

The Role OF Nursing IN Addressing Mental Health Challenges Across Healthcare Settings: An Integrative Review OF Outcomes, Interventions, AND System-Level Impacts

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Abstract

Mental health challenges represent a growing global burden that significantly affects patient outcomes, workforce wellbeing, and healthcare system performance. Nurses play a pivotal role in addressing these challenges due to their continuous patient contact, holistic care approach, and presence across diverse healthcare settings. This integrative review aims to synthesize existing evidence on the role of nursing in addressing mental health challenges, with a focus on nursing-led interventions, patient outcomes, and system-level impacts. An integrative review methodology was employed to analyze empirical studies, reviews, and policy-oriented literature published in recent years across multiple healthcare contexts, including acute care, primary care, community health, and long-term care settings. The findings indicate that nursing interventions—such as early mental health screening, therapeutic communication, crisis intervention, patient education, and continuity of care—are consistently associated with improved mental health outcomes, enhanced patient satisfaction, and reduced service fragmentation. Additionally, evidence highlights the reciprocal relationship between nurses' psychological wellbeing and care quality, underscoring the importance of organizational support and workforce resilience. At the system level, effective integration of mental health within nursing practice contributes to improved care coordination, efficiency, and sustainability. This review underscores the critical role of nursing in advancing mental health care and calls for strengthened policy, education, and organizational strategies to support nursing-led mental health initiatives.

Keywords: Mental health; Nursing practice; Integrative review; Patient outcomes; Healthcare systems; Workforce wellbeing

INTRODUCTION

Mental health disorders constitute one of the leading causes of disability worldwide and represent a significant public health challenge affecting individuals, families, and healthcare systems alike. According to global estimates, conditions such as depression, anxiety, and stress-related disorders contribute substantially to disease burden, reduced quality of life,

and increased healthcare utilization (World Health Organization [WHO], 2022). These challenges have been further intensified by recent global crises, which exposed structural gaps in mental health services and highlighted the urgent need for integrated, accessible, and sustainable care models.

Within this context, nursing has emerged as a cornerstone profession in addressing mental health challenges across diverse healthcare settings. Nurses are uniquely positioned due to their continuous patient interaction, holistic philosophy of care, and presence across the entire continuum of healthcare delivery, including primary care, acute hospitals, emergency departments, community services, and long-term care facilities (Cleary et al., 2018). Unlike discipline-specific mental health services, nursing practice allows for early identification of psychological distress, timely intervention, and ongoing support embedded within routine care.

Contemporary healthcare systems increasingly recognize the interdependence between mental and physical health, emphasizing integrated care approaches rather than fragmented, condition-specific models. Nurses play a critical role in operationalizing this integration by incorporating mental health assessment, psychosocial support, and therapeutic communication into everyday clinical practice (Delaney et al., 2020). Evidence suggests that unaddressed mental health needs are associated with poorer treatment adherence, prolonged hospital stays, higher readmission rates, and increased mortality, underscoring the necessity of nursing involvement in mental health care beyond specialized psychiatric settings (Barker & Buchanan-Barker, 2019).

At the workforce level, the mental health of nurses themselves has gained increasing scholarly and policy attention. High workloads, emotional labor, exposure to trauma, and staffing shortages have been linked to burnout, compassion fatigue, and psychological distress among nurses, which in turn negatively affect patient safety and care quality (Dall'Ora et al., 2020). This bidirectional relationship highlights that effective mental health care delivery is inseparable from the wellbeing of the nursing workforce.

Despite growing recognition of nursing contributions to mental health care, the existing literature remains dispersed across settings, populations, and intervention types. Previous reviews have often focused narrowly on psychiatric nursing or single care environments, limiting a comprehensive understanding of nursing's broader system-level impact. Therefore, an integrative review is warranted to synthesize evidence across healthcare settings, examine nursing-led mental health interventions, and evaluate their influence on patient outcomes, workforce wellbeing, and healthcare system performance. By consolidating this evidence, the present review aims to inform practice, education, leadership, and policy initiatives that strengthen the role of nursing in addressing mental health challenges globally.

