

ROLE OF PSYCHIATRIC NURSES IN MANAGING DEPRESSION AND ANXIETY IN HOSPITAL SETTINGS

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DOI: <https://doi.org/10.5281/zenodo.17952888>

Keywords:

Depression, Anxiety, Psychiatric Nursing, Hospitalized Patients, Holistic Care, Mental Health Integration, Cognitive Behavioral Therapy, and Trauma-Informed Care.

Article History

Received: 16 October 2025

Accepted: 29 November 2025

Published: 16 December 2025

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Abstract

Depression and anxiety have become significant problems in the health of individuals around the world, greatly influencing the recovery levels, compliance to treatment and quality of care of patients admitted in hospitals. The problems will also lead to a longer stay in hospitals, decreased patient satisfaction, and higher costs of healthcare. Uncertainty, physical illness, and isolation are the factors that may lead to the emotional distress associated with the hospitalization, and they all interfere with the mental equilibrium of the patient. The key stakeholders in the resolution of such problems include psychiatric nurses since they provide holistic treatment that includes psychological and physical healing. Their professional tasks are not limited to administering medications, as they should also conduct risk assessment, therapeutic communication, crisis management, and family education. Psychiatric nurses can identify the initial symptoms of emotional distress and provide treatment at the earliest possible stage with the help of continuous observations and standardized screening instruments, including PHQ-9, GAD-7, and HADS. The evidence-based nursing interventions, including cognitive-behavioral techniques, mindfulness methods, milieu therapy, and sensory modulation, can be used to stabilize the emotions and improve adherence to treatment. Psychiatric nurses are prone to barriers, which include workforce capacity limitation, emotional burnout, stigmatization and absence of institutional support. To improve the quality of mental health care provided in a hospital, psychiatric nursing competencies in terms of trauma-informed care, continuous education, and supportive policy models should be strengthened. The inclusion of psychiatric nursing in the general healthcare systems is an integrated method that facilitates recovery, resilience, and general psychosocial well-being.

1. INTRODUCTION

Depression and anxiety have become a burning health issue in the world and they impact greatly on the psychological state and the general operations of individuals of all ages [1]. Such growing mental health burden does not only affect the recovery trajectories of the patients but also increases the time they are in the hospital, low treatment adherence rates, and expensive healthcare costs [2]. The COVID-19 outbreak only worsened this situation further since it not only worsened the mental state of both patients and health workers, but also made the gaps in the provision of mental health services in clinical settings very vivid [3]. The depression and anxiety in the hospital settings have been in the frontline whereby the burden has been observed among the inpatients with physical illnesses, surgical and long-term treatments [4]. This fear, loneliness, and dependency aggressive character of hospitalization is the fertile soil of psychological disorders that in most instances are yet to be observed and addressed. This has led to the mental health care being integrated into the general hospitals, becoming a strategic priority in the current healthcare systems, which encourages a holistic approach, which involves physical and psychological healing [5]. Psychiatric nurses are in a central position to fill this gap with special and humane care provided to an emotionally distressed patient. Their roles are not only limited to administering medication, but also include therapeutic communication, psychological assessment, crisis intervention and facilitating a coping approach [6]. Psychiatric nurses are the best line to offer early

detection of depression and anxiety through the continuous contact with patients and therefore, early interventions can be made [7]. The study has revealed that there is a consistent growth in the prevalence of depression and anxiety in hospitals settings, which can be attributed to the overall growth in mental health issues across the globe [8]. Studies have indicated that one out of every four hospitalized patients will show clinically relevant symptoms of depression or anxiety during their stay in the hospital. This has been measured in both high and low-income as well as middle-income countries, which has shown that the hospital environment as a unit, with its stress, doubt over illness, and limited socialization, is a severe precipitant of mental distress. Recent studies carried out in hospitals in South Asian countries, with special focus on Pakistan, India, and Bangladesh, show an increasing awareness of the mental symptoms in inpatients, which is regularly linked to the chronic conditions that include cardiovascular disease, diabetes, and cancer [9]. The incorporation of psychiatric nursing interventions has therefore come out as a necessity measure to reduce this increasing burden [10]. The world is now witnessing health systems focus on the importance of early screening, multidisciplinary collaboration and continuous psychosocial support as some of the requisite measures to enhance mental health outcomes in hospitals [11]. Through Figure 1.1 the prevalence of both depression and anxiety differs among regions with South Asia recording high on both conditions, then East Asia and Africa comes in followed by lower prevalence rates in the Americas.

