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Does mental health practice benefit from procedural justice theory? A critical analysis on the opportunities and pitfalls of procedural justice to address coercion and human rights issues in psychiatry

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Résumé de l'article

La théorie de la justice procédurale, issue de la psychologie sociale, est utilisée dans de nombreux domaines d'étude s'intéressant à la qualité des interactions impliquant des individus en position d'autorité. Bien que cette théorie soit de plus en plus citée pour son potentiel à promouvoir des approches visant à atténuer les effets de la coercition en psychiatrie et à mieux respecter les droits des individus, la littérature fournit peu d'informations sur la manière dont la justice procédurale pourrait être mise en pratique. Il est donc important d'examiner les implications théoriques et pratiques d'une telle orientation. En se basant sur une analyse critique de la littérature, cet article abordera les contributions potentielles et les limites de la justice procédurale dans le domaine des soins infirmiers psychiatriques. La justice procédurale présente des limites en ce qui concerne les solutions aux violations des droits humains en psychiatrie. Néanmoins, elle permet de miser sur la qualité des interactions avec les individus dans des contextes coercitifs, tout en tenant compte des implications sociales et identitaires de la coercition en psychiatrie.

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Abstract
The theory of procedural justice, derived from social psychology, is employed in numerous fields of study concerned with the quality of interactions involving individuals in positions of authority. Although this theory is increasingly cited for its potential to promote approaches aimed at mitigating the effects of psychiatric coercion and better respecting individuals' rights, empirical literature provides limited insights into how procedural justice could be translated into practice. It is important, therefore, to examine the theoretical and practical implications of such an orientation. Based on a critical analysis of existing literature, this article will discuss the potential contributions and limitations of procedural justice applied in the field of mental health and psychiatric nursing. Procedural justice has limitations regarding solutions for human rights violations in psychiatry. It nonetheless allows a focus on the quality of interactions with individuals in coercive contexts, in addition to considering the social and identity-related implications of psychiatric coercion.

Key Words Coercion, Mental Health, Nursing, Procedural Justice, Psychiatry

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CLARA LESSARD-DESCHÊNES, PIERRE PARISEAU-LEGAULT & MARIE-HÉLÈNE GOULET

Introduction

A paradigm shift in the field of mental health has been advocated for several years now. There is a call to move towards mental health care that focuses on support and respect for human rights, while moving away from biomedical and risk management models that contribute to justifying the use of coercion (1). This call for change aligns with an international effort to reduce the presence of coercion in mental health care (1). This objective can be challenging since, to this day, no general definition of psychiatric coercion exists, highlighting the complexity of this phenomenon. Most of the literature on the subject focuses on formal coercion (seclusion, restraint, involuntary hospitalization), which is regulated by legislation, or informal coercion, which refers to different pressures exerted on individuals by healthcare professionals to accept treatment (2, 3). However, coercion can also manifest in mundane yet humiliating and dehumanizing actions that are frequently excluded from writings on the subject, such as the lack of choice for hospitalized individuals regarding what they can wear, when they can eat, use the phone or go to bed (4, 5, 6, 7). It could then be argued that psychiatric coercion requires further exploration to fully understand its magnitude and subtlety, starting with the perspective of those who experience it. Thus, perceived coercion, which refers to the subjective experience of coercion (8), is a concept that has emerged and allowed considering other elements contributing to the negative experiences or feelings during mental health hospitalization, regardless of the presence or absence of formal coercion.

The initial studies on perceived coercion highlighted that the legal status of individuals during their hospitalization was not correlated with their experience of coercion; instead, it was their perception of the fairness of the process that was important (9, 10). This concept refers to procedural justice theory, which focuses on the qualitative aspects of social interactions and processes involving authority (11). Several subsequent studies confirmed these results by finding an inversely proportional relationship between the degree of procedural justice and the level of perceived coercion among individuals with mental health problems (9, 12, 13, 14, 15, 16). In the context of hospitalization, procedural justice is highly influenced by the quality of interactions with different figures of authority, including healthcare professionals (12). According to procedural justice theory, these interactions should be respectful, allow individuals to express themselves freely, and instill a sense of trust (17). Because nurses working in mental health are intimately involved in the care of hospitalized individuals on a daily basis and since interacting with the person is at the core of the nursing profession, procedural justice is frequently cited in the mental health and psychiatric nursing literature for its presumed potential to mitigate the consequences of coercion (12, 18, 19, 20, 21). While some authors suggest practical recommendations for the application of procedural justice (22, 23), very few writings report studies that have tested or explored the clinical relevance of this theory to address the challenges of human rights violations in psychiatry. Indeed, procedural justice has been predominantly used in the field of law enforcement, where police training has shown promising results such as a decrease in arrests and crimes, as well as a decrease in the public's perception of police as harassing or using force in an abusive manner (24). Although some parallels can be drawn with mental health nursing practice, the lack of studies on the subject raises questions about the existing enthusiasm towards this theory, in a context where the use of psychiatric coercion is increasing without evidence of its effectiveness and despite its detrimental effects on the individuals involved (25, 26, 27, 28). Therefore, the purpose of this article is to present a critical analysis on the potential contributions and limitations of procedural justice in the context of psychiatric care, while proposing strategies aimed at improving the experience of hospitalization by considering the relational aspects related to both care and coercion, as well as acknowledging and supporting the exercise of patients' rights. To do so, a brief historical overview of procedural justice theory is presented, followed by an in-depth exploration of its key principles, highlighting their relevance to nursing practice. To illustrate the possible contribution of procedural justice, a discussion of the strengths and limitations of this theory is provided, drawing parallels with psychiatric and mental health nursing theories.