Conceptual Foundations: Nursing and Mental Health Care

The conceptual foundations of nursing in mental health care are rooted in holistic, person-centered, and relational models that recognize the inseparability of psychological, physical, social, and spiritual dimensions of health. Unlike biomedical approaches that often isolate mental illness as a discrete pathology, nursing frameworks emphasize the lived experience of individuals and the contextual factors shaping mental wellbeing. This perspective aligns with global health priorities advocating integrated and recovery-oriented mental health care, as emphasized by World Health Organization, which calls for embedding mental health within general healthcare services rather than confining it to specialized settings (WHO, 2022).

A central conceptual pillar in mental health nursing is the **biopsychosocial model**, which frames mental health as the result of dynamic interactions between biological vulnerability,

psychological processes, and social environments. Nurses operationalize this model through comprehensive assessment, therapeutic communication, and individualized care planning that accounts for social determinants of health, stigma, family dynamics, and cultural context (Engel, 1977; Happell et al., 2019). This broad lens enables nurses to identify early psychological distress and intervene before symptoms escalate into acute crises.

Another foundational concept is **holistic and person-centered care**, which positions patients as active participants in their care rather than passive recipients of treatment. In mental health contexts, this approach emphasizes dignity, autonomy, shared decision-making, and empowerment—principles shown to improve engagement, adherence, and recovery outcomes (McCormack & McCance, 2017). Nurses play a pivotal role in translating person-centered philosophy into practice by fostering trust, advocating for patient preferences, and tailoring interventions to individual needs across healthcare settings.

Therapeutic nurse–patient relationships represent a defining feature of mental health nursing. Grounded in theories of interpersonal relations, particularly Peplau’s framework, these relationships are characterized by empathy, active listening, and professional boundaries that support emotional safety (Peplau, 1997). Evidence consistently demonstrates that therapeutic relationships are associated with reduced anxiety, improved coping, and greater patient satisfaction, even in non-psychiatric settings where mental health needs may be secondary to physical illness (Cleary et al., 2018).

Contemporary mental health nursing is also informed by **trauma-informed care**, which acknowledges the pervasive impact of trauma on mental health and behavior. This framework guides nurses to prioritize safety, avoid re-traumatization, and recognize trauma responses rather than pathologizing behaviors (Sweeney et al., 2018). Trauma-informed principles are particularly relevant in emergency, critical care, and community settings, where patients frequently present with complex psychosocial histories.

Finally, **interdisciplinary collaboration and systems thinking** underpin nursing’s contribution to mental health care. Nurses function as care coordinators within multidisciplinary teams, bridging communication between patients, families, and professionals. From a systems perspective, nursing practice influences not only individual outcomes but also service integration, continuity of care, and organizational culture (Delaney et al., 2020). Collectively, these conceptual foundations position nursing as a critical driver of effective, equitable, and sustainable mental health care across healthcare systems.

Nursing Interventions Addressing Mental Health Challenges

Nursing interventions play a critical role in addressing mental health challenges across healthcare settings, extending beyond specialized psychiatric units into primary care, acute hospitals, emergency departments, community services, and long-term care facilities. These interventions are grounded in holistic nursing philosophy and are designed to promote early identification, timely support, continuity of care, and recovery-oriented outcomes. Evidence consistently demonstrates that nursing-led mental health interventions contribute to improved patient experiences, reduced symptom severity, and more efficient use of healthcare resources.

One of the most fundamental nursing interventions is **mental health screening and early identification**. Nurses are often the first healthcare professionals to encounter patients experiencing psychological distress. Through routine assessments, validated screening tools, and observational skills, nurses can identify early signs of anxiety, depression, delirium, stress-related disorders, or suicidal ideation. Early detection enables prompt referral, initiation of psychosocial support, and prevention of symptom escalation. Studies

show that nurse-led screening in primary and acute care settings significantly improves detection rates of mental health conditions that might otherwise remain unrecognized (Happell et al., 2019).

