

Emotional Well-being: A Psychiatric Nursing Overview

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Abstract

Emotional well-being is a multidimensional construct essential to mental health, encompassing the ability to recognize, manage, and express emotions while maintaining resilience and a positive life outlook. This review explores the significance of emotional well-being within psychiatric nursing, highlighting its core components—self-awareness, self-regulation, resilience, and optimism—and the biological, psychological, and social factors influencing it. Psychiatric nurses play a pivotal role in promoting emotional well-being through therapeutic communication, psychoeducation, assessment, and interventions such as mindfulness, cognitive-behavioral support, and crisis management. The review also addresses common psychiatric disorders impacting emotional health and emphasizes the importance of multidisciplinary collaboration, family involvement, and addressing challenges like stigma and burnout. Emerging trends, including trauma-informed care and technology-based interventions, are discussed to enhance nursing practice. This overview underscores the necessity of integrating emotional well-being into psychiatric nursing education and clinical care to improve patient outcomes and foster holistic mental health recovery.

Keywords: Emotional Well-being, Psychiatric Nursing, Mental Health, Therapeutic Communication, Resilience

INTRODUCTION

Definition and significance of emotional well-being

Emotional well-being is a multi-dimensional construct that encompasses an individual's ability to recognize, understand, and manage their emotions, maintain a positive sense of self, and experience a sense of meaning and purpose in life. [11] It involves both hedonic (affective) and eudaimonic (cognitive) aspects, such as the emotional quality of daily experiences, life satisfaction, and the pursuit of self-defined goals. According to the centers for disease control, positive emotional well-being enables individuals to manage emotions effectively, adapt to challenges, and maintain supportive relationships, which, in

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turn, lowers the risk of disease and improves overall health outcomes.^[1] The National Center for Emotional Wellness further highlights that emotional well-being is about awareness, understanding, and acceptance of feelings, as well as the ability to process emotions and cope with life's challenges.^[2]

Emotional well-being is closely linked to mental health, influencing resilience, stress management, and the ability to function optimally in daily life. Poor emotional well-being can contribute to the development of mental health conditions such as anxiety, depression, and mood disorders, while fostering emotional resilience can serve as a protective factor against these challenges.^[3]

Relevance in psychiatric nursing practice

In psychiatric nursing, emotional well-being is a foundational concept that informs assessment, intervention, and patient education. Mental health nurses are uniquely positioned to support patients in recognizing, expressing, and managing their emotions, which is essential for recovery and the prevention of relapse. By addressing both the emotional and physical aspects of mental health, psychiatric nurses help individuals develop coping strategies, build resilience, and achieve a higher quality of life. [4]

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Psychiatric nurses work in a variety of settings – including hospitals, community centers, and outpatient clinics – where they provide direct care, counseling, and psychoeducation to patients and their families. Their holistic approach not only targets symptom management but also promotes emotional wellbeing as a vital component of overall health. This is particularly important as mental health and emotional well-being are deeply interconnected; disruptions in one often impact the other.^[5]

Purpose and scope of the review

The purpose of this review is to provide an overview of emotional well-being, its significance in the context of psychiatric nursing, and the implications for clinical practice. This article will:

- Define emotional well-being and discuss its core components and determinants
- Explore the relationship between emotional well-being and mental health
- Examine the role of psychiatric nurses in promoting emotional well-being among patients
- Highlight best practices and strategies for integrating emotional well-being into psychiatric nursing care.

By synthesizing current evidence and expert perspectives, this review aims to underscore the importance of emotional well-being in psychiatric nursing and offer practical guidance for enhancing patient outcomes through targeted interventions.

