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Discussion on the Application Effect of Psychological Nursing and Language Communication Skills Intervention in Psychiatric Nursing

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Abstract: *Objective:* To observe the application effect of psychological nursing and language communication skills intervention in psychiatric nursing. *Methods:* 70 cases of psychiatric patients in the hospital (from March 2024 to August 2025) were selected and randomly divided into an observation group (35 cases) for psychological care and language communication skills intervention and a control group (35 cases) for routine care. The patient's mental state, negative emotions, cognitive function, and quality of life were observed. *Results:* Compared with the control group, the observation group had lower mental state scores, lower negative emotion scores, higher cognitive function scores, and higher quality of life scores, $P < 0.05$. *Conclusion:* The application of psychological nursing and language communication skills intervention in psychiatric nursing can improve patients' mental state, reduce negative emotions, improve cognitive function and quality of life, and is worth learning from.

Keywords: Psychological nursing; Language communication skills; Mental illness

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1. Introduction

Mental illness is a type of mental disorder that poses a great threat to people's physical and mental health, and analysis shows that the disease condition is complex [1]. The treatment of this disease has always been a key clinical research issue, and treatment is difficult. At this stage, there are no specific drugs that can completely cure mental illness. In disease control, antipsychotic drugs are mainly taken regularly to relieve symptoms and improve the condition [2]. However, due to the particularity of the disease, patients need to take medication for a long time after becoming ill. In this case, the patient's psychological burden is further aggravated, and the patient is unable to actively cooperate with treatment and develops bad

medication behaviors, which in turn leads to recurrence of the condition [3]. Therefore, during treatment, nursing intervention should also be effectively strengthened, and effective nursing models should be selected taking into account the characteristics of patients with mental illness. Psychological nursing and language communication skills intervention have attracted attention. This study selected 70 cases of psychiatric patients in the hospital to observe the effect of the combined application of the above nursing models.

2. Materials and methods

2.1. General information

70 cases of psychiatric patients in our hospital from March 2024 to August 2025 were selected and randomly divided into 2 groups. There were 35 patients in the control group, 19 males and 16 females, aged 24 to 65 (45.37 ± 2.85) years, with a disease duration of 1 to 13 (7.48 ± 1.28) years. There were 35 patients in the observation group, 18 males and 17 females, aged 23 to 66 (45.52 ± 2.77) years, with a disease duration of 1 to 12 (7.54 ± 1.36) years. Comparison of general data, $P > 0.05$.

Inclusion criteria: All patients meet the diagnostic criteria for mental illness [4]; their condition is in a stable stage; and their medical records are complete.

Exclusion criteria: cognitive communication disorder; consciousness disorder; language dysfunction; organic brain disease.

2.2. Method

Control group: Receive routine education, manage patients' lives, follow the doctor's instructions and take medications, maintain a good ward environment, etc.

Observation group: (1) Psychological nursing: a) Pay attention to the patient's emotional state, and timely understand the patient's emotional changes through communication, daily observation, etc. If the patient also shows anxiety, low mood, etc., the patient must be comforted immediately. During this process, actively communicate with the patient, further summarize and analyze their psychological and emotional characteristics, and provide timely intervention to the negative mental state to prevent serious situations, such as suicide. b) Considering the patient's interests and hobbies, a variety of entertainment activities can be organized and carried out, such as music appreciation, painting, handicrafts, etc. Through the above methods, the patient's attention from their own disease can be diverted, and the patient can also maintain a relaxed state and reduce the impact of negative emotions. (2) Verbal communication: a) Nursing staff should consider the patient's condition, personality, and other characteristics to make reasonable choices for communication opportunities. They cannot force the patient to communicate when he or she is irritable or resistant. They need to have conversations with the patient when they are emotionally stable and willing to communicate proactively. During the communication process, nursing staff must not only comfort the patient, but also carefully listen to the content expressed by the patient, such as thoughts, inner emotions, and existing doubts. After having a comprehensive understanding of the relevant situation, they must communicate in a targeted manner and provide comfort and suggestions to the patient. b) During the communication, the nursing staff needs to always smile, maintain a positive and enthusiastic attitude, think about relevant issues from the patient's perspective, give sufficient respect, and understand the patient's emotional state, etc., so that the patient is more willing to actively communicate with the nursing staff and enhances trust. c) Pay attention