Therapeutic communication and psychosocial support constitute another core intervention. Nurses employ active listening, empathy, reassurance, and patient-centered dialogue to establish trust and emotional safety. These relational interventions are particularly effective in reducing distress, improving coping mechanisms, and enhancing patient engagement in care. Even brief nurse–patient interactions have been shown to positively influence mental wellbeing, especially among patients with comorbid physical illnesses where psychological needs may be overlooked (McAllister et al., 2020).

In high-acuity environments such as emergency and intensive care units, **crisis intervention and de-escalation strategies** are essential nursing competencies. Nurses are trained to recognize agitation, acute anxiety, or behavioral disturbances and to apply non-pharmacological de-escalation techniques before resorting to restrictive measures. These interventions not only protect patient and staff safety but also reduce trauma and preserve dignity. Evidence suggests that structured nurse-led de-escalation protocols are associated with fewer adverse events and improved patient experiences (Sweeney et al., 2018).

Medication management and adherence support also form a significant component of nursing mental health care. Nurses monitor therapeutic effects, manage side effects, provide patient education, and reinforce adherence to psychotropic and adjunct medications. Effective medication-related nursing interventions have been linked to improved symptom control, reduced relapse rates, and decreased hospital readmissions (Delaney et al., 2020). Importantly, nurses act as advocates by communicating patient concerns to prescribers and ensuring shared decision-making.

Another critical intervention is **patient and family education**. Nurses educate patients and caregivers about mental health conditions, treatment options, coping strategies, and available support services. Education helps reduce stigma, enhances self-management, and empowers patients to participate actively in their recovery. Family-focused education has been shown to improve continuity of care and reduce caregiver burden, particularly in community and long-term care settings (Cleary et al., 2018).

With the expansion of healthcare delivery models, **community-based and continuity-of-care interventions** have gained prominence. Nurses play a central role in discharge planning, follow-up care, and coordination with community mental health services. These interventions reduce service fragmentation and ensure smooth transitions between care settings. Evidence indicates that nurse-led community follow-up programs are associated with reduced emergency visits and improved long-term outcomes for individuals with chronic mental health conditions (Happell et al., 2019).

Finally, **digital and tele-mental health nursing interventions** have emerged as innovative strategies to improve access to care. Nurses deliver remote assessments, counseling, education, and monitoring through telehealth platforms, particularly benefiting underserved or rural populations. These interventions align with recommendations from World Health Organization advocating digital solutions to expand mental health service coverage. Studies suggest that tele-mental health nursing is comparable to face-to-face care in terms of patient satisfaction and symptom improvement when appropriately implemented (WHO, 2022).

Table 1. Nursing Interventions Addressing Mental Health Challenges Across Healthcare Settings

Healthcare Setting	Nursing Intervention	Target Population	Reported Outcomes
Primary care	Mental health screening and early identification	Adults with mild to moderate distress	Early detection, timely referral
Acute hospital wards	Therapeutic communication and psychosocial support	Patients with comorbid physical illness	Reduced anxiety, improved satisfaction
Emergency departments	Crisis intervention and de-escalation	Patients with acute agitation or distress	Improved safety, fewer adverse events
Inpatient and outpatient care	Medication management and adherence support	Patients receiving psychotropic therapy	Symptom control, reduced relapse
Community health services	Education and continuity-of-care coordination	Individuals with chronic mental illness	Reduced readmissions, improved adherence
Remote and underserved settings	Tele-mental health nursing interventions	Rural and vulnerable populations	Improved access, comparable outcomes

Collectively, these nursing interventions demonstrate the profession's versatility and impact in addressing mental health challenges. By integrating clinical, relational, educational, and technological approaches, nurses contribute substantially to comprehensive mental health care across healthcare systems.