Method

A critical analysis based on a narrative review of the literature on procedural justice in a psychiatric context was conducted. Initially, to present the theory of procedural justice and its central principles, the original works of key authors associated with this theory were consulted (n = 12). Subsequently, a search strategy was developed in collaboration with a librarian, centered around the concepts of procedural justice and psychiatry, and a search was conducted across the following databases: CINAHL, MEDLINE, WEB of SCIENCE, PsycINFO, Criminal Justice Abstracts, and Social Sciences Abstracts. The included literature fell within the domain of psychiatric care and addressed the concept of procedural justice. Literature specifically focused on mental health courts was excluded. After initial selection, reference lists of included articles were reviewed to identify any other relevant literature. As a result, 19 articles were retained. To provide a comprehensive critical analysis that encompassed both the central principles of procedural justice and psychiatric care, additional pertinent literature was consulted on topics such as stigma and power relations.

The analysis of the literature was inspired by a pragmatic constructivist perspective of knowledge development. Pragmatic constructivism is a philosophy of knowledge characterized by its epistemological stance that asserts that only human experience is knowable (29, 30). The development of knowledge occurs through the construction of representations aimed at making sense of the phenomena we experience as humans (29). These representations, which allow us to understand the world we live in, are built upon the individual's experience of the lived phenomenon (29). Furthermore, pragmatic constructivism distinguishes itself by the absence of foundational ontological assumptions. Without denying the possibility of the existence of reality, this philosophy chooses not to make claims about the existence of a world independent of the human mind, as it considers that humans can only acquire knowledge based on their experience (30, 31). Thus, external reality is not a consideration within this stance, which posits the existence of a multitude of human experiences (31). The pragmatic nature of this philosophical posture manifests in the functionality expected from the elaborated representations, meaning that they must enable action and help navigate the world in a viable manner (32). Therefore, this paper discusses the strengths and limitations of procedural justice in constructing fairer and more pragmatic representations of psychiatric coercion, and consequently,

the role that nurses can play in reducing its presence among individuals receiving psychiatric care.

State of Knowledge

Procedural justice: Brief history and theoretical models

The theory of procedural justice emerged in the 1970s in a field of social psychology focusing on the study of justice (33). Research in this field, aiming to understand relationships with authority, had previously been based on the idea that individuals evaluate their social experiences, relationships, and institutions based on the outcomes they receive (11). It was in the work of Thibaut and Walker (33) that the term "procedural justice" was first used. Situating their research in the context of legal dispute resolution, these authors postulated, in a then-counterintuitive manner, that the fairness of the process leading to a decision (the outcome) is as important to individuals as the outcome itself (33). Two main streams of thought are associated with this theory, providing both different and complementary explanations for understanding this social phenomenon. Thus, the literature encompasses instrumental models and relational models of procedural justice.

Instrumental models

Instrumental models of procedural justice are built on the presumption that individuals evaluate the fairness of the process based on the likelihood that it will lead to a favorable outcome (34). These models examine procedural justice from the perspective of control distribution: having control (33) or a voice (35) in the process increases the individual's perception of being able to influence the outcome in their favor. Thibaut and Walker (33) specifically focus on two components of control: process control and outcome control. The main finding from their work helps us understand that even if a decision is made by a third party (e.g., a judge), the perception of having control over the process, such as having the opportunity to present evidence, is an important determinant of the individual's perception of justice and, consequently, how they accept the outcome.

