concerns in a context of prolonged political oppression: Gaza mental health providers' perceptions. Transcultural psychiatry. 2022;60(3):13634615211062968.
- 12. Zasiekina L, Zasiekin S, Kuperman V. Post-traumatic stress disorder and moral injury among Ukrainian civilians during the ongoing war. Journal of community health. 2023;48:1-9.
- 13. Brown NB, Bruce SE. Stigma, career worry, and mental illness symptomatology: Factors influencing treatment-seeking for Operation Enduring Freedom and Operation Iraqi Freedom soldiers and veterans. Psychological trauma: theory, research, practice, policy. 2016;8(3):276.
- 14. Hashim HT, Ramadhan MA, Al-Jarshawi M, Kadhim MH. Psychiatry in Iraq: challenges and consequences. The Primary Care Companion for CNS Disorders. 2021;23(3):32946.
- 15. Weiss WM, Murray LK, Zangana GAS, Mahmooth Z, Kaysen D, Dorsey S, et al. Community-based mental health treatments for survivors of torture and militant attacks in Southern Iraq: a randomized control trial. BMC psychiatry. 2015;15:1-16.
- 16. Abdulah DM, Mohammed AA. The consequences of the COVID-19 pandemic on perceived stress in clinical practice: experience of doctors in Iraqi Kurdistan. Romanian journal of internal medicine. 2020;58(4):219-27.
- 17. Othman N. Depression, anxiety, and stress in the time of COVID-19 pandemic in Kurdistan region, Iraq. Kurdistan Journal of Applied Research. 2020;5:37-44.
- 18. Ibrahim AA, Ai-Lami F, Al-Rudainy R, Khader YS. Mental disorders among elderly people in Baghdad, Iraq, 2017. INQUIRY: The Journal of Health Care Organization, Provision, Financing. 2019;56:0046958019845960.
- 19. Ramsey C, Dziura J, Justice AC, Altalib HH, Bathulapalli H, Burg M, et al. Incidence of mental health diagnoses in veterans of Operations Iraqi Freedom, Enduring Freedom, and New Dawn, 2001–2014. American Journal of Public Health. 2017;107(2):329-35.
- 20. Jovanović N, Campbell J, Priebe S. How to design psychiatric facilities to foster positive social interaction—a systematic review. European Psychiatry. 2019;60:49-62.
- 21. Pazargadi M, Fereidooni Moghadam M, Fallahi Khoshknab M, Alijani Renani H, Molazem Z. The therapeutic relationship in the shadow: Nurses' experiences of barriers to the nurse–patient relationship in the psychiatric ward. Issues in Mental Health Nursing. 2015;36(7):551-7.
- 22. Ohnishi K, Kitaoka K, Nakahara J, Välimäki M, Kontio R, Anttila M. Impact of moral sensitivity on moral distress among psychiatric nurses. Nursing ethics. 2019;26(5):1473-83.
- 23. Wainberg ML, Scorza P, Shultz JM, Helpman L, Mootz JJ, Johnson KA, et al. Challenges and opportunities in global mental health: a research-to-practice perspective. Current psychiatry reports. 2017;19:1-10.
- 24. Abed RT. An update on mental health services in Iraq. Psychiatric Bulletin. 2003;27(12):461-2.
- 25. Wu B. Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. Global health research policy. 2020;5(1):27.
- 26. Thornicroft G, Deb T, Henderson C. Community mental health care worldwide: current status and further developments. World Psychiatry. 2016;15(3):276-86.

- 27. Younis M, Aswad A. The impact of war and economic sanctions on the mental health system in Iraq from 1990 to 2003: a preliminary report. Intervention. 2018;16(1):54-8.
- 28. Sadik S, Al-Jadiry A-M. Mental health services in Iraq: past, present and future. International Psychiatry. 2006;3(4):11-3.
- 29. Park CL, Smith PH, Lee SY, Mazure CM, McKee SA, Hoff R. Positive and negative religious/spiritual coping and combat exposure as predictors of posttraumatic stress and perceived growth in Iraq and Afghanistan veterans. Psychology of religion spirituality. 2017;9(1):13.