Impact of Nursing on Mental Health–Related Patient Outcomes

Nursing care exerts a measurable and multidimensional impact on mental health–related patient outcomes across healthcare settings. Because nurses maintain sustained, close contact with patients, their interventions influence not only symptom trajectories but also treatment engagement, safety, satisfaction, and overall quality of life. Evidence from integrative and systematic reviews indicates that when mental health is embedded within routine nursing practice, patient outcomes improve consistently across acute, community, and long-term care contexts.

One of the most frequently reported outcomes is **reduction in psychological symptom severity**, particularly anxiety, depression, and emotional distress. Nursing-led psychosocial support, therapeutic communication, and early intervention have been shown to significantly alleviate symptoms, even when delivered outside specialized psychiatric services. In medical and surgical wards, for example, patients receiving structured nurse-led emotional support demonstrate lower levels of anxiety and depressive symptoms compared with those receiving standard biomedical care alone (McAllister et al., 2020). These findings highlight the capacity of nursing care to address subclinical and emerging mental health needs before escalation.

Improved treatment adherence and engagement represent another critical outcome associated with nursing involvement. Mental health challenges often compromise patients' ability to adhere to medication regimens, attend follow-up appointments, or participate actively in care planning. Nurses support adherence by providing education, reinforcing

coping strategies, monitoring side effects, and fostering trust-based relationships. Studies consistently report that patients who receive ongoing nurse-led education and follow-up are more likely to comply with treatment plans and demonstrate improved continuity of care (Delaney et al., 2020).

Nursing interventions also contribute to **reduced hospital readmissions and emergency service utilization**. Patients with unmanaged psychological distress are at increased risk of repeated hospitalizations and crisis presentations. Evidence suggests that nurse-led discharge planning, community follow-up, and continuity-of-care interventions reduce unnecessary readmissions and improve long-term stability, particularly among individuals with chronic mental health conditions and comorbid physical illness (Happell et al., 2019). These outcomes reflect the role of nursing in bridging care transitions and mitigating service fragmentation.

Patient safety and reduction of adverse events constitute another important domain of impact. Mental health challenges such as delirium, agitation, or severe anxiety increase the risk of falls, medication errors, and self-harm. Nurses play a key role in early risk identification, environmental modification, de-escalation, and continuous monitoring. Research indicates that proactive nursing assessment and intervention are associated with fewer adverse events and improved safety outcomes, particularly in high-acuity settings such as emergency departments and intensive care units (Sweeney et al., 2018).

Beyond clinical indicators, nursing care significantly influences **patient satisfaction and perceived quality of care**. Patients consistently report higher satisfaction when nurses demonstrate empathy, active listening, and respect for emotional needs. Person-centered nursing approaches enhance patients' sense of dignity, trust, and involvement in decision-making, which are particularly salient in mental health contexts where stigma and vulnerability are prevalent (McCormack & McCance, 2017). Improved satisfaction is itself linked to better engagement and long-term outcomes.

Finally, nursing interventions are associated with **enhanced quality of life and functional outcomes**. Mental health recovery extends beyond symptom control to encompass social participation, self-efficacy, and overall wellbeing. Nurse-led education, coping support, and community engagement initiatives contribute to improved functional status and patient-reported quality of life, aligning with recovery-oriented care principles promoted by World Health Organization (WHO, 2022).