Leventhal (36) builds upon the work of Thibaut and Walker (33) by studying procedural justice in the context of resource allocation. According to Leventhal, the perception of justice is a determining factor in potentially all types of social processes or social interactions in which a person is involved on a daily basis, whether in personal, professional, or societal relationships (37). Thus, Leventhal's theoretical writings have recognized the relevance of this theory for other social contexts beyond legal contexts (11). The contribution of his model lies primarily in its six procedural rules, which explain how individuals form judgments about the justice of their experiences. These rules, which are discussed further in this paper, are consistency, lack of bias, reliability of information, correctability, representativeness, and ethics (36, 37).

Relational models

While instrumental models consider that individuals are only interested in the individual benefit they can gain from their involvement in the process that concerns them, relational models offer an identity-based explanation of procedural justice (11, 38). Lind and Tyler (11) build upon the original writings on procedural justice by postulating that procedures are not only interesting for the outcome they produce for the individual but also for the information they provide about their social status. Procedural justice is thus positioned as exerting an influence on the individual's social identity in relation to authority and, therefore, on their perception of self and self-worth (11). Their studies lead Lind and Tyler (11) to present three relational criteria: respect, trust, and neutrality. These authors eventually conclude that procedural justice cannot only be understood and explained in an instrumental or relational manner, and that the integration of these two approaches is necessary for the study of the psychology of procedural justice (11, 34). Thus, four central principles, derived from both instrumental and relational models, are now used in most writings on procedural justice.

The four central principles of procedural justice: What pertinence for mental health nursing practice?

In this section of the paper, an in-depth exploration of the principles of procedural justice will demonstrate the potential of this theory for understanding the relational aspects surrounding psychiatric coercion. Each principle is presented based on the original writings of procedural justice, then contextualized to mental health nursing according to the available literature on the subject and our own interpretation of how the principles might translate into clinical practice.

Voice

To be heard and recognized: The principle of voice refers to the ability to explain one's situation and point of view to individuals in positions of authority (11). Thibaut and Walker (33) and Leventhal (36) consider the principle of voice important as it allows individuals to promote their own interests in the situation, by attempting to influence the decision concerning them in a favorable manner. With their relational models, Lind and Tyler (11) presented the principle of voice as having an effect on the perception of justice by individuals who, when given the opportunity to present information regarding

their situation, perceive themselves as valued members of the group (11, 34). The fact that an individual's opinion is valued and considered worthy of being heard allows them to perceive the process more favorably, regardless of the outcome (11). Individuals living with mental health problems continue to be a particularly marginalized, stigmatized, voiceless, and invisible group in the social, healthcare, and research spheres (5, 39). According to Tyler and Lind (38), the quality of interaction with individuals in positions of authority is crucial in shaping their interpretation of their social status within the group. Thus, treating individuals with dignity while respecting their rights and opinions increases their perception of positive social status (38). Studies on procedural justice in the context of mental health have reported that having a voice is essential for hospitalized individuals and that the disregard for their perspectives leads to significant distress (12, 40). By incorporating this principle, nurses could not only alleviate the distress of the individual but also promote a sense of inclusion while reinforcing their self-esteem. However, the authentic implementation of this principle is challenging.

Misuse and censorship: Lind, Kanfer and Earley (34) address the risk of the deceptive use of voice, whereby a person is encouraged to speak up even though the authority has no intention of genuinely considering their point of view. This approach actually amplifies the objective injustice of the process, as the authority uses the principle of voice to advance its own interests (34). A study on the unfolding of mental health review board hearings in Canada revealed that procedural justice was used as a way to give the illusion to the patients that their voices were being heard, while what was said was very rarely taken into consideration (41). In the field of mental health, although the principles of autonomy and reciprocity are often highlighted in the literature, paternalism remains predominant in practice (42). Central to the paternalistic perspective, the principle of beneficence encourages action in the best interest of the person while perpetuating the prioritization of professional expertise at the expense of the person's experiential knowledge (42). Furthermore, a direct link can be made between coercion in mental health and the deceptive use of voice, as it is not uncommon to hear that greater involvement of the person makes the experience of coercion more acceptable and even therapeutic (21, 23). The principle of voice, therefore, calls for a reevaluation of nursing practice in mental health and a repositioning of the nurse in a perspective of reciprocity with hospitalized individuals. Merely listening to the person is no longer sufficient; interactions must strive for both objective justice (genuine involvement of the person and their perspective) and subjective justice (as experienced by the person). In this regard, several studies on procedural justice and perceived coercion associate the principle of voice with that of validation, explaining that it is not only important to provide sufficient opportunities for the person to express themselves but also to seriously consider what they say (19, 20, 43).