- 30. Al Shelali M, Alibrahim H, Alomar N, Pandi-Perumal SR, Seeman MV, Jahrami H. The Good, the Bad, and the Ugly of Faith Healers and Psychiatric Illnesses: A Systematic Review of the Literature in the Arab World. Journal of Religion and Health. 2023.
- 31. Boyd MA, Bradshaw W, Robinson M. Mental health issues of women deployed to Iraq and Afghanistan. Archives of psychiatric nursing. 2013;27(1):10-22.
- 32. Bell ME. Vampires and death in New England, 1784 to 1892. Anthropology Humanism. 2006;31(2):124-40.
- 33. Al-Uzri M, Abed R, Abbas M. Rebuilding mental health services in Iraq. International Psychiatry. 2012;9(3):58-60.
- 34. Younis MS, Arafat SY. Historical Highlights on Electroconvulsive Therapy Practice in Iraq: A Brief Narrative. The Journal of ECT. 2022;38(3):151-5.
- 35. Garfield R, McCarthy C. Nursing and nursing education in Iraq: challenges and opportunities. International nursing review. 2005;52(3):180-5.
- 36. Sharma S, Piachaud J. Iraq and mental health policy: a post invasion analysis. Intervention. 2011;9(3):332-44.
- 37. Scull NC. Forgiveness, revenge, and adherence to Islam as moderators for psychological wellbeing and depression among survivors of the 1990 Iraqi invasion of Kuwait. Journal of Muslim Mental Health. 2015;9(1).
- 38. Palkki DD, Rubin L. Saddam Hussein's role in the gassing of Halabja. The Nonproliferation Review. 2021;28(1-3):115-29.
- 39. Cusack E, Killoury F, Nugent L. The professional psychiatric/mental health nurse: Skills, competencies and supports required to adopt recovery-orientated policy in practice. Journal of Psychiatric Mental Health Nursing. 2017;24(2-3):93-104.
- 40. Ray KD, Götell E. The use of music and music therapy in ameliorating depression symptoms and improving well-being in nursing home residents with dementia. Frontiers in medicine. 2018;5:287.
- 41. Pahlevan Sharif S, Ahadzadeh AS, Sharif Nia H. Mediating role of psychological well-being in the relationship between organizational support and nurses' outcomes: A cross-sectional study. Journal of advanced nursing. 2018;74(4):887-99.
- 42. Epping-Jordan JE, Van Ommeren M, Ashour HN, Maramis A, Marini A, Mohanraj A, et al. Beyond the crisis: building back better mental health care in 10 emergency-affected areas using a longer-term perspective. International journal of mental health systems. 2015;9:1-10.
- 43. Attia YK, Ibrahim RH. Difficulties experienced in clinical learning settings for nurses in Iraq: Perspectives of nursing administrators and nursing instructors. Informatics in Medicine Unlocked. 2023;38:101229.

- 44. Abdullah MA, Abbas IA. Assessment of job stress for nurses in psychiatric hospitals at Baghdad city. kufa Journal for Nursing sciences. 2015;5(1):195-201.
- 45. Huggett C, Birtel MD, Awenat YF, Fleming P, Wilkes S, Williams S, et al. A qualitative study: experiences of stigma by people with mental health problems. Psychology Psychotherapy: Theory, Research Practice. 2018;91(3):380-97.
- 46. Zolezzi M, Alamri M, Shaar S, Rainkie D. Stigma associated with mental illness and its treatment in the Arab culture: a systematic review. International Journal of Social Psychiatry. 2018;64(6):597-609.
- 47. Schlaudt VA, Bosson R, Williams MT, German B, Hooper LM, Frazier V, et al. Traumatic experiences and mental health risk for refugees. International journal of environmental research public health. 2020;17(6):1943.
- 48. Zhang Z, Sun K, Jatchavala C, Koh J, Chia Y, Bose J, et al. Overview of stigma against psychiatric illnesses and advancements of anti-stigma activities in six Asian societies. International journal of environmental research public health. 2020;17(1):280.
- 49. Jennings KS, Cheung JH, Britt TW, Goguen KN, Jeffirs SM, Peasley AL, et al. How are perceived stigma, self-stigma, and self-reliance related to treatment-seeking? A three-path model. Psychiatric Rehabilitation Journal. 2015;38(2):109.