to the protection of patient privacy during the communication process, so that patients can communicate with nursing staff without worries. Moreover, the patient's condition is prone to recurrence, and it is easy to produce related negative cognitions, such as anorexia. During this process, nursing staff are required to promptly discover the patient's negative cognitions and correct them. They can use examples and other methods to help patients have a correct understanding of their own diseases and maintain a positive treatment attitude.

2.3. Observation indicators

(1) Mental state: Psychiatric Rating Scale (BPRS), the lower the score, the better; (2) Negative emotions: Self-Rating Anxiety Scale (SAS), Self-Rating Depression Scale (SDS), the higher the score, the better; (3) Cognitive function: Schizophrenia Cognitive Function Battery (MCCB), the higher the score, the better; (4) Quality of life: Comprehensive Quality of Life Questionnaire (GQOL-74), the higher the score, the better.

2.4. Statistical methods

SPSS 26.0 software processes data; measurement data is expressed as: (Mean ± SD), t-test; count data is expressed as: n%; χ^2 test. $P < 0.05$ indicates the difference is statistically significant.

3. Results

3.1. Comparison of mental states

After intervention, the observation group was lower than the control group, $P < 0.05$ (**Table 1**).

Table 1. Comparison of mental states (points)

Group	Before intervention	After intervention
Control group (n = 35)	75.83 ± 5.40	55.42 ± 4.51
Observation group (n = 35)	75.64 ± 5.52	42.46 ± 5.57
t	0.146	10.698
P	0.885	0.000

3.2. Comparison of negative emotions

After intervention, the observation group was lower than the control group, $P < 0.05$ (**Table 2**).

Table 2. Comparison of negative emotions (points)

Group	SAS score		SDS score	
	Before intervention	After intervention	Before intervention	After intervention
Control group (n = 35)	66.46 ± 2.52	46.63 ± 1.45	63.83 ± 2.83	44.58 ± 1.75
Observation group (n = 35)	66.56 ± 2.63	42.44 ± 1.52	63.48 ± 2.45	40.74 ± 1.69
t	0.162	11.800	0.553	9.338
P	0.872	0.000	0.582	0.000

3.3. Comparison of cognitive functions

After intervention, the observation group was higher than the control group, $P < 0.05$ **(Table 3)**.

Table 3. Comparison of cognitive functions (points)

Group	Visual learning and memory		Symbol encoding		Sequence of numbers		Verbal learning and memory	
	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention
Control group (n = 35)	22.77 ± 2.64	29.65 ± 3.49	25.83 ± 2.64	32.63 ± 3.84	27.53 ± 2.44	32.81 ± 2.73	21.25 ± 2.83	30.11 ± 4.83
Observation group (n = 35)	22.76 ± 2.58	34.63 ± 2.38	25.95 ± 2.59	35.95 ± 2.45	27.92 ± 2.53	36.49 ± 2.53	21.49 ± 2.53	33.94 ± 4.53
t	0.016	6.974	0.192	4.312	0.656	5.849	0.374	3.422
P	0.987	0.000	0.848	0.000	0.514	0.000	0.709	0.001

3.4. Comparison of quality of life

After intervention, the observation group was higher than the control group, $P < 0.05$ (**Table 4**).