Although more focused on the instrumental benefit of procedural justice, Leventhal's model warns about a particularly interesting aspect of the principle of voice ("representation" in his model), namely censorship. According to this author, censorship, which can occur at any phase of the process or interaction, refers to the restriction of the flow of information, resulting in an underrepresentation of the actual quantity of information and opinion available (36). This information restriction occurs both during the reception of information (receiving the person's point of view) and the dissemination of information (providing information to the person about their situation) and will result in a decreased perception of justice (36). In psychiatric care, access to information and involvement in decisions remain an important issue, especially for individuals presenting with severe symptoms (7). However, it has been shown that even in the presence of psychotic symptoms, individuals are capable of distinguishing behaviors that enhance procedural justice (44). This highlights the importance for the nurse to ensure a flow of information that represents the reality of the person's situation, by sharing all relevant information (legal, medical) and by taking their opinion into account. The provision of information by the nurse should be improved, for example, by regularly assessing the person's information needs and adapting the timing and mode of information transmission (45). Furthermore, nurses should ensure that each person has access to essential information that will not only allow them to be informed about their rights but also to exercise them according to their situation and will.

Respect

The principle of respect focuses on the ability of authority to treat individuals with politeness, dignity, and respect for their rights (38, 46). According to Tyler and Lind (38), the interpersonal quality of treatment offered to individuals by those in positions of authority is essential. In the literature on procedural justice, an often-cited example is that of the police mistreating a minority group, which reflects their low social status and lack of protection (17). A parallel can certainly be drawn with individuals living with a mental health problem, who are themselves marginalized.

Indeed, the stereotypes and prejudices held towards individuals living with a mental health problem result in their stigmatization within society and mental health services (47, 48). Link and Phelan (49) provide a social conceptualization of stigma, stating that it occurs when human differences are noticed, and individuals are categorized as being separate from the rest of society, resulting in a loss of status. According to the theory of procedural justice, concern for social status leads individuals in contact with a form of authority to seek

signs that allow them to assess whether they are being treated with dignity and respect for their person and rights (38). The omnipresence of coercion in mental health certainly hinders a positive assessment of the respect offered during hospitalization. Indeed, the stigmatization of individuals living with a mental health problem results in discriminatory attitudes among healthcare professionals, which are reflected, among other things, in the use of coercion (48). In the field of mental health, elements related to respect are even more essential, as it is recognized that individuals who have been hospitalized often emerge from this experience with a sense of fear and even trauma, and subsequently choose to avoid using healthcare services in the future (27, 50). When individuals feel a lack of dignity and respect for their rights, it may communicate to them that their social status is inferior to the rest of society. One strategy for nursing practice may be elucidated by Leventhal's (1980) writings, which discuss "ethicality" as a procedural rule that pays particular attention to the values of the person involved in the procedure. According to this author, the perception of justice will be diminished if procedures are not aligned with the person's moral standards and values (36). For example, Leventhal (1980) explains that the use of deceptive and privacy-invasive observation methods may be considered unjust if a person believes them to be fundamentally wrong (36). Translated to the context of mental health hospitalization, this indicates that one way for the nurses to act with respect would be to ensure knowledge and consideration of the person's values while limiting the use of tactics that may impede their autonomy and privacy. Seemingly mundane methods, such as constant observation and arbitrary house rules, are regular occurrences in inpatient units and can be much more dehumanizing for some individuals than even the use of formal coercive measures (4, 5). Finally, it is important to note that the principle of respect pertains not only to interactions between individuals, but also to the structural elements inherent in the organization of work within inpatient units, which are often guided by a risk management culture (51) rather than a desire to uphold individuals' rights. The interactions between the individual and the environment in which they navigate during their hospitalization can also become dehumanizing if they do not promote a sense of respect for the individual and their rights.

Trust

Trust is a principle that refers to the intention of authority as perceived by the individual involved in the interaction (17). Kindness and the desire to treat the person in a fair and ethical manner are essential elements for the individual in their relationship with authority (17, 38). According to the theory of procedural justice, the idea that the person may have long-term contact with authority is an important aspect to consider (17, 38). This implies that the quality of interactions is even more important as it allows the individual to predict the kind of treatment and behavior they can expect in the future when in contact with the same authority or a similar authority (17, 38). In the field of mental health, it can be considered that the nature of interactions between the individual and healthcare professionals is crucial not only for the quality of their current experience but also for implications for their future treatment. Interactions devoid of benevolence and justice can have an unsettling effect on the hospitalized person regarding their future interactions. As mentioned earlier, individuals who have experienced difficult and fear-filled mental health hospitalization tend to avoid healthcare services (50). Nurses, being in close relationship with the person, play a crucial role in determining the quality of the long-term relationship between the person and mental health services.

