Explore the Measures and Effects of Cognitive Psychological Care for Elderly Patients with Mental Illness

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Abstract: *Objective:* To analyze the effect of cognitive psychological nursing on improving the cognitive function, psychological state and quality of life of elderly patients with mental illness. *Methods:* 80 geriatric psychiatric patients treated in our hospital from January 2022 to December 2023 were selected and divided into two groups using the random number table method, with 40 people in each group. The routine care group adopted routine geriatric psychiatric care measures, and the cognitive care group implemented additional cognitive psychological care on the basis of routine care. Finally, the cognitive function scores, mental state scores and quality of life scores of the two groups of patients were compared after care. *Results:* The cognitive function scores and quality of life scores of patients in the cognitive care group were higher than those in the routine care group, and the mental state scores were lower than those in the routine care group ($P < 0.05$). *Conclusion:* The application of cognitive psychological nursing in the care of elderly patients with mental illness can effectively improve the patient's cognitive function and psychological state, and at the same time improve the patient's quality of life. This nursing method has the value of clinical promotion.
Keywords: Cognitive psychological care; Geriatric psychosis; Cognitive function; Psychological state; Quality of life

1. Introduction

Geriatric psychosis is a common mental disorder among the elderly, and with the aging of the population, the number of such patients is increasing every year. This disease not only causes patients to suffer from cognitive function problems such as memory loss and disordered thinking, but also causes anxiety, depression and other adverse psychological states, which in turn seriously endangers the patient's health and affects their daily life [1]. Current clinical practice for elderly patients with mental illness mainly uses a combination of drug treatment and routine nursing. However, routine nursing mostly focuses on basic physiological care, and there are insufficient interventions at the patient's cognitive and psychological levels, making it difficult to meet the patient's needs for comprehensive recovery. Based on this situation, this study applies cognitive psychological care to the nursing work of elderly patients with mental illness, observes the impact of this

nursing method on the patient's cognitive function, psychological state, and quality of life, and provides a reference for the optimization of clinical nursing plans.

2. Materials and methods

2.1. General information

80 elderly psychiatric patients treated in our hospital from January 2022 to December 2023 were selected and divided into a routine care group and a cognitive care group through the random number table method, with 40 people in each group. The routine care group included 22 males and 18 females, aged between 60 and 8 The cognitive care group included 21 males and 19 females, with an age range of 2 years and an average age of (70. 35 ± 4. 28) years old, ranging from 61 to 83 years, with an average age of (70. 82 ± 4. 15) years old. There was no statistical difference in the general data of the two groups of patients (P > 0. 05), making them comparable. Patients included in this study must meet the following criteria: (1) meet the diagnostic criteria related to geriatric psychosis; (2) be 60 years old and above; (3) patients and their family members are aware of the research content and agree to participate; patients with severe organic diseases, severe cognitive impairment who are unable to cooperate with the research, and patients with a family history of mental illness are excluded.

2.2. Method

The routine nursing group adopts routine nursing measures for geriatric psychiatry, which include closely monitoring the patient's vital signs and mental status and recording changes in the condition, assisting the patient in taking medication according to the doctor's instructions and observing the efficacy and adverse reactions of the medication, providing the patient with a clean and comfortable hospital environment to ensure a balanced diet and nutrition, and guiding the patient to perform simple daily activities to maintain basic living abilities.

The cognitive nursing team implements additional cognitive psychological care on the basis of routine care. The specific contents are as follows:

(1) Cognitive assessment and intervention plan formulation: Nursing staff evaluate the patient's cognitive function through the Mini-Mental State Examination (MMSE) within 1 week of the patient's admission, and develop personalized cognition based on the patient's condition and interests.