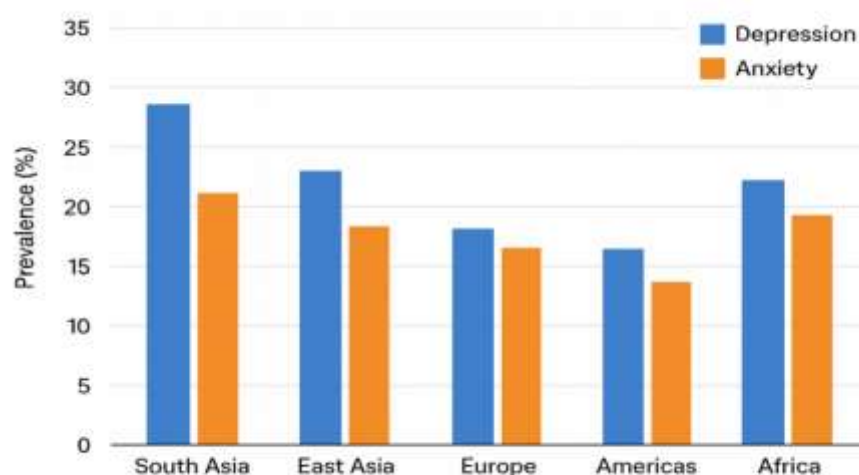


Figure 1.1: Depression and Anxiety in Hospitalized Patients in Various Regions.

The recent studies have identified depression and anxiety as one of the most common psychological disorders encountered among hospitalized patients and

this cuts across medical, surgical and critical care units [12]. The prevalence rates of depression and anxiety disorders have been found to be between 25 and 50

percent and 30 and 60 percent respectively in the past five years, based on the population and the diagnostic criteria applied [13]. The COVID-19 pandemic caused an increased burden of mental health both during and after the pandemic, not only in patients who were directly infected but also among those who were isolated and receiving inpatient care [14]. Most of the studies pointed to the fact that emotional distress occurring in hospitalization can in most cases be continued even after discharge which has a negative impact on long-term recovery [15]. Emotional instability in both psychiatric and general wards tends to cause behavioral problems that make it difficult to manage the nursing and coordinate care [16]. The empirical data over the past five years have indicated that uncontrolled instances of psychological symptoms are critical to raising the chances of prolonged hospitalization, re-hospitalization, and lower patient satisfaction index. In addition, depression and anxiety have been identified to have worse postoperative recovery, compromised immune functions and increased healthcare expenditure [17]. Psychiatric nurses have been identified as critical in the provision of holistic care to patients within hospitals across the world [18]. The psychiatric nurses contribute significantly to the multidisciplinary hospital team, and they hold the greatest significance in the continuum of mental health care as the point of contact between the patients, physicians, and other health practitioners [19]. The recent studies have pointed out the great disparity between the supply of psychiatric nursing levels and the growing mental health demands of the hospitalized populations, especially in the developing world [20]. This shortage has led to the renewed attention to special training programs, lifelong learning, and policy-level interventions that would enhance the resilience of psychiatric nursing capacity.

1.1 ROLE AND RESPONSIBILITIES PSYCHIATRIC NURSES

The core clinical responsibilities occur within the hospital room and are key to the care provided by the caregivers and practitioners. Psychiatric nurses play a pivotal role in the multidisciplinary hospital team, and they are the most important element in the spectrum of mental health care as the interface between the patients, physicians, and other health professionals [19]. Their role in the clinical sector has grown beyond traditional nursing responsibilities to include a holistic approach to the management of the psychological, emotional, and behavioral aspects. With the rise in the level of awareness of mental health integration in the hospital setting, psychiatric nurses have become more crucial in identifying the signs of emotional distress early in