In early studies examining the role of coercion during mental health admission, the interpretation of others' motives towards the individual emerged as one of the key themes explaining perceived coercion (40, 52). Specifically, the impression that the other (e.g., nurse) is involved in the process with an appropriate level of concern for the individual had a significant influence on the perception of experiencing coercive behaviors (52). Trust, being a central aspect of the therapeutic relationship, makes these results unsurprising and confirms the importance of the nurse's role in reducing perceived coercion. However, the presence of coercion threatens trust within the relationship (22). Considering the ubiquity of coercion in mental health practices, establishing a genuine sense of trust can prove to be challenging. According to the theory of procedural justice, it is primarily the intentionality guiding the authority's actions that will determine the trust felt by the individual (17). It is about the individual believing that the authority shares the same fundamental values and will act to protect their interests (53). As mentioned earlier, the stigmatization of individuals living with a mental health problem makes them feel like a separate group, not part of the "rest of society." Believing that the dominant system represented by healthcare services shares their fundamental values and acts in their best interest becomes difficult for the individual, especially when safety is stated to be a predominant value in care units (51). Indeed, the need and obligation to ensure the safety of everyone and the fear of danger (real or perceived) in inpatient units can certainly impede the feeling of trust between the nurse and the hospitalized person. Demonstrating that the nurse has intentions guided by justice, benevolence, and ethics in a context where the individual is faced with imposed choices, rules, and treatments represents a particularly complex challenge. Furthermore, De Cremer and Tyler (54) examined the effects of trust in authority on the perception of procedural

justice. They found that the presence of information indicating whether the authority was trustworthy modulated the perception of procedural justice and, consequently, the individual's cooperation (54). Considering the negative image associated with mental health hospitalization, the principle of trust calls for more than the individual actions of nurses; it requires a cultural and paradigm shift to portray psychiatry as being focused on respecting human rights.

Neutrality

The absence of prejudice. The principle of neutrality focuses on the authority's ability to make the decision-making process unbiased in the eyes of the person involved (17). Individuals question whether they are being treated fairly compared to others within the same group (17, 55). According to Tyler and Lind (38), concerns related to the principle of neutrality are primarily linked to the belief of being discriminated against by the authority due to prejudice. This implies that the person "is somehow less worthy than those who receive more favored treatment, and this implication has extremely powerful consequences for feelings of self-worth" (38). This concept is particularly important to consider as several writings testify to prejudices, negative attitudes, and beliefs held by nurses towards individuals living with mental health problems (56, 57, 58). Increasing the perceived neutrality during a person's hospitalization would, therefore, begin with reducing prejudices held towards them. In the field of mental health, it is intriguing to observe that negative attitudes manifest through elements directly related to the central concepts of procedural justice. For example, there is often mention of the exclusion of the person from the decision-making process and their lack of access to all relevant information (58). Thus, the concept of neutrality, applied to mental health nursing practice, appears to be partly realized through the concrete application of other concepts of procedural justice (voice, respect, trust).

Furthermore, a suggestion offered by Tyler and Lind (38) is to ensure that decisions are based on facts rather than prejudiced opinions. In this regard, Leventhal (36) mentions the absence of bias, which means withdrawing any personal interest and avoiding blindly submitting to narrow prejudices. This author also presents a rule of consistency by explaining that procedures should be similar for everyone (36). Although this may be conceivable in a legal process, nursing practice, on the contrary, aims to recognize the individuality of the person and incorporate this conception into care. The rule of consistency becomes more interesting as it helps explain a factor contributing to the lack of respect for the rights of individuals in mental health and the associated experience of coercion. Indeed, house rules of inpatient units are consistently applied by nursing staff (i.e., similarly from one person to another), even though their implementation is not always justified by logic nor therapeutic reasons, and they encourage the perpetuation of dehumanizing practices (4, 51). Consistency should, therefore, lie in the application of interventions that promote education, access to information, and time spent engaging with the person to hear and consider their opinion.

The absence of finality. Paradoxically, the desire to be heard coexists with the fear of the consequences associated with disclosing sensitive information. Individuals living with mental health problems may fear that sharing their distress or symptoms will have an impact on their hospitalization, as they perceive professionals as having power over their treatment and care planning (59). The procedural rule of correctability presented by Leventhal (36) emphasizes the importance of opportunities for decisions to be reversed at different stages of the process. Neutrality, combined with the principle of voice, would enable the nurse to ensure that the individual frequently has the opportunity to share their perspective on their situation and the changes they wish to make, without the fear of reprisals. It is crucial that a person experiencing mental health hospitalization does not feel trapped in a situation where choices made regarding their health and lifestyle are irreversible.