Table 2. Mental Health–Related Patient Outcomes Associated with Nursing Interventions

Outcome Domain	Nursing Contribution	Reported Effects
Symptom severity	Psychosocial support, therapeutic communication	Reduced anxiety and depressive symptoms
Treatment adherence	Education, medication monitoring, follow-up	Improved adherence and engagement
Healthcare utilization	Discharge planning, continuity of care	Reduced readmissions and emergency visits
Patient safety	Risk assessment, de-escalation, monitoring	Fewer adverse events and safety incidents
Patient satisfaction	Person-centered, empathetic care	Higher satisfaction and trust
Quality of life	Education, coping support, community linkage	Improved wellbeing and functional outcomes

Collectively, these findings demonstrate that nursing influences mental health outcomes through both direct clinical interventions and relational, educational, and system-coordination mechanisms. The impact of nursing on mental health–related patient outcomes underscores the profession’s essential role in delivering integrated, effective, and patient-centered mental health care across healthcare systems.

System-Level and Workforce Impacts

Nursing contributions to mental health care extend beyond individual patient outcomes to influence healthcare systems and workforce sustainability. At the system level, integrating mental health within nursing practice enhances care coordination, service efficiency, and continuity, while at the workforce level it directly affects nurse wellbeing, retention, and professional performance. Evidence increasingly demonstrates that these dimensions are interdependent: system effectiveness relies on a psychologically healthy nursing workforce, and workforce resilience is shaped by organizational structures and policies.

From a **healthcare system perspective**, nursing involvement in mental health care improves coordination across services and reduces fragmentation. Nurses frequently function as care navigators, facilitating communication between patients, families, primary care providers, specialists, and community services. This coordination is particularly critical for individuals with comorbid mental and physical conditions, who often experience discontinuities in care. Studies show that nurse-led coordination and follow-up reduce duplication of services, improve continuity, and support smoother transitions between inpatient and community settings (Delaney et al., 2020). These improvements contribute to more efficient use of healthcare resources and better alignment of services with patient needs.

Service efficiency and cost-effectiveness are additional system-level benefits associated with nursing engagement in mental health care. Unaddressed psychological distress is linked to prolonged hospital stays, increased emergency department use, and higher readmission rates. By incorporating early mental health assessment, psychosocial support, and discharge planning into routine care, nurses help mitigate these costly outcomes. Evidence suggests that nurse-led mental health interventions are associated with reduced length of stay and lower rates of avoidable hospital utilization, supporting the economic sustainability of healthcare systems (Happell et al., 2019).

At the **organizational level**, the mental health competence of nurses influences care quality, safety culture, and patient experience. Organizations that support mental health integration through training, staffing adequacy, and supportive leadership report better teamwork, reduced adverse events, and improved patient satisfaction. Conversely, environments that neglect mental health needs—both of patients and staff—are more likely to experience safety incidents, communication breakdowns, and staff turnover (Dall’Ora et al., 2020). These findings underscore the importance of embedding mental health considerations within organizational governance and quality improvement frameworks.

The **mental health and wellbeing of the nursing workforce** itself has emerged as a critical determinant of system performance. Nurses are exposed to high emotional demands, time pressure, moral distress, and, in many settings, chronic understaffing. Persistent exposure to these stressors is associated with burnout, compassion fatigue, anxiety, and depression, which negatively affect clinical judgment, empathy, and patient safety (McAllister et al., 2020). Research consistently demonstrates that nurse burnout is linked to increased error rates, reduced care quality, and diminished patient satisfaction.

Importantly, evidence also indicates that **organizational support and mental health–promoting work environments** can mitigate these risks. Interventions such as peer support programs, access to psychological services, manageable workloads, and leadership

that prioritizes staff wellbeing are associated with improved resilience, job satisfaction, and retention among nurses (Cleary et al., 2018). These workforce benefits translate into system-level gains by stabilizing staffing, preserving institutional knowledge, and maintaining continuity of care.

At the **policy and strategic level**, international bodies, including World Health Organization, emphasize that strengthening mental health care requires investment not only in services but also in the health workforce. Policies that recognize nurses as central providers of mental health care, expand their scope of practice, and ensure safe and supportive working conditions are essential for sustainable system performance (WHO, 2022).