hospital, administering therapeutic interventions, and maintaining the continuity of mental health care during the process of hospitalization and recovery [6]. Psychiatric nursing practice in the hospital setting is based on the continuous observation of patients. Psychiatric nurses are in close contact with the emotional and behavioral condition of the patients, observe any slight shifts in mood or thinking, and react quickly to the indication of agitation, withdrawal, or suicidal tendencies [19]. The accuracy and reliability of the monitoring practices implemented in the contemporary hospital systems have been enhanced by the implementation of the structured observation tools, including mental status assessments and daily mood charts [21]. One of the primary clinical tasks of psychiatric nurses is the systematic evaluation of the threat of self-harm, aggression, worsening of mental condition [22]. Hospital procedures nowadays have seen the use of mental health risk assessment as an established part of patient care, especially in cases where individuals are presenting with comorbid depression and anxiety. To detect such risk factors as hopelessness, impulsivity, or social withdrawal, psychiatric nurses apply not only their clinical judgment but also evidence-based screening tools [23]. Another fundamental aspect of psychiatric nursing in hospitals is medication management. The duties of psychiatric nurses include the administration of psychotropic drugs, side effects, as well as compliance of patients to prescribed treatment plans [24]. Study demonstrated that active nurse participation in medication support improves treatment effectiveness, eliminates medication errors, and decreases the number of relapses in patients with depression and anxiety [25]. The concept of family education and involvement has proven to be an essential part of comprehensive psychiatric nursing care especially in the treatment of depression and anxiety in hospitals [26]. The role of family in enhancing continuity of care after hospital discharge is also necessary. Psychiatric nurses can alleviate stigma and promote empathy and a home-based supportive recovery environment through family involvement in care planning meetings and counseling sessions. The structured psychoeducation programs, family-based and provided in the recent hospital-based initiatives, have been demonstrated to enhance medication adherence and avoid hospital rehospitalization [27]. Psychiatric nurses, then, are not only clinical caregivers but also teachers, educators and cultural bridges, helping patients, families, and the rest of the healthcare team to understand one another. It is an interdisciplinary and family-focused style that nowadays is a hallmark of the

practice of psychiatric nursing as it guarantees the continuation of the mental health recovery outside hospital settings in the social and familial environment of the patient [28]. Standardized screening tools have become an imperative requirement in mental health care based in hospitals. Psychiatric nurses use a number of validated measures to determine the extent and the character of depressive and anxiety symptoms. Some of the most commonly applied include the Patient Health Questionnaire-9 (PHQ-9) of depression and Generalized Anxiety Disorder-7 (GAD-7) scale of anxiety. The tools are popular due to their simplicity, reliability, and application in various departments in hospitals [29]. Besides that, the Hospital Anxiety and Depression Scale (HADS) and Beck Depression Inventory-II (BDI-II) are also commonly used in the general and psychiatric wards. Nurses training programs have been moved to include psychometric literacy - to allow nurses to interpret scores, clinical thresholds and to recognize comorbidities (insomnia or somatic symptoms) [30]. Electronic screening system and mobile applications have also been provided through the digital transformation of healthcare to simplify the process of collecting data and tracking patients. The technological innovations have enhanced the effectiveness of screening as well as making it possible to monitor the psychological health of the individual under hospital care in real time [31]. Behavioral observation and clinical intuition play a central role in aiding psychiatric nurses to detect subtle emotional and cognitive changes among hospitalized patients. Psychiatric nurses can protect against the escalation of psychological problems by recording these findings and sharing such information in multi-disciplinary teams and ensuring that psychological concerns are handled in the shortest period, thus facilitating holistic recovery [32]. Evaluation Assessment of suicide risk has turned out to be one of the most important psychiatric nursing competencies in hospitals. As depression and anxiety disorders continue to increase in the world community, suicide prevention has ceased to be a narrow psychiatric activity and has turned into a clinical responsibility of the entire hospital. It is also the psychiatric nurses who usually identify suicidal ideation due to the close and extended contacts they have with the patients [33].

Hospitals have incorporated standardized suicide risk assessment models (the Columbia Suicide Severity Rating Scale (C-SSRS) into clinical practice to fulfill the aim of early detection and prompt response [34]. The psychiatric nurses carry out the structured and conversational assessments to determine the existence of suicidal thoughts, plans, means and intent. They also note the behavioral red flags: hopelessness, withdrawal, or the immediate improvement of the mood after depressive episodes, which can serve as a sign of a decision to harm oneself [35]. Another crucial psychiatric nursing practice in a hospital is rapid response to acute psychiatric episodes, which can be a panic episode, severe agitation, or suicidal crisis. The episodes may occur unexpectedly in patients with depression and anxiety, and they may be triggered by medical interventions, emotional stressors, or change of medication [36].