In summary, the four principles of procedural justice allow for the development of representations of the phenomenon of coercion by positioning individuals living with mental health problems as having a need for social and identity recognition. Thus, relying on these representations, nurses could incorporate different aspects of procedural justice into their role with the aim of reducing coercion and enhancing the recognition and support for the person's rights. For example, a repositioning towards the person appears necessary, adopting a perspective of reciprocity and avoiding the constant, blind, and arbitrary application of rules. Additionally, special attention to bidirectional sharing of information with the person and its authentic use seem to be critical elements in promoting a sense of justice. Furthermore, considering the analysis of the four principles, the nurse cannot be considered the sole actor in integrating these principles within the mental health care system. Indeed, systemic changes are not only necessary in psychiatric care to improve the treatment of individuals involved and reduce the use of coercion but also to allow nurses to fulfill their role without being solely responsible for managing the unrealistic expectations of a failing system, that is, to decrease coercion and its harmful effects without risking safety issues. The implication of procedural justice for nursing, both in terms of clinical practice, their role and responsibility, is further elaborated in the discussion.

Procedural justice to reduce perceived coercion: current application in nursing research

The association between procedural justice and perceived coercion has been reported in numerous studies, some of which have concluded that strategies and interventions aimed at reducing psychiatric coercion should incorporate the principles of procedural justice (12, 20, 43). It is surprising, however, that very few studies appear to have focused on its application in practice.

Two Norwegian studies from the same project (Breakthrough project psychiatry) were found. First, Sørgaard's study (2004) presents the results of an intervention based on procedural justice and aimed at reducing levels of perceived coercion within a psychiatric intensive care unit. The intervention involved formulating a treatment plan in partnership with the hospitalized person, followed by regular meetings to assess progress and renegotiate the plan as needed (60). In addition to representing the foundation of what should be done in care settings, this intervention was based on a reductionist interpretation of procedural justice as simply involving the person in decision-making regarding their treatment. It is not surprising, then, that the intervention did not significantly reduce levels of perceived coercion. The author of this study found that the use of patronizing communication from healthcare professionals was associated with higher levels of perceived coercion, suggesting that the form of interaction may be more important than simply involving the person in their treatment plan. Next, the study by Johnsen et al. (45) presents the evaluation of an intervention aimed at improving the transmission of information to individuals visiting a psychiatric emergency department. Nurses were required to provide individuals with a brochure containing legal information, information about the unit's functioning, and procedures to file a complaint. By emphasizing the importance of promoting the right to information, this intervention increased participants' satisfaction with the information received and improved their legal knowledge. The majority of participants reported perceiving coercion during their hospitalization, but the intervention did not significantly reduce it.

These two Norwegian studies attempted to incorporate elements related to procedural justice (primarily the principle of voice), but limited its application to very specific aspects, namely the treatment plan and written information transmission. Procedural justice involves a set of principles aimed at increasing the person's sense of justice through the recognition of their identity value within an interaction where there is an imbalance of power. To achieve this, it becomes clear that interventions developed to reduce coercion should also include human rights approaches, where the support offered to the person in exercising their rights is paramount.

Furthermore, these authors, like several others in the reviewed literature, rely on writings from studies on coercion in mental health rather than the original writings on procedural justice (9). Thus, the representation of the aspects of social psychology associated with this theory seems questionable in the reviewed studies. In this regard, a measurement scale for perceived coercion and procedural justice (MacArthur Admission Experience Survey) was created by Lidz et al. (9) and is currently used and cited as a reference in several studies on perceived coercion (15, 16, 61). However, little information exists on how this scale was developed to accurately represent the central principles of procedural justice and be applicable to the mental health context. Moreover, it has been subject to criticism, including its failure to consider the individual's lived and unique experience, its excessive simplification, and its limited context to the moment of admission to mental health care (5, 62). In short, empirical literature provides limited insights into how procedural justice could be translated into practice.

Discussion

Theoretical contribution

Based on the analysis of the central principles of procedural justice presented earlier, several elements appear relevant and promising for supporting the development of nursing practices that consider the relational aspects involved in psychiatric coercion. Since procedural justice originates from a different discipline, namely social psychology, its relevance is examined by juxtaposing it with existing nursing theories. This discussion illustrates how procedural justice and nursing theories can be complementary and potentially fill their respective gaps.

The recognition of power relations

Nursing practice in mental health is inevitably linked to notions of control and power. The dominance of a paternalistic perspective focused on safety combined with the pervasive presence of coercion in clinical settings places nurses in a role that is difficult to reconcile with the values of the profession, which call for, among other things, respect for individual autonomy (4, 51). Nurses experience ethical tensions related to the use of coercion and have mixed perceptions of their role (4, 51, 63). Considering the complexity of this role and the desire to move towards rights-based approaches with the aim of reducing coercion, theory should provide an in-depth

understanding of the issues involved in power relations.