"Emotional well-being is a multi-dimensional composite that encompasses how positive an individual feels generally and about life overall. It includes both experiential features (emotional quality of momentary and everyday experiences) and reflective features (judgments about life satisfaction, sense of meaning, and ability to pursue goals that can include and extend beyond the self).^[6]

Understanding emotional well-being *Key components*

Emotional well-being is underpinned by several core components that enable individuals to manage their emotions and adapt to life's challenges:^[7]

- Self-awareness: The ability to recognize and name a wide range of emotions as they arise, which is fundamental for healthy emotional processing and response.^[8]
- Self-regulation: The capacity to manage and express emotions appropriately and constructively, particularly in difficult or stressful situations.
- Resilience: The skill to adapt to and recover from adversity, stress, or setbacks, maintaining a sense of purpose and direction.^[9]
- Optimism: Maintaining a positive outlook and the ability to find meaning and hope, even when faced with challenges.

These components collectively support individuals in developing strong emotional health, fostering positive relationships, and achieving overall well-being.^[10]

Factors influencing emotional well-being

Emotional well-being is shaped by a complex interplay of biological, psychological, and social factors:^[11]

- Biological factors: Genetics, neurobiology, physical health, and sleep patterns all impact emotional regulation and resilience. Chronic illness or neurological conditions can compromise emotional well-being.^[12]
- Psychological factors: Personality traits, coping skills, self-esteem, and cognitive patterns (such as optimism or pessimism) influence how individuals process emotions and respond to stress.^[13]
- Social factors: The presence of supportive relationships, community connections, socioeconomic status, and cultural background play a significant role in emotional health. Social isolation or lack of support can increase vulnerability to emotional distress.^[14]

Common indicators of compromised emotional well-being

When emotional well-being is compromised, several warning signs may be observed:

- Persistent feelings of sadness, anxiety, or irritability
- Difficulty managing emotions or frequent emotional outbursts
- Withdrawal from social interactions or loss of interest in previously enjoyed activities
- Changes in sleep or appetite
- Difficulty concentrating, making decisions, or functioning in daily life
- Physical symptoms such as fatigue, headaches, or unexplained aches, which may be linked to emotional distress
- Increased reliance on unhealthy coping mechanisms (e.g., substance use).

Early recognition of these indicators is essential for timely intervention and support, especially in psychiatric nursing practice, where holistic assessment and care coordination are crucial.^[15]

Psychiatric disorders affecting emotional well-being *Depression*

Depression is a prevalent psychiatric disorder characterized by persistent feelings of sadness, irritability, or emptiness, along with a loss of interest or pleasure in most activities. It significantly impairs emotional well-being, leading to symptoms such as poor concentration, excessive guilt, hopelessness, disrupted sleep, changes in appetite, low energy, and, in severe cases, thoughts of death or suicide. Depression is not merely a temporary mood fluctuation but a serious condition that can profoundly diminish emotional health and daily functioning. [16]

Anxiety disorders

Anxiety disorders encompass conditions marked by excessive fear, worry, or nervousness that interfere with daily life. These disorders can manifest as generalized anxiety, panic attacks, social anxiety, or specific phobias. Anxiety disrupts emotional regulation, often resulting in restlessness, irritability, muscle tension, sleep disturbances, and difficulty concentrating. The chronic nature of anxiety disorders can erode emotional resilience and well-being.^[17]

Bipolar disorder

Bipolar disorder is characterized by alternating episodes of depression and mania. Depressive episodes mirror those seen in major depression, while manic episodes involve elevated or irritable mood, increased activity, racing thoughts, decreased need for sleep, and impulsive behavior. These mood swings disrupt emotional stability, making it challenging for individuals to maintain consistent emotional well-being. The risk of suicide is also elevated in this population.^[18]

Schizophrenia and emotional flattening

Schizophrenia is a severe psychiatric disorder involving significant impairments in perception, thinking, and behavior. One hallmark symptom is emotional flattening or blunted affect, where individuals display reduced emotional expression and responsiveness. This can manifest as diminished facial expressions, monotone speech, and limited gestures, leading to difficulties in social interactions and a marked reduction in emotional well-being.^[18]

Post-traumatic stress disorder (PTSD) and trauma-related disorders

PTSD and related trauma disorders arise after exposure to traumatic events. Individuals may experience intrusive memories, flashbacks, nightmares, emotional numbness, hypervigilance, and avoidance of reminders of the trauma. These symptoms disrupt emotional regulation and can lead to persistent anxiety, depression, and difficulties in maintaining relationships, all of which compromise emotional wellbeing.^[19]