Table 4. Comparison of quality of life

Group	Physical function		Social function		Psychological function		Material life	
	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention
Control group (n = 35)	73.48 ± 2.52	78.83 ± 1.49	75.49 ± 2.62	80.37 ± 3.74	75.93 ± 3.64	78.93 ± 2.48	76.63 ± 2.24	81.38 ± 2.53
Observation group (n = 35)	73.39 ± 2.47	83.58 ± 2.48	75.93 ± 2.57	82.59 ± 3.62	75.74 ± 3.59	84.90 ± 4.61	76.95 ± 2.84	84.54 ± 2.53
t	0.151	9.713	0.709	2.523	0.220	6.747	0.523	5.225
P	0.881	0.000	0.481	0.014	0.827	0.000	0.602	0.000

4. Discussions

Mental illness includes a variety of disease types, such as schizophrenia, bipolar disorder, etc. The pathogenesis of these diseases is complex and involves many factors, such as psychosocial, genetic, etc. After the onset of the disease, patients will show abnormalities in many aspects, such as perception, thinking, emotion, etc., mainly manifesting as hallucinations, delusions, strange behaviors, etc. The above aspects will have a great impact on the patient's social function, cognition, emotion, etc. [5]. For patients, they face many difficulties in the process of long-term medication control, and effective nursing intervention must be carried out. Psychological nursing has many clinical applications. During the implementation process, psychological theories and techniques are used to provide patients with psychological support and guidance while understanding their psychological needs, maintaining a good emotional state, and improving their ability and confidence to cope with the disease. Language communication skills intervention is also an effective intervention method. Corresponding skills should be applied in the process of communicating with patients, such as communication timing and appropriate language expression [6].

In the results of this study, the mental state score of the observation group was lower than that of the control group ($P < 0.05$). The reason is that during the implementation of psychological care, existing negative emotions can be detected in time by understanding the changes in the patient's emotional state, and

tension can be relieved through a series of measures such as comfort. During the intervention process of language communication skills, nursing staff can choose the appropriate time to communicate with patients, which can further understand their inner thoughts, etc., and help patients fully release their negative emotions [7]. The above contents provide patients with sufficient understanding and multi-faceted emotional support to avoid the further impact of negative emotions and thereby improve their mental state. The negative emotion score of the observation group was lower than that of the control group ($P < 0.05$). In the process of psychological care, patients can be provided with a series of activities to divert their excessive attention from their own diseases and focus on the pleasure of the activities, thus reducing the generation of negative emotions. During the verbal communication process, nursing staff maintain a good attitude and give patients sufficient respect and understanding. Through sincere communication, patients can actively talk about their inner thoughts and provide reasonable comfort, which will help patients have a correct understanding of their own diseases and thereby reduce negative emotions [8]. The cognitive function score of the observation group was higher than that of the control group ($P < 0.05$). During the period of psychological care, the patient can maintain a positive attitude and be emotionally stable. Through the above aspects, the patient can better cooperate with the disease treatment. In the process of verbal communication, while grasping the patient's thoughts, the patient's bad cognition can be corrected in time, guiding the patient to view the disease correctly, and changing his or her negative thinking mode. Moreover, actively guiding and correcting the patient's cognition is also conducive to the recovery of brain function, thereby improving cognitive function. The quality of life score of the observation group was higher than that of the control group ($P < 0.05$). During the implementation of psychological care and language communication skills intervention, patients can maintain a good mental state, and then have more energy to participate in daily activities, actively establish connections with others, and maintain good relationships. When patients' negative emotions improve, they can maintain an optimistic attitude and actively face disease treatment and various difficulties in life. Improving cognitive function can help patients further improve their self-management abilities, make reasonable arrangements for their lives, and avoid related bad behaviors [9]. When a good relationship is established between nurses and patients, it is conducive for patients to actively seek help from nursing staff, thereby avoiding the impact of adverse situations and ensuring the smooth development of life. The above multi-faceted measures can improve the physical and mental status of patients from different angles, thereby improving the quality of life.

Therefore, the application of psychological care and language communication skills intervention in psychiatric care can help improve patients' mental status, reduce negative emotions, promote cognitive function and improve quality of life, and has promotion value.

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Shan Liya (1991-) female; Han nationality; native of Yancheng, Jiangsu; bachelor's degree; supervisor nurse; employed at: Wujin District Third People's Hospital; research direction: mental nursing.

Disclosure statement

The author declares no conflict of interest.

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