Overall, the evidence demonstrates that nursing impacts mental health care at multiple levels simultaneously. By supporting both patient needs and workforce wellbeing, nursing practice serves as a linchpin connecting individual care, organizational performance, and health system sustainability.

Evidence Synthesis & Integrated Conceptual Model

This integrative review synthesizes evidence across multiple healthcare settings to elucidate how nursing interventions addressing mental health challenges translate into patient-level, workforce, and system-level outcomes. Rather than viewing nursing activities as isolated clinical tasks, the synthesized findings demonstrate a dynamic, interconnected pathway in which nursing actions influence mental health outcomes through relational, clinical, organizational, and systemic mechanisms. This section integrates the evidence into a coherent conceptual model that reflects the complexity of nursing contributions to mental health care.

Across the reviewed literature, three interrelated domains consistently emerge: **nursing mental health interventions**, **patient outcomes**, and **system-level and workforce impacts**. Nursing interventions—such as early screening, therapeutic communication, crisis intervention, medication support, education, and continuity of care—serve as the primary inputs within the system. These interventions are enabled by nurses' constant presence, holistic perspective, and trust-based relationships with patients.

At the **patient level**, the evidence demonstrates that nursing interventions are associated with reduced psychological symptom burden, improved treatment adherence, enhanced safety, and greater patient satisfaction and quality of life. Importantly, these outcomes are not limited to psychiatric settings; similar benefits are reported in acute medical wards, emergency departments, primary care, and community health services. This finding supports the notion that mental health care delivered by nurses is most effective when embedded within routine care rather than isolated in specialized services (Delaney et al., 2020).

At the **workforce level**, the synthesis highlights a reciprocal relationship between nurses' mental wellbeing and care quality. Nurses who receive organizational support, mental health training, and manageable workloads demonstrate higher resilience, engagement, and therapeutic effectiveness. Conversely, unmanaged stress and burnout diminish nurses' capacity to provide empathetic, safe, and patient-centered care (Dall'Ora et al., 2020). This bidirectional dynamic indicates that workforce wellbeing is not merely a background condition but an active mediator of patient outcomes.

At the **system level**, evidence indicates that nursing-led mental health care contributes to improved care coordination, reduced fragmentation, and more efficient resource utilization. Continuity-of-care interventions, discharge planning, and community follow-up reduce avoidable readmissions and emergency visits, thereby enhancing system sustainability. These outcomes align with international recommendations emphasizing integrated,

people-centered mental health services advocated by World Health Organization (WHO, 2022).

Based on the synthesized evidence, an **Integrated Conceptual Model of Nursing Contributions to Mental Health Care** is proposed (Figure 1). The model conceptualizes nursing as a central connecting force linking individual patient care with workforce and system performance.

In the model, **nursing mental health interventions** form the foundational layer. These include assessment and screening, therapeutic communication, psychosocial support, crisis management, education, medication monitoring, and care coordination. These interventions are shaped by nurses' competencies, professional values, and the organizational environment in which care is delivered.

The second layer represents **patient-level outcomes**, encompassing symptom improvement, safety, adherence, satisfaction, and quality of life. The model emphasizes that these outcomes are cumulative and mutually reinforcing; for example, improved communication enhances trust, which in turn supports adherence and recovery.

The third layer captures **workforce wellbeing**, including nurse resilience, job satisfaction, and retention. Workforce wellbeing functions as both an outcome and a moderator within the system. Supportive environments strengthen nurses' capacity to deliver effective mental health care, while positive patient outcomes reinforce professional meaning and engagement.

The outer layer represents **system-level impacts**, such as service integration, efficiency, continuity of care, and sustainability. Feedback loops within the model illustrate how improved system performance enables better staffing, training, and resources, which then enhance nursing practice and patient outcomes.

This integrated model underscores several critical insights. First, nursing contributions to mental health care cannot be fully understood by examining patient outcomes alone; workforce and system factors are integral components of effectiveness. Second, interventions targeting only one level—for example, patient education without workforce support—are unlikely to achieve sustained impact. Third, the model highlights the strategic role of nursing in health system transformation, positioning nurses as key agents of integration rather than auxiliary providers.