Role of psychiatric nursing in promoting emotional wellbeing

Therapeutic communication techniques

Therapeutic communication is foundational in psychiatric nursing, enabling nurses to build effective relationships and support emotional healing. Techniques such as active listening, using open-ended questions, and providing a non-judgmental, supportive environment allow patients to express their feelings and concerns openly. Being present, attentive, and empathetic helps patients feel understood and validated, which is especially vital during periods of emotional distress.^[20]

Building trust and rapport

Establishing trust and rapport is essential for effective psychiatric care. Nurses achieve this by maintaining an unbiased attitude, demonstrating patience, and consistently providing a safe and confidential environment. Trust fosters open communication, reduces feelings of isolation, and encourages patients to engage in their care. Reorienting patients as needed, offering positive feedback, and supporting autonomy further strengthen the therapeutic alliance.^[21]

Supporting emotional expression and coping

Psychiatric nurses encourage patients to verbalize their emotions, fears, and concerns, which is crucial for emotional processing and resilience. They teach coping strategies such as mindfulness, relaxation techniques, and cognitive-behavioral skills to help patients manage stress, challenge negative thoughts, and develop healthier responses to difficult situations. Nurses also promote participation in leisure activities and support the development of strong social networks, enhancing patients' capacity to cope with adversity. [22]

Psychoeducation and emotional support

Psychoeducation is a core nursing intervention that involves providing patients and their families with information about mental health conditions, treatment options, and self-management strategies. This empowers individuals to understand their experiences, recognize early warning signs, and take an active role in their recovery. Nurses also offer ongoing emotional support, reinforce positive behaviors, and connect patients with additional resources such as support groups or counseling services, further promoting emotional well-being.^[23]

Assessment of emotional well-being

Use of standard tools and scales

Psychiatric nurses utilize a variety of validated tools to assess emotional well-being and identify symptoms of mental health disorders. Commonly used instruments include:

- Depression anxiety stress scales-21: Measures the severity
 of depression, anxiety, and stress symptoms, providing a
 quick overview of emotional distress.^[24]
- Beck depression inventory: Assesses the intensity of depressive symptoms and is widely used for both clinical and research purposes.^[25]
- Generalized anxiety disorder 7-item scale (GAD-7): Screens for and measures the severity of GAD.^[26]
- Other tools: Beck Anxiety Inventory, Geriatric Depression Scale, Zung Self-Rating Depression and Anxiety Scales, and the Nurse's workplace mental health questionnaire, which evaluates emotional status, resilience, and subjective well-being specifically among nurses.^[27]

These tools offer standardized, reliable, and quantifiable data to guide care planning and monitor progress.^[28]

Observational and interview-based assessment

In addition to formal scales, psychiatric nurses conduct thorough observational and interview-based assessments:

- Observational assessment: Nurses observe the patient's appearance, behavior, mood, affect, speech, and motor activity to identify cues of emotional distress or altered functioning.^[17]
- Interview-based assessment: Through therapeutic communication, nurses elicit subjective information about the patient's emotional state, coping mechanisms, and experiences. Questions such as "Tell me more about how you are feeling today" encourage patients to express their emotions openly.^[6]

 Mental status examination: This structured assessment evaluates cognitive, emotional, and behavioral functioning, providing a comprehensive snapshot of the patient's mental health.^[8]

Family and environmental assessments

A holistic assessment of emotional well-being also includes evaluating family dynamics and environmental factors:

- Family assessment: Nurses explore family relationships, support systems, and any history of mental illness within the family, as these can significantly influence emotional health.^[6]
- Environmental assessment: Consideration is given to the patient's living situation, occupational stressors, cultural background, and access to resources, all of which may impact emotional well-being.^[7]

Nursing interventions

Individual and group therapy support

Psychiatric nurses play a key role in facilitating both individual and group therapy sessions. These interventions provide patients with a safe environment to explore their thoughts, feelings, and behaviors, while also learning from the experiences of others. Group therapy, in particular, fosters social support and reduces feelings of isolation, while individual sessions allow for personalized care and goal setting.^[29]