Nursing theories, while useful in terms of the therapeutic relationship, can contribute to maintaining the imbalance within the relationship. Many nursing theories used in the field of mental health have been influenced by a humanistic perspective, which places the person's experience at the heart of care and encourages nurses to establish a therapeutic relationship to help the person identify their needs and assist in their development to reach their full potential (64). For example, Peplau (65), a pioneer in psychiatric nursing widely cited in the literature, created the theory of interpersonal relations, positioning interactions with the person as central to psychiatric nursing practice. The therapeutic relationship is presented as the core of the profession, with the nurse assisting the person in achieving health and well-being (65). Although the quality of the therapeutic relationship is beneficial to the person's mental health experience and their perception of coercion (16), Peplau's theory (1997) disregards the coercion surrounding mental health practices and the dehumanizing context of hospitalization. In this regard, criticisms associated with humanism highlight its inability to recognize the notions of power and domination involved in relationships (66). A humanistic approach even risks victimizing the person by presenting them as having existential freedom and therefore being responsible for their difficult situation (66). More recent theories inspired by humanism also convey discourses that, despite their benevolent intentions, do not allow for the recognition of the role played by the dominant system. For example, the intermediate theory of Recovery Alliance Theory (67) suggests that the person ("service user" in the article) is primarily responsible for their well-being and that the only way for them to exert any form of control is to accept that their health is the result of their own actions. The very use of the term "service user" to identify people living with mental health problems in this theory is problematic according to some authors with experiential survivor knowledge. Russo and Wallcraft (5) explain that this type of language in the context of coercion is inappropriate as it implies that coercion is one service option among others and that the person is free to choose and use it, which is obviously not the case. Mental health hospitalization is rather associated with a loss of control, autonomy, and choice (4, 68). Although several nursing theories are based on humanism and aspire to the development of nursing practices that consider the person in its entirety, it is important to emphasize that mental health nursing education and practice largely remains framed by the biomedical model of psychiatric medicine (69, 70).

By focusing on relationships with authority, the theory of procedural justice enables us to contemplate social interactions within the context of power relations (11). A theory like procedural justice can guide and support nurses towards a practice that recognizes the presence and consequences of coercion and implements concrete strategies to reduce it. The four central principles presented earlier demonstrate the potential application of this theory to psychiatric nursing practice. For instance, the importance of information flow is particularly interesting to consider, as nurses are expected to both receive and provide information to the person during hospitalization. Practices aimed at reducing coercion could draw inspiration from this aspect by, for example, implementing a mechanism for equitable access to information for each hospitalized person, where information is provided in various ways, personalized, and repeated. In this regard, Johnsen et al. (45) implemented a nursing intervention aimed at providing hospitalized individuals with verbal and written legal information about their rights. This intervention showed significant and lasting positive effects on participants' satisfaction with the information received during their hospitalization, their experience on the units, and their knowledge of their rights (45).

The social, structural and environmental context

These nursing theories do not situate individuals living with mental health problems within a social context where they are considered part of a marginalized group. Instead, the person is often viewed as an individual with unique experiences and needs. While this approach is not inherently negative, it fails to fully capture the impact that the quality (or lack of) of interaction between the person and authority can have. The theory of procedural justice considers the sensitive nature associated with a person's social status and the impact that relationships with various authority figures can have on their self-perception and, eventually, on their identity and the way they will respond to their situation. The principle of respect addresses this aspect by calling on authorities to recognize the influence of their actions on marginalized groups (17). The repeated use of coercion in mental health sends a message that individuals living with mental health problems are part of a group requiring extreme measures, thereby insinuating their dangerousness and their difference from the rest of society (71).

The lack of recognition of the social representation of individuals living with mental health problems in nursing theories may stem from the fact that these theories place the person, their experience, and their immediate needs at the center of the interaction. In such theories, the emphasis remains on the person's problems, and nurses are called upon to solve them. Procedural justice, on the other hand, values the quality of interaction, which should primarily aim for justice. The principles of voice, respect, trust, and neutrality can thus

guide interactions that are recognized in the literature as having a positive effect on the experience of hospitalization and the perception of coercion. However, it is important to note that certain aspects that should be valued in psychiatric nursing are not represented in the theory of procedural justice, such as self-advocacy or building on the strengths of the person.