(2) Cognitive training:

(a) Memory training: Carry out training every day through picture recall, digital memory, event retelling, etc. Each training lasts 20 to 30 minutes, and the training difficulty is gradually increased according to the patient's acceptance level;

(b) Attention training: Use jigsaw puzzles, digital connections, spotting differences and other methods to attract attention The patient's attention is trained for 20 minutes each time and carried out once a day;

(c) Thinking ability training: Exercise the patient's thinking ability through simple mathematical calculations, object classification, logical reasoning and other topics, each training is 15 to 20 minutes and carried out once a day;

(d) Sensory stimulation training: sensory training activities are carried out 2 to 3 times a week, such as Patients are asked to touch fabrics of different materials such as silk, cotton, and linen and describe the touch, smell natural spices with different smells such as mint, lavender, and lemon and identify the types, watch pictures of brightly colored natural scenery and recall related scenes. Each training is 15 minutes, and multi-sensory stimulation is used to activate brain nerves to help improve cognitive function.

(3) Psychological counseling:

(a) Conduct one-on-one communication with the patient 2 to 3 times a week, each communication lasts for 30 to 40 minutes, patiently listen to the patient's inner thoughts and provide emotional support and understanding;

(b) When the patient experiences negative emotions such as anxiety and depression, psychological suggestion, emotional transfer and other methods are used to help the patient alleviate, and at the same time guide the

patient to face the disease with a positive attitude;

(c) Invite patients with better disease control to share their recovery experience to enhance patients' confidence in treatment;

(d) Social interaction guidance: Organize 2 group social activities every month, such as group singing, origami and beading and other handicrafts, story sharing meetings, etc. , each activity is 40 minutes, encourage patients to actively communicate during the activities, thereby improving language expression skills and social willingness and reducing loneliness.

(4) Family collaborative intervention: Organize a family symposium once a month to explain to family members the importance and methods of cognitive psychological care, guide family members to carry out simple cognitive training and psychological counseling during visits, and form a joint effort of care inside and outside the hospital. At the same time, family members are asked to record a family life video every week that includes family members' daily activities, warm conversations, etc., and the nursing staff assists the patient in watching it, strengthening the emotional connection between the patient and the family to enhance treatment motivation.

(5) Feedback on rehabilitation results: every week Summarize the patient's cognitive training results, such as organizing the patient's correctly completed puzzles and the list of successfully memorized numbers into a "rehabilitation file", showing it to the patient and giving verbal praise such as "You remembered 3 more numbers this week than last week, and you have made great progress." Positive feedback is used to enhance the patient's sense of self-identity to increase training enthusiasm, and the cognitive psychological nursing intervention cycle is set to 3 months.

2.3. Observation indicators

The cognitive function, psychological state and quality of life of the two groups of patients after 3 months of care were compared. The cognitive function was evaluated using the MMSE scale, which includes orientation, memory, attention and other dimensions and has a total score of 30 points. The psychological state was evaluated using the SAS and SDS scales, with the total score of both scales being 100 points. The quality of life was evaluated using the SF-36 scale, with the total score of the scale being 100 points.

2.4. Statistical methods

Use SPSS24. 0 to analyze data, measure data with t test, and count data with χ^2 test. $P < 0. 05$ represents a significant difference.

3. Results

3.1. Comparison of cognitive function (MMSE) scores between the two groups after care

The MMSE dimension scores and total scores of the cognitive care group were higher than those of the routine care group ($P < 0. 05$) (**Table 1**).

Table 1. Comparison of cognitive function (MMSE) scores between the two groups after nursing (mean ± SD, points)

Group	Orientation	Memory	Attention	Total score
Routine care group (40)	6.23 ± 1.05	5.86 ± 1.12	5.12 ± 0.98	17.21 ± 2.35
Cognitive care group (40)	8.56 ± 1.21	8.13 ± 1.06	7.89 ± 1.15	24.58 ± 2.18
t	9.198	9.310	11.595	14.541
P	0.000	0.000	0.000	0.000

3.2. Comparison of psychological state (SAS, SDS) scores between the two groups after care

The SAS and SDS scores of the cognitive care group were lower than those of the routine care group ($P < 0.05$) (**Table 2**).