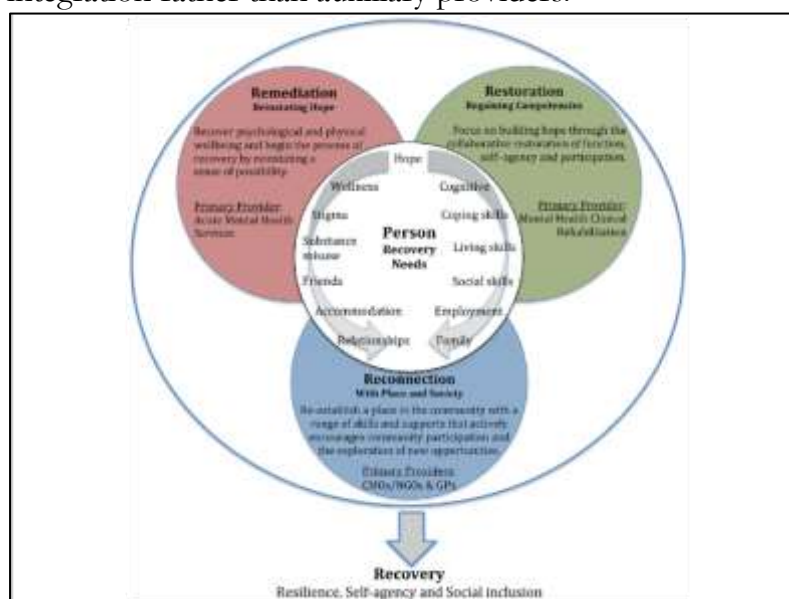


Figure 1. Integrated Conceptual Model of Nursing Contributions to Mental Health Outcomes and System Performance

By synthesizing evidence into a unified framework, this model provides a conceptual foundation for practice improvement, education, leadership decision-making, and policy

development. It also offers a basis for future empirical research aimed at testing and refining the relationships between nursing interventions, mental health outcomes, and system performance.

DISCUSSION

This integrative review highlights the pivotal and multifaceted role of nursing in addressing mental health challenges across healthcare settings. By synthesizing evidence from diverse clinical environments, the review demonstrates that nursing contributions extend well beyond task-oriented care to encompass relational, organizational, and system-level functions that collectively shape mental health outcomes. The findings reinforce the premise that effective mental health care is inseparable from general nursing practice and should be embedded across the continuum of care rather than confined to specialized psychiatric services.

At the **patient level**, the evidence consistently shows that nursing-led mental health interventions are associated with reductions in psychological symptom severity, improved adherence to treatment, enhanced safety, and better quality of life. These findings align with previous literature emphasizing the importance of early identification, therapeutic communication, and continuity of care in mitigating mental health deterioration (Delaney et al., 2020). Notably, the impact of nursing interventions was observed across acute, primary, community, and long-term care settings, underscoring the transferability and scalability of nursing mental health competencies. This supports a shift away from siloed mental health delivery toward integrated, person-centered models of care.

The review also reinforces the centrality of **therapeutic relationships** in mental health outcomes. Consistent with person-centered and trauma-informed frameworks, empathetic nurse–patient interactions were shown to foster trust, engagement, and emotional safety—key prerequisites for recovery-oriented care (McCormack & McCance, 2017; Sweeney et al., 2018). These relational aspects are often undervalued in health system metrics, yet the evidence suggests they are critical drivers of both clinical and experiential outcomes. Recognizing and measuring relational nursing care remains an important challenge for future research and quality improvement initiatives.