Moreover, although procedural justice focuses on increasing the fairness of the process, it does not question what is being done or the procedures that are already in place. While it allows considering the individual in relation to their social status and the authority they face during mental health hospitalization, the theory of procedural justice, like many nursing theories, does not account for the structural elements contributing to psychiatric coercion. For example, institutional policies in healthcare facilities, such as locked units, contribute to power dynamics and thus promote the presence of coercion (6). A reflection on the commonly established practices in psychiatric settings, as well as on the environment with which hospitalized individuals interact, is necessary. On this subject, established practices, existing policies, the organization of care and services, and, more broadly, a system of social control legitimizing coercion contribute to placing a burden on nurses by making them responsible for reducing coercive practices (63). Considering that procedural justice seems limited in its ability to bring about systemic changes and instead has the potential to mitigate the negative experience associated with coercion, it is worth questioning whether this theory might not amplify the burden already placed on the individual nurse.

The quality of interactions and status quo

Procedural justice theory invites us to rethink interactions in order to make social processes involving authority more just. It is said that adhering to the principles of procedural justice should increase a person's satisfaction with the outcome they receive, regardless of whether it is favorable to them or not (11). In an effort to reduce coercion, it is worth questioning whether this theory justifies the use of coercion in psychiatry by presuming that better interactions should make the experience of coercion more acceptable for the person. This rhetoric is present in many writings on procedural justice and coercion. Indeed, several authors provide recommendations for professionals working with involuntarily hospitalized individuals or those subjected to community treatment orders. For instance, some suggest that the use of more procedurally just behaviors could help reduce perceived coercion associated with community treatment orders (14), while others go as far as asserting that approaches based on procedural justice render the initiation of involuntary hospitalizations therapeutic (21).

McKenna, Simpson and Coverdale (20) encourage professionals to apply the principles of voice and respect, even when individuals' preferences are "overridden". These same authors emphasize the importance for professionals to consider the "need to feel informed and involved in the decision-making processes" (20), without acknowledging that access to information and decision-making (consent) are rights rather than needs or preferences. Following these various examples, it becomes clear that procedural justice is a theory that, when appropriated by the psychiatric field, runs the risk of becoming another tool justifying the use of coercion under the guise of a more humane approach. Considering that coercive and dehumanizing practices are maintained (some even increasing) (25), strategies should aim for their reduction and pay particular attention to human rights violations that persist in psychiatric settings, which procedural justice appears limited in addressing. The principles of voice, respect, trust, and neutrality should therefore be considered for their ability to encourage socially just interactions, but also for the purpose of establishing a relationship with the individual. In this regard, it is worth considering whether nursing theories, which excel in exploring human relationships in the context of care, would be more relevant. The qualitative study by Larsen and Terkelsen (4), which examined the experience of coercion from the perspective of hospitalized individuals in locked units and the professionals working there, highlighted that having physical and emotional proximity to the person reduced the use of coercion. An interesting aspect of the Recovery Alliance Theory is that it emphasizes the importance of "everyday relationships" in reducing power inequality within the relationship, signifying that the person needs to feel that the nurse approaches them in a humane and friendly manner (67).

In summary, it is not about asserting that procedural justice theory is absolutely superior to other theories that have proven their relevance in guiding the interaction between the nurse and the person living with a mental health problem. The use of procedural justice theory rather calls for nuance, without denying the positive aspects arising from nursing theories that value the development of a therapeutic relationship based on the individuality of the person and their unique life experience. Recognizing the benefits associated with a nurse who seeks to understand the person's lived experience, their immediate desires, and their need for empowering human interaction is essential. Furthermore, the principles of procedural justice extend the reflection by considering the notions of power, control, and inherent justice in mental health nursing practice, which directly impact the perception of coercion.

Conclusion

This work represents an analysis of the relevance of using procedural justice as a theoretical framework for the development of psychiatric nursing practice specifically aiming to reduce coercion and human rights violations. The theory of procedural justice highlights the importance of the quality of interactions among individuals, especially in contexts where the notion of power comes into play, as is the case in psychiatric care. The central principles could thus promote interactions that are more sensitive to issues of power, respect, trust, and self-identity, potentially making contacts with psychiatric services less negative for the individuals involved. In addition, applying the principles of procedural justice may help promote the exercise of certain rights, such as the right to being treated with dignity and having access to information. However, procedural justice is limited in its capacity to address other human rights that continue to be frequently violated in psychiatry, such as the rights to integrity, liberty, or informed consent. As demonstrated through the analysis of various writings on psychiatric coercion, procedural justice poses the risk of becoming another accessory to make the use of coercion more morally acceptable, without actually facilitating significant changes in commonly accepted dehumanizing practices and structures in mental healthcare services.

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