Mindfulness-based and relaxation interventions

Nurses teach and encourage the use of mindfulness practices, such as meditation, deep breathing, progressive muscle relaxation, and guided imagery. These techniques help patients manage stress, reduce anxiety, and improve emotional regulation. Relaxation interventions are often integrated into daily routines and are supported by psychoeducation on their benefits.^[30]

Cognitive-behavioral support strategies

Cognitive-behavioral approaches are central to psychiatric nursing interventions. Nurses assist patients in identifying and challenging negative thought patterns, promoting positive self-talk, and developing healthier coping mechanisms. Techniques may include journaling, thought-stopping, and problem-solving exercises, all aimed at enhancing emotional resilience and reducing maladaptive behaviors.^[31]

Encouraging participation in activities and self-care

Promoting engagement in meaningful activities and self-care routines is vital for emotional well-being. Nurses encourage patients to participate in leisure activities, hobbies, exercise, and social interactions, which can boost mood and foster a sense of accomplishment. Structuring daily routines with adequate rest and activity helps maintain stability and reduce fatigue.^[32]

Crisis intervention and suicide prevention

In crisis situations, psychiatric nurses are trained to assess risk, provide immediate emotional support, and ensure patient safety. This includes creating a safe environment, offering space for patients to verbalize suicidal thoughts, and referring them to appropriate mental health services when necessary. Nurses also help patients develop crisis plans and identify support systems to contact during times of acute distress.^[33]

Multidisciplinary collaboration

Coordination with psychiatrists, psychologists, counselors, and social workers

Effective psychiatric nursing relies on active collaboration within a multidisciplinary team. Nurses, psychiatrists, psychologists, counselors, and social workers each contribute unique expertise:

- Nurses provide continuous care, medication management, and crisis intervention.
- Psychiatrists offer diagnostic clarity and medication oversight.
- Psychologists deliver specialized assessments and evidence-based psychotherapies.
- Social workers address psychosocial determinants and coordinate community resources.

Regular interdisciplinary meetings, shared care plans, and open communication foster holistic, patient-centered care. Integrated models such as the collaborative care model (CoCM) and patient-centered medical home (PCMH) have demonstrated improved clinical outcomes, reduced hospitalization rates, and greater patient and provider satisfaction by embedding mental health professionals within primary care or hospital settings.^[34]

Family involvement in care planning

Family members are vital partners in psychiatric care, providing emotional support, insight into the patient's history, and assistance with adherence to treatment plans. Involving families in care planning enhances patient engagement, supports recovery, and ensures continuity of care, especially during transitions between care settings.^[35]

Continuity of care and follow-up

Continuity of care is achieved through coordinated case management, systematic follow-up, and seamless communication among team members. Nurses and social workers play key roles in monitoring progress, facilitating transitions, and ensuring that patients have ongoing access to necessary resources and support.^[26]

Challenges in psychiatric nursing practice

Stigma and patient non-compliance

Stigma associated with mental illness can lead to patient reluctance in seeking help or adhering to treatment. Non-compliance may result from lack of insight, medication side effects, or mistrust of the healthcare system, posing significant barriers to recovery.

Emotional labor and burnout among nurses

Psychiatric nurses often face high emotional demands, including exposure to patient trauma, aggression, or suicide risk. Without adequate support, this can lead to compassion

fatigue and burnout, affecting both nurse well-being and care quality.^[32]

Cultural sensitivity and communication barriers

Diverse patient backgrounds require culturally sensitive care and effective communication. Language differences, cultural beliefs about mental health, and varying family dynamics can complicate assessment and intervention, necessitating ongoing education and adaptation by nursing staff.^[30]

Recent trends and research

Trauma-informed care

Trauma-informed care recognizes the widespread impact of trauma and integrates this understanding into all aspects of service delivery. It emphasizes safety, trustworthiness, choice, collaboration, and empowerment, aiming to reduce re-traumatization and support recovery.