1.2 NURSING THERAPIES TO DEAL WITH DEPRESSION AND ANXIETY

Psychiatric nursing practice is based on psychological interventions in the management of depression and anxieties in the hospital environments. Within a span of 5 years, scientific studies have continually shown that organized psychological treatment by psychiatric nurses leads to better treatment results, lessening of symptoms as well as helping patients to be emotionally resilient in the hospital. Nurses, due to their continuous bedside and therapeutic relationship with patients, have a privilege of implementing evidence-based psychological strategies to complement pharmacological treatment [37]. The principles of Cognitive Behavioral Therapy (CBT) have gradually become the part of the nursing interventions in the hospital setting. Cognitive restructuring is a method of psychiatric nursing that is used to assist patients in recognizing and questioning maladaptive thought processes that are leading to depressive and anxious symptoms. Guided conversations help patients to learn how to substitute negative automatic thoughts with more balanced and realistic interpretations of their experiences [38]. Figure 1.2.2 demonstrates the prevalence of non-pharmacological interventions, which depict the relative level of CBT, Mindfulness, Milieu Therapy, Sensory Modulation, and Relaxation using the gathered data.

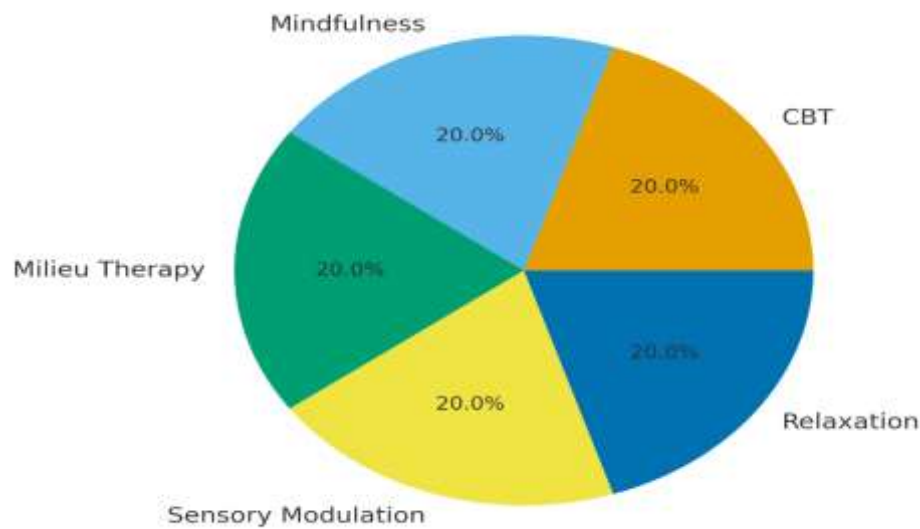


Figure 1.2.2: Non-Pharmacological Nursing Interventions Distribution.

The interventions of relaxation and mindfulness have become well-supported empirically as effective non-pharmacological methods of reducing anxiety and depressive symptoms. Some of the methods that are often used by psychiatric nurses include deep-breathing, progressive muscle relaxation, guided imagery, and brief sessions of mindfulness. These interventions foster physiological relaxation, emotional control, and a sense of awareness in the present which is a response to the cognitive rumination that is common in depression and anxiety [39]. Brief mindfulness-based interventions have been established to reduce stress levels, improve the quality of sleep, and patient satisfaction in hospital settings. Mindfulness behaviors are also modeled by psychiatric nurses, through their own relaxed manner, and through their presence, to create a therapeutic environment that facilitates recovery [40]. Medication compliance is among the most important tasks of psychiatric nurses. Depression and anxiety tend to undermine patient motivation and mental concentration, thereby causing poor adherence to given pharmacological treatment. Psychiatric nurses handle these obstacles by routinely discussing medication, drawing up of adherence plans, and educating patients about the therapeutic advantages and anticipated schedules of antidepressant or anxiolytic drugs [41]. The use of technology-aided monitoring tools has been observed to be increasingly implemented in nursing practice (in order to more accurately track adherence) including electronic medication charts and reminder applications [42]. Through patient education and involvement, the psychiatric nurses minimize the rates of relapse and improve treatment adherence during and after the hospitalization. Although effective, psychiatric