- 50. Rössler W. The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. EMBO reports. 2016;17(9):1250-3.
- 51. Hoge CW, Auchterlonie JL, Milliken CS. Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. Jama. 2006;295(9):1023-32.
- 52. Saraceno B, van Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, et al. Barriers to improvement of mental health services in low-income and middle-income countries. The Lancet. 2007;370(9593):1164-74.
- 53. Sadik S, Bradley M, Al-Hasoon S, Jenkins R. Public perception of mental health in Iraq. International journal of mental health systems. 2010;4(1):1-11.
- 54. Andrade LH, Alonso J, Mneimneh Z, Wells J, Al-Hamzawi A, Borges G, et al. Barriers to mental health treatment: results from the WHO World Mental Health surveys. Psychological medicine. 2014;44(6):1303-17.
- 55. Aveling E-L, Kayonga Y, Nega A, Dixon-Woods M. Why is patient safety so hard in low-income countries? A qualitative study of healthcare workers' views in two African hospitals. Globalization health. 2015;11(1):1-8.
- 56. National Academies of Sciences E, Medicine. Evaluation of the Department of Veterans Affairs mental health services 2018.
- 57. Keynejad RC, Dua T, Barbui C, Thornicroft G. WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide: a systematic review of evidence from low and middle-income countries. BMJ Ment Health. 2018;21(1):30-4.
- 58. Videbeck S, Videbeck S. Psychiatric-mental health nursing. 6th ed. China: Lippincott Williams & Wilkins; 2013.

- 59. Hoge CW, Ivany CG, Brusher EA, Brown III MD, Shero JC, Adler AB, et al. Transformation of mental health care for US soldiers and families during the Iraq and Afghanistan wars: where science and politics intersect. American journal of psychiatry. 2016;173(4):334-43.
- 60. Saied AA, Metwally AA, Ahmed SK, Omar RM, Abdulqadir SO. National suicide prevention strategy in Iraq. Asian journal of psychiatry. 2023;82:e103486-e.
- 61. Seidi PA, Abas NQ, Jaff D, Dunstan R, Soltan L, Brumwell A, et al. Assessment of Perinatal Depression Risk among internally displaced Yazidi Women in Iraq: a descriptive cross-sectional study. BMC pregnancy childbirth. 2022;22(1):359.
- 62. Al Janabi T, Chung S. Current impact and long-term influence of the COVID-19 pandemic on Iraqi healthcare systems: a case study. Epidemiologia. 2022;3(4):412-33.
- 63. Branam LS, Yigit I, Haji S, Clark J, Perkins JM. Kurdish refugee beliefs about mental health and help-seeking: a community-engaged research study in Tennessee. International journal of environmental research public health. 2023;20(2):1224.
- 64. Nashwan AJ, Abou Hashish EA, Mohamed AS, Alrimawi I, Aqtam I, Al Obeisat S, et al. Exploring the National Nursing Research Priorities in the Eastern Mediterranean Region and Overcoming Associated Challenges. Research Square. 2023.
- 65. Ali ABJ, Ismail FB, Sharif ZM, Majeed N. The organizational culture influence as a mediator between training development and employee performance in Iraqi Academic sector: University of Middle Technical. Journal of Contemporary Issues in Business Government Vol. 2021;27(1):1-10.
- 66. Graham JM, Waddell C, Pachkowski K, Friesen H. Educating the educators: determining the uniqueness of psychiatric nursing practice to inform psychiatric nurse education. Issues in Mental Health Nursing. 2020;41(5):395-403.
- 67. Jacobs A. The benefits of experiential learning during a service-learning engagement in child psychiatric nursing education. African Journal of Health Professions Education. 2020;12(2):81-5.
- 68. Gamoran A. Advancing institutional change to encourage faculty participation in research-practice partnerships. Educational Policy. 2023;37(1):31-55.
- 69. Minutillo S, Cleary M, P. Hills A, Visentin D. Mental health considerations for international students. Issues in Mental Health Nursing. 2020;41(6):494-9.
- 70. Devictor J, Burnet E, Henriot T, Leclercq A, Ganne-Carrie N, Kilpatrick K, et al. Implementing advanced practice nursing in France: A country-wide survey 2 years after its introduction. Nursing Open. 2023;10(3):1437-48.