Integration of mental and physical healthcare

Models such as CoCM and PCMH promote the integration of behavioral and physical health services, improving access, reducing fragmentation, and addressing the complex needs of individuals with co-occurring conditions.

Technology-based interventions

Telepsychiatry, mobile health apps, and interoperable health information systems are increasingly used to enhance access, facilitate remote monitoring, and support self-management. These innovations help overcome geographical barriers and improve continuity of care.^[28]

CONCLUSION

Summary of key points

- Emotional well-being is central to psychiatric nursing, requiring a holistic, multidisciplinary approach.
- Nurses collaborate with psychiatrists, psychologists, social workers, and families to deliver patient-centered care.
- Challenges include stigma, non-compliance, emotional labor, and cultural barriers.
- Recent trends emphasize trauma-informed care, integrated health services, and technology-enabled interventions.^[34]

Implications for nursing education and clinical practice

Nursing education must prioritize interprofessional collaboration, cultural competence, and self-care strategies. Clinical practice should integrate evidence-based interventions, foster family involvement, and leverage technology to enhance care delivery.

Future directions

Ongoing research and policy support are needed to:

- Strengthen team-based care models.
- Address workforce well-being and resilience.
- Expand access through digital health solutions.
- Foster culturally responsive, trauma-informed psychiatric nursing.^[35]

REFERENCES

- Park CL, Kubzansky LD, Chafouleas SM, Davidson RJ, Keltner D, Parsafar P, et al. Emotional well-being: What it is and why it matters. Affect Sci 2023;4:10-20.
- Coombes L, Appleton JV, Allen D, Yerrell P. Emotional health and wellbeing in schools: Involving young people. Child Soc 2013;27:220-32.
- Coyle D, Linehan C, Tang K, Lindley S. Interaction design and emotional wellbeing. Conference. In CHI'12 Extended Abstracts on Human Factors in Computing Systems. 2012. p. 2775-8.
- Morrison-Valfre M. Foundations of Mental Health Care-E-Book: Foundations of Mental Health Care-E-Book. Netherlands: Elsevier Health Sciences; 2022.
- Barry MM, Clarke AM, Dowling K. Promoting social and emotional well-being in schools. Health Educ 2017;117:434-51.
- Jenkins R, Minoletti A. Promoting mental health: A crucial component of all public policy. In: Health in All Policies. Helsinki: Ministry of Social Affairs and Health; 2013. p. 163.
- Charles ST. Strength and vulnerability integration: A model of emotional well-being across adulthood. Psychol Bull 2010;136:1068.
- Siegel C, Haugland G, Reid-Rose L, Hopper K. Components of cultural competence in three mental health programs. Psychiatr Serv 2011;62:626-31.
- Schutte NS, Malouff JM, Simunek M, McKenley J, Hollander S. Characteristic emotional intelligence and emotional well-being. Cogn Emot 2002:16:769-85.
- Larsen RJ, Prizmic Z, Eid M, Larsen R. Regulation of emotional well-being. In: The Science of Subjective Well-being. New York: The Guilford Press; 2008. p. 258-89.
- Reis HT. Relationship experiences and emotional well-being. In: Emotion, Social Relationships, and Health. Oxford: Oxford University Press; 2001. p. 57-86.
- Ryff CD, Dienberg Love G, Urry HL, Muller D, Rosenkranz MA, Friedman EM, et al. Psychological well-being and ill-being: Do they have distinct or mirrored biological correlates? Psychother Psychosom 2006;75:85-95.
- 13. Brooks H, Pilgrim D, Rogers A. Innovation in mental health services: What are the key components of success? Implementat Sci 2011;6:1-10.
- Ibarra BN. Understanding SEL to create a sense of belonging: The role teachers play in addressing students' social and emotional well-being. Curr Issues Educ 2022;23:1-15.
- Galderisi S, Heinz A, Kastrup M, Beezhold J, Sartorius N. Toward a new definition of mental health. World Psychiatry 2015;14:231.
- Cowie H, Barnsley J, Boardman C. Emotional Health and Well-being: A Practical Guide for Schools. United States: SAGE Publications Ltd.: 2004.
- Michael T, Zetsche U, Margraf J. Epidemiology of anxiety disorders. Psychiatry 2007;6:136-42.
- 18. Vieta E, Berk M, Schulze TG, Carvalho AF, Suppes T, Calabrese JR, et al. Bipolar disorders. Nat Rev Dis Primers 2018;4:18008.
- Zeidner M, Matthews G, Roberts RD. The emotional intelligence, health, and well-being nexus: What have we learned and what have we missed? Appl Psychol Health Well-Being 2012;4:1-30.
- Judijanto L, Holida SS, Safari G, Restiana N, Nurlina F, Falah M, et al. Application of therapeutic communication as a talking technique between nurses and patients. Commun Pract 2024;21:260-73.
- Price B. Developing patient rapport, trust and therapeutic relationships. Nurs Stand 2017;31:52-63.
- Austenfeld JL, Stanton AL. Coping through emotional approach: A new look at emotion, coping, and health-related outcomes. J Pers 2004;72:1335-64.
- 23. McGillion M, Arthur H, Victor JC, Watt-Watson J, Cosman T. Effectiveness of psychoeducational interventions for improving symptoms, health-related quality of life, and psychological well being in patients with stable angina. Curr Cardiol Rev 2008;4:1-11.
- 24. Krieger T, Zimmermann J, Huffziger S, Ubl B, Diener C, Kuehner C, et al. Measuring depression with a well-being index: further evidence for the validity of the WHO Well-Being Index (WHO-5) as a measure of the severity of depression. J Affect Disord 2014;156:240-4.