medications have a variety of side effects that may demoralize patients to continue taking them. Monitoring, identifying and addressing these reactions is a central role of psychiatric nurses, which would guarantee safety and comfort. The close day-to-day contact between them enables early detection of the harmful effects, including drowsiness, gastrointestinal irritation, sexual dysfunction, or metabolic variability caused by the use of the antidepressants and anxiolytics. Nurses facilitate adjustments of treatment regimens and reduce complications by observing the patient continuously, counseling and communicating with prescribing clinicians timely [43]. Milieu therapy is one of the foundations of psychiatric nursing that focuses on provision of therapeutic environment in a hospital where patients feel secure, supported, and empowered to participate in recovery [44]. Study indicated that structured therapeutic milieu lessens agitations, improve social functioning, and general treatment adherence. The psychiatric nurses play a key role in ensuring such environment by following routines, positive reinforcement, and therapeutic communication. It is important to note that de-escalation is among the most important behavioral interventions administered by psychiatric nurses to control aggression, agitation, or possible violence in patients with anxiety or depressive symptoms with frustration or confusion issues [45]. Sensory modulation therapy (SMT) has become popular in psychiatric care in hospitals as a non-pharmacological intervention that is patient-centered and aimed at distress, anxiety, and emotional control. These methods apply the senses of weighted blankets, aromatherapy, relaxing music, or other tactile devices to enable patients to self-regulate [46]. Psychiatric nurses are being

taught more and more to tailor sensory interventions according to the personal sensory profile, which leads to autonomy and emotional balance.

1.3 EFFECT OF PSYCHIATRIC NURSING INTERACTIONS ON PATIENTS

Efforts aimed at enhancing the management of symptoms were successful. Interventions involving psychiatric nursing are very important in improving the symptom control among depressed and anxious patients. With the help of systematic evaluation, therapeutic communication and evidence-based interventions, including cognitive-behavioral strategies, nurses play an important role in achieving emotional stabilization and functional recoveries [25]. Psychosocial and pharmacological support offered by psychiatric nurses is very important as it is an integral process that goes beyond medication adherence to control the symptoms. One of the major indicators of psychiatric treatment efficiency is its hospital readmission. Over the past five years, the research has focused on highlighting the fact that, comprehensive nursing interventions, particularly discharge planning, medication adherence education, and community linkage can help to reduce readmission rates of patients with depression and anxiety disorders immensely [47]. A number of 30-day readmissions also reduce with nurse-coordinated care transition models contributing to an efficient and effective system and patient health. This fact reveals the paramount significance of nursing continuity due to the maintained recovery process in the after-inpatient care. The therapeutic relationship between psychiatric nurses and patients is an important aspect when it comes to determining treatment effectiveness and satisfaction. Studies always indicate that relationships that are founded on empathy, respect and active listening are closely linked with the positive mood effects and involvement in the therapeutic process [48]. Psychological safety, which is facilitated through the relational components of nursing, such as trust establishment, non-judgmental dialogue, and emotional authenticating, increases compliance to the treatment procedure [49]. Outcomes Both sustainable recovery and psychosocial reintegration are possible by the contribution of psychiatric nursing interventions. Recovery-oriented nursing models involve self-management, training in life-skills and relapses that assist in improving the life of the patients. Sustainable reductions in the reoccurrence of the symptoms or in the rise of the occupational and social rehabilitation have also been observed in hospitals that have adopted recovery-oriented nursing programs [50].

1.4 OBSTACLES THAT PSYCHIATRIC NURSES FACE

One of the most urgent issues has been mentioned as the lack of qualified nursing staff in psychiatric nursing in the hospital settings. It is in this way that the mental health services demand has surpassed the workforce increase to result in inappropriate nurse to patient ratios. The effect of such understaffing on the quality of care is also harmful, not to mention that it is associated with safety hazards in acute psychiatric units [51]. Psychiatric nursing is a profession that is not only tedious due to the emotional enthusiasm and uncertainty of the way the patient conducts themselves. Research findings have captured numerous instances of work stress and work burnout among psychiatric nurses and this is normally linked to workload overload, work shifts and acts of violence [52]. Compassion fatigue, empathy and job discontent is usually a result of emotional exhaustion. Mindfulness-based resilience programs and peer support groups are new measures that have been proven to yield promise in reducing the symptoms of burnout. However, understaffing and lack of administrative assistance are also such systemic issues that should be highlighted [53]. The stigma of mental illness remains a problem to the patients and care providers. Psychiatric nurses have commonly cited having institutional stigma in which their functions are not highly regarded, as compared to other clinical fields. There are also communication barriers, both intra-team and inter-team as well as with patients, which make care delivery more complex. There are language barriers, cultural misunderstandings, and poor training of staff in therapeutic communication that may impede the process of rapport-building and trust [54]. The lack of resources is the most severe obstacle in psychiatric care, especially in low- and middle-income countries (LMICs). In such settings, hospitals tend to work under the conditions of limited psychotropic drugs, poor infrastructure and lack of technological equipment [55]. Psychiatric nurses are often faced with a high number of cases and have little institutional backing.