- 71. Morgan AJ, Wright J, Reavley NJ. Review of Australian initiatives to reduce stigma towards people with complex mental illness: what exists and what works? International Journal of Mental Health Systems. 2021;15(1):1-51.
- 72. Javed A, Lee C, Zakaria H, Buenaventura RD, Cetkovich-Bakmas M, Duailibi K, et al. Reducing the stigma of mental health disorders with a focus on low-and middle-income countries. Asian journal of psychiatry. 2021;58:102601.
- 73. Mascayano F, Toso-Salman J, Ho YCS, Dev S, Tapia T, Thornicroft G, et al. Including culture in programs to reduce stigma toward people with mental disorders in low-and middle-income countries. Transcultural psychiatry. 2020;57(1):140-60.

- 74. Zhou W, Ouyang F, Nergui O-E, Bangura JB, Acheampong K, Massey IY, et al. Child and adolescent mental health policy in low-and middle-income countries: challenges and lessons for policy development and implementation. Frontiers in psychiatry. 2020;11:150.
- 75. Kerman N, Lem M, Witte M, Kim C, Rhoades H. A multilevel intervention framework for supporting people experiencing homelessness with pets. Animals. 2020;10(10):1869.
- 76. Harwood A, Carter D, Eliott J. A public health framework for reducing stigma: the example of weight stigma. Journal of Bioethical Inquiry. 2022;19(3):511-20.
- 77. Barnett ML, Huskamp HA. Telemedicine for mental health in the United States: Making progress, still a long way to go. Psychiatric Services. 2020;71(2):197-8.
- 78. Jin MX, Kim SY, Miller LJ, Behari G, Correa R. Telemedicine: current impact on the future. Cureus. 2020;12(8).
- 79. Kopelovich SL, Monroe-DeVita M, Buck BE, Brenner C, Moser L, Jarskog LF, et al. Community mental health care delivery during the COVID-19 pandemic: practical strategies for improving care for people with serious mental illness. Community mental health journal. 2021;57:405-15.
- 80. Deza M, Maclean JC, Solomon K. Local access to mental healthcare and crime. Journal of Urban Economics. 2022;129:103410.
- 81. Rathod S, Pinninti N, Irfan M, Gorczynski P, Rathod P, Gega L, et al. Mental health service provision in low-and middle-income countries. Health services insights. 2017;10:1178632917694350.
- 82. Xiang Y-T, Zhao Y-J, Liu Z-H, Li X-H, Zhao N, Cheung T, et al. The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform. International journal of biological sciences. 2020;16(10):1741.
- 83. Mackey TK, Liang BA. A United Nations global health panel for global health governance. Social science medicine. 2013;76:12-5.
- 84. Doolen J, Giddings M, Johnson M, Guizado de Nathan G, O Badia L. An evaluation of mental health simulation with standardized patients. International Journal of Nursing Education Scholarship. 2014;11(1):55-62.
- 85. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: A guide to best practice. 5th ed: Lippincott Williams & Wilkins; 2022.
- 86. Kaas MJ. Will we be ready? Preparing psychiatric-mental health nurses for future practice. Journal of the American Psychiatric Nurses Association. 2020;26(1):112-9.
- 87. Manwell LA, Barbic SP, Roberts K, Durisko Z, Lee C, Ware E, et al. What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. BMJ open. 2015;5(6):e007079.
- 88. McGinty EE, Daumit GL. Integrating mental health and addiction treatment into general medical care: the role of policy. Psychiatric Services. 2020;71(11):1163-9.
- 89. Pesut B, Thorne S, Stager ML, Schiller CJ, Penney C, Hoffman C, et al. Medical assistance in dying: a review of Canadian nursing regulatory documents. Policy, Politics, Nursing Practice. 2019;20(3):113-30.
- 90. Creamer AM, Austin W. Canadian nurse practitioner core competencies identified: An opportunity to build mental health and illness skills and knowledge. he Journal for Nurse Practitioners. 2017;13(5):e231-e6.

- 91. Terry D, Phan H, Peck B, Hills D, Kirschbaum M, Bishop J, et al. Factors contributing to the recruitment and retention of rural pharmacist workforce: a systematic review. BMC health services research. 2021;21(1):1-15.