Table 2. Comparison of psychological state (SAS, SDS) scores between the two groups after nursing (mean ± SD, points)

Group	SAS score	SDS score
Routine care group (40)	58.65 ± 5.32	59.87 ± 5.15
Cognitive care group (40)	42.13 ± 4.86	43.56 ± 4.72
t	14.500	14.766
P	0.000	0.000

3.3. Comparison of quality of life (SF-36) scores between the two groups after care

The SF-36 score in the cognitive care group was higher than that in the routine care group ($P < 0.05$) (**Table 3**).

Table 3. Comparison of quality of life (SF-36) scores between the two groups after care (mean ± SD, points)

Group	SF-36 score
Routine care group (40)	52.36 ± 6.25
Cognitive care group (40)	71.89 ± 5.98
t	14.303
P	0.000

4. Discussions

Elderly patients with mental illness often suffer from obvious cognitive impairment due to the decline of brain function and the impact of the disease, and the accompanying adverse mental state can further aggravate the condition, forming a vicious cycle, which has a great impact on the patient's quality of life [2]. Although routine nursing can meet the basic physiological needs of patients, it lacks special intervention at the cognitive and psychological levels, making it difficult to fundamentally improve the patient's prognosis. Therefore, it is very important to find more comprehensive and effective nursing methods for the rehabilitation of elderly psychiatric patients.

The results of this study show that the MMSE dimension scores and total scores of the cognitive care group after care were significantly higher than those of the conventional care group. This result shows that cognitive psychological care can effectively improve the cognitive function of elderly patients with mental illness. Judging from the specific measures of cognitive care, intervention plans are first developed through personalized assessment to ensure the pertinence of care and avoid the problem of blind intervention; special training, such as memory, attention, and thinking ability, can directly target patients' cognitive weaknesses and promote neurological repair by repeatedly stimulating relevant functional areas of the brain, thereby improving cognitive levels. For example, picture recall and event retelling in memory training can help patients strengthen their memory and retrieval ability of past information. Puzzles and connecting games in attention training can effectively focus patients' attention and reduce distraction. These training methods are in line with the cognitive characteristics of elderly patients, and the design of gradually increasing difficulty can also avoid patients' resistance due to excessive difficulty, ensuring the continuity and effectiveness of the training.

In terms of improvement of mental state, the SAS and SDS scores of the cognitive care group were significantly lower than those of the conventional care group, which reflects the positive role of cognitive psychological care in regulating patients' emotions. Elderly patients with mental illness are prone to negative emotions such as anxiety and depression due

to the decline in social functions and sense of self-identity caused by the disease. However, routine care pays less attention to the psychological level and is difficult to effectively alleviate these negative emotions. One-on-one communication and psychological counseling in cognitive psychological care can make patients feel respected and understood, and help them release their inner pressure through emotional support. Sharing recovery experience between patients can enhance patients' confidence in treatment and reduce their fear of the disease. These measures can improve patients' psychological state from multiple angles, allowing patients to cooperate with treatment and care with a more positive attitude, thereby promoting the stability of the condition. At the same time, the implementation of family collaborative intervention can enable patients to receive continuous psychological support outside the hospital, avoid mood swings caused by changes in the environment after discharge, and further consolidate the effect of psychological intervention [3,4].

Quality of life is an important indicator to measure the effect of nursing care. In this study, the SF-36 score of the cognitive care group was significantly higher than that of the conventional care group, indicating that cognitive psychological care can effectively improve the quality of life of elderly patients with mental illness. This result is the result of a combination of cognitive function improvement and psychological state adjustment. The improvement of cognitive function allows patients to better complete daily activities, such as independent dressing, eating, simple housework, etc., which enhances the patient's self-care ability and sense of independence, and reduces dependence on others; while the improvement of psychological state makes patients more willing to participate in social activities, increase communication with family members, medical staff, and other patients, and gradually restore social functions. In addition, the focus on patients' interests and hobbies in cognitive psychological care can also allow patients to find fun in the nursing process and enrich their spiritual life. These factors work together to significantly improve the patient's quality of life.