1.5 COMPETENCY REQUIREMENTS AND DEVELOPMENT

The contemporary psychiatric nursing profession demands a set of clinical, emotional, and cognitive skills to deliver the changing needs of patients in hospitals. Some of the core skills identified in the literature in the recent past are advanced assessment techniques, therapeutic communication, crisis management, and interprofessional collaboration [56]. Study noted in terms of the importance of empathy, resilience, and reflective practice as part of psychiatric nursing

competence [57]. The nurses should incorporate in their daily practice evidence-based practices, including cognitive-behavioral and trauma-informed care concepts. Professional development in psychiatric nursing is based on continuing education. The programs are oriented at such emerging areas as digital mental health, pharmacology updates, and trauma-informed communications. Study proves that nurses who have attended a structured continuing education program have a higher confidence level, better clinical judgment, and less burnout [58]. Competency-based learning models would help institutions that embrace them to ensure quality standards of care are upheld because besides theoretical knowledge, the models consider practical and emotional preparedness [59]. Continuing education therefore becomes a professional mandate coupled with a moral obligation in the current psychiatric nursing practice. Trauma-informed care (TIC) is one of the pillars of psychiatric nursing competencies in the last five years. The model focuses on safety, trust, empowerment and collaboration in addressing trauma survivors. Study demonstrated that TIC education programs in their structured form lead to a noticeable improvement in the nurses' knowledge about trauma reactions and have a positive effect on patient outcomes in psychiatric hospitals. Trained nurses on TIC show increased empathy, their communication is better in a crisis situation, and they employ less coercive intervention [60]. The core of therapeutic alliances and honing of better treatment adherence in psychiatric care lies in the skill of effective communication and counseling. Studies focus on experiential learning techniques among them role-play, simulation, and reflective debriefing, to reinforce these competencies [61]. Active listening, motivational interviewing, and culturally sensitive dialogue are the three methods that nurses are trained to use to engage the patient [62]. Psychiatric nursing development needs commitment of institutions and the government to standard competence frames [63]. Policy proposals in favor of mandatory credits of continuing professional development (CPD), mentorship programs, and the need to provide funds to enhance skills in low-resource hospitals are recommended [64]. According to study it is possible to make sure that the long-term competency development is secured by introducing e-learning, simulation-based modules, and training interprofessional collaboration [65].

2. FUTURE DIRECTION

The progress of integrated, technology-based, and patient-centered models of care is the future of

psychiatric nursing in hospital settings. There is increased pressure to enhance the position of psychiatric nurses with the help of special training programs aimed at trauma-informed care, digital mental health tools, and interprofessional collaboration. The implementation of screening systems that involve artificial intelligence, mobile health applications, and real-time monitoring platforms can contribute to the prevention and early response to depression and anxiety among hospitalized patients. The purpose of policy framework should be to aim at expansion of the workforce, resource allocation, and reduction of institutional stigma on psychiatric care. Besides, creating standardized competency-based education and lifelong professional development opportunities will contribute to the quality of mental health services sustainability. The research needs to be continued with an interest in the long-term outcome of psychiatric nursing interventions on patient recovery, readmission rates, and healthcare efficiency. With the focus on innovation, compassion, and teamwork, the sphere will be turned into a holistic care model that will integrate physical, psychological, and social components and turn mental health into an indivisible component of all hospital-based services.

3. CONCLUSION

Anxiety and depression are a significant issue that occurs in hospitals and influences the recovery, adherence, and the quality of delivered healthcare services. This now demands the application of psychiatric nursing to general medicine in the management of these complex psychological needs through early-onset diagnosis, continuous assessment and application of evidence-based therapeutic solutions. It is the role of psychiatric nurses with their own unique mix of clinical experience and understanding and caring that are crucial in the connection between mental and physical healthcare. They can contribute to improved patient outcomes, emotional stability in hospitals through holistic care such as psychological help, family engagement, and structured communication. However, structural issues such as nurse shortage, burnout, and institutional recognition need institutional reforms and stronger policy advocacy. The clinical competence of the former will be enhanced through empowerment of psychiatric nurses by offering a continuous education, engaging in research, and professional development, and will also ensure sustainability of the integrated mental health care. Lastly, by establishing psychiatric nursing as one of the pillars of hospital practice, one should create a multidisciplinary, caring, and recovery-

oriented healthcare paradigm that will be aligned with the vision of hospital practice in the future.

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