- 92. Perera G, Broadbent M, Callard F, Chang C-K, Downs J, Dutta R, et al. Cohort profile of the South London and Maudsley NHS Foundation trust biomedical research centre (SLAM BRC) case register: current status and recent enhancement of an electronic mental health Record-derived data resource. BMJ open. 2016;6(3):e008721.
- 93. Xiang Y-T, Jin Y, Cheung T. Joint international collaboration to combat mental health challenges during the coronavirus disease 2019 pandemic. JAMA psychiatry. 2020;77(10):989-90.
- 94. Schot E, Tummers L, Noordegraaf M. Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration. Journal of interprofessional care. 2020;34(3):332-42.
- 95. Stoll J, Müller JA, Trachsel M. Ethical issues in online psychotherapy: A narrative review. Frontiers in psychiatry. 2020;10:993.
- 96. Mottaghi S, Poursheikhali H, Shameli L. Empathy, compassion fatigue, guilt and secondary traumatic stress in nurses. Nursing ethics. 2020;27(2):494-504.
- 97. Repique RJR, Matthew JM. Nurse fatigue: a contemporary and pressing workforce issue for psychiatric nurses. Journal of the American Psychiatric Nurses Association. 2015;21(1):19-21.
- 98. Kertchok R. Ethical issues and moral distress in psychiatric and mental health nursing: a literature review. Journal of Health Research. 2015;29(3):227-34.
- 99. Favaretto M, Shaw D, De Clercq E, Joda T, Elger BS. Big data and digitalization in dentistry: a systematic review of the ethical issues. International journal of environmental research public health. 2020;17(7):2495.
- 100. Karale A. The challenges of IoT addressing security, ethics, privacy, and laws. Internet of Things. 2021;15:100420.
- 101. Aydogdu ALF. Ethical dilemmas experienced by nurses while caring for patients during the COVID-19 pandemic: An integrative review of qualitative studies. Journal of Nursing Management. 2022;30(7):2245-58.
- 102. Gefenas E, Lekstutiene J, Lukaseviciene V, Hartlev M, Mourby M, Cathaoir K. Controversies between regulations of research ethics and protection of personal data: informed consent at a cross-road. Medicine, Health Care Philosophy. 2022;25:1-8.
- 103. Skorpen F, Rehnsfeldt A, Thorsen AA. The significance of small things for dignity in psychiatric care. Nursing ethics. 2015;22(7):754-64.
- 104. Quinn C, Happell B. Sex on show. Issues of privacy and dignity in a Forensic mental health hospital: Nurse and patient views. Journal of clinical nursing. 2015;24(15-16):2268-76.
- 105. Pancani L, Marinucci M, Aureli N, Riva P. Forced social isolation and mental health: a study on 1,006 Italians under COVID-19 lockdown. Frontiers in psychology. 2021;12:663799.
- 106. Sreeram A, Cross WM, Townsin L. Anti-stigma initiatives for mental health professionals—A systematic literature review. Journal of Psychiatric Mental Health Nursing. 2022;29(4):512-28.
- 107. Byrne D. Evaluating cultural competence in undergraduate nursing students using standardized patients. Teaching Learning in Nursing. 2020;15(1):57-60.

- 108. Purnell LD. The Purnell model for cultural competence. Intervention in mental health-substance use: CRC Press; 2016. p. 57-78.
- 109. Dorsen C, Van Devanter N. Open arms, conflicted hearts: nurse-practitioner's attitudes towards working with lesbian, gay and bisexual patients. Journal of clinical nursing. 2016;25(23-24):3716-27.
- 110. Aggarwal NK, Pieh MC, Dixon L, Guarnaccia P, Alegria M, Lewis-Fernandez R, et al. Clinician descriptions of communication strategies to improve treatment engagement by racial/ethnic minorities in mental health services: a systematic review. Patient education. 2016;99(2):198-209.
- 111. Turan N, Çekiç Y. Ethics positions of nursing students in clinical decision-making. Nursing Ethics. 2023:09697330231161685.
- 112. Grace PJ. Nursing ethics and professional responsibility in advanced practice: Jones & Bartlett Learning; 2022.