- 25. Callahan LF, Kaplan MR, Pincus T. The beck depression inventory, center for epidemiological studies depression scale (CES-D), and general well-being schedule depression subscale in rheumatoid arthritis criterion contamination of responses. Arthritis Care Res 1991;4:3-11.
- Tiirikainen K, Haravuori H, Ranta K, Kaltiala-Heino R, Marttunen M. Psychometric properties of the 7-item Generalized Anxiety Disorder Scale (GAD-7) in a large representative sample of Finnish adolescents. Psychiatry Res 2019;272:30-5.
- Basińska BA, Kwissa-Gajewska Z. Psychometric properties of the polish version of the generalized anxiety disorder 7-item scale (GAD-7) in a non-clinical sample of employees during pandemic crisis. Int J Occup Med Environ Health 2023;36:493.
- Merino-Soto C, Angulo-Ramos M, Rovira-Millán LV, Rosario-Hernández E. Psychometric properties of the generalized anxiety disorder-7 (GAD-7) in a sample of workers. Front Psychiatry 2023;14:999242.
- Ruini C, Fava GA. Role of well-being therapy in achieving a balanced and individualized path to optimal functioning. Clin Psychol Psychother 2012;19:291-304.
- Querstret D, Morison L, Dickinson S, Cropley M, John M. Mindfulnessbased stress reduction and mindfulness-based cognitive therapy for psychological health and well-being in nonclinical samples: A systematic

- review and meta-analysis. Int J Stress Manage 2020;27:394.
- Powell J, Hamborg T, Stallard N, Burls A, McSorley J, Bennett K, et al. Effectiveness of a web-based cognitive-behavioral tool to improve mental well-being in the general population: Randomized controlled trial. J Med Internet Res 2013;15:e2.
- Ayala EE, Omorodion AM, Nmecha D, Winseman JS, Mason HR. What do medical students do for self-care? A student-centered approach to well-being. Teach Learn Med 2017;29:237-46.
- Bates MJ, Bowles SV. Review of well-being in the context of suicide prevention and resilience. Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury (DCoE); 2011.
- 34. Bianchi SM, Casper LM, King RB. Complex connections: A multidisciplinary look at work, family, health, and well-being research. In: Work, Family, Health, and Well-Being. London: Routledge; 2006. p. 14-29.
- Kishino M, Ellis-Smith C, Afolabi O, Koffman J. Family involvement in advance care planning for people living with advanced cancer: A systematic mixed-methods review. Palliat Med 2022;36:462-77.

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