A key contribution of this review is its emphasis on the **reciprocal relationship between workforce wellbeing and care quality**. The findings confirm that nurses' mental health significantly influences their capacity to deliver safe, compassionate, and effective care. Burnout, emotional exhaustion, and psychological distress among nurses were repeatedly linked to diminished patient safety, reduced empathy, and lower satisfaction (Dall'Ora et al., 2020). Conversely, supportive organizational environments that prioritize nurse wellbeing were associated with improved resilience, retention, and therapeutic effectiveness. This bidirectional dynamic underscores that investing in the mental health of nurses is not only an ethical imperative but also a strategic requirement for high-performing healthcare systems.

From a **system-level perspective**, the evidence indicates that integrating mental health into nursing practice enhances care coordination, continuity, and efficiency. Nurse-led discharge planning, community follow-up, and care navigation reduce service fragmentation and prevent avoidable hospital utilization, contributing to system sustainability. These findings are consistent with global health priorities advocating integrated, people-centered mental health services, as articulated by World Health Organization (WHO, 2022). Importantly, the review demonstrates that nursing acts as a connective tissue within healthcare systems, linking patient needs, workforce capacity, and organizational performance.

When compared with previous reviews, this integrative synthesis offers a broader perspective by examining nursing's mental health role across settings and levels of impact. Earlier studies often focused narrowly on psychiatric nursing or single care environments, limiting their applicability to general healthcare practice. By contrast, the present review highlights nursing as a system-wide agent of mental health care, capable of influencing outcomes through clinical interventions, relational care, and organizational integration.

Despite these strengths, several **challenges and gaps** emerge from the evidence. Variability in training, scope of practice, staffing levels, and organizational support affects the consistency and effectiveness of nursing mental health interventions. Additionally, many studies rely on observational designs, limiting causal inference. There is also a relative paucity of longitudinal research examining the sustained impact of nursing interventions on mental health outcomes and system performance. Addressing these gaps will require robust intervention studies, standardized outcome measures, and greater attention to contextual factors.

Overall, the findings of this review have important implications for **practice, education, leadership, and policy**. Embedding mental health competencies within all nursing roles, strengthening organizational support for workforce wellbeing, and recognizing nurses as central providers of mental health care are critical steps toward improving outcomes. By adopting integrated approaches that value both patient and nurse wellbeing, healthcare systems can enhance the effectiveness, equity, and sustainability of mental health care delivery.

CONCLUSION

This integrative review provides compelling evidence that nursing plays a central and indispensable role in addressing mental health challenges across healthcare settings. By synthesizing findings from diverse clinical environments, the review demonstrates that nursing contributions extend beyond traditional task-based care to encompass holistic, relational, and system-oriented functions that significantly influence mental health outcomes. Nurses' continuous presence, person-centered approach, and capacity for early identification and intervention position them as key agents in delivering integrated mental health care.

At the patient level, nursing-led mental health interventions are consistently associated with reduced psychological distress, improved treatment adherence, enhanced safety, and better quality of life. These outcomes are achieved through a combination of clinical expertise, therapeutic communication, education, and continuity of care, underscoring the value of embedding mental health within routine nursing practice rather than isolating it within specialized services. Importantly, the benefits of nursing interventions are evident across the care continuum, including acute, primary, community, and long-term care settings.

The review also highlights the critical interdependence between nurse wellbeing and care quality. A psychologically supported and resilient nursing workforce is essential for sustaining empathetic, safe, and effective mental health care. Organizational environments that prioritize workforce mental health not only enhance nurse retention and professional satisfaction but also contribute to improved patient and system-level outcomes.

At the system level, integrating mental health into nursing practice supports care coordination, reduces service fragmentation, and enhances healthcare efficiency and sustainability. These findings align with global calls, including those of World Health Organization, for people-centered and integrated mental health services. Overall, strengthening the role of nursing in mental health care represents a strategic investment in patient wellbeing, workforce sustainability, and health system performance. Future efforts

should focus on policy support, education, and research that further empower nurses as central contributors to mental health care delivery.

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