From the perspective of clinical nursing practice, the implementation of cognitive psychological nursing does not require complex equipment and technology, but mainly relies on the professional knowledge and patience of nursing staff, making it easy to promote and apply in clinical practice. However, during the implementation process, nursing staff need to have good communication skills and cognitive assessment skills, be able to accurately judge the patient's cognitive level and psychological needs, and formulate an intervention plan that truly suits the patient's individual situation. At the same time, nursing staff need to closely observe the patient's reaction during the intervention process and adjust the nursing plan in a timely manner. For example, when a patient shows obvious resistance to a certain type of training, the training method should be changed, or the difficulty should be reduced to avoid causing discomfort to the patient. As an important part of cognitive psychological care, family collaborative intervention also requires nursing staff to strengthen communication with family members, so that family members can fully realize their role in care, actively cooperate with nursing work, and form a nursing model that links inside and outside the hospital. Only in this way can the effect of cognitive psychological care be better exerted [5,6]. Further analysis of the mechanism of cognitive psychological care shows that its essence is to break the vicious cycle of "cognitive impairment-bad mood-exacerbation of illness" in patients through targeted cognitive training and psychological intervention. Cognitive training promotes the improvement of brain function and improves patients' cognitive ability about the disease and their own status, while psychological counseling helps patients relieve negative emotions and enhance their confidence in treatment. The two promote each other and jointly promote the patient's development towards recovery. Some studies have pointed out that long-term cognitive stimulation can promote the normal secretion of neurotransmitters in the brains of the elderly, improve cerebral blood circulation, and delay the aging process of the brain. This also provides theoretical support for cognitive psychological care to improve the cognitive function of elderly patients with mental illness. At the same time, a positive psychological state can regulate the body's immune function, enhance patients' resistance to disease, and reduce the occurrence of complications. This is also one of the important reasons for the better overall prognosis of patients in the cognitive care group. In comparison with other nursing methods, cognitive psychological nursing pays more attention to the patient's subjective initiative and individual needs. It is different from the "passive acceptance" model in traditional nursing. It allows patients to take an active position in the nursing process by guiding patients to participate in cognitive training and psychological adjustment, and improves patients' nursing compliance. For example, in thinking ability training, nursing staff will encourage patients to think about

the answers to questions independently rather than directly telling the results. This method can enhance the patient's self-efficacy and make the patient more willing to participate in nursing activities. In addition, cognitive psychological nursing also pays attention to the patient's long-term recovery, and provides a guarantee for the patient's care after discharge through family collaborative intervention, avoiding the recurrence of the patient's condition due to interruption of care after discharge, which is of great significance for improving the patient's long-term prognosis [7,8].

Judging from the actual clinical application effects, cognitive psychological care can not only improve the patient's cognitive function, psychological state and quality of life, but also reduce the nursing burden on family members to a certain extent. As the patient's cognitive function and self-care ability improve, the pressure on family members in daily care will be significantly reduced, and the patient's positive mental state can also reduce the psychological worries of family members and improve the family atmosphere. At the same time, the implementation of cognitive psychological care can also improve the satisfaction of hospital nursing services, increase the recognition of nursing work by patients and their families, and help build a harmonious doctor-patient relationship [9-10].

Based on the results of this study and related theoretical analysis, it can be seen that cognitive psychological nursing has significant application effects in the care of elderly patients with mental illness. It can improve the patient's condition from multiple aspects, such as cognition, psychology, and quality of life, and provide strong support for patient rehabilitation. In future clinical nursing work, the application of cognitive psychological nursing can be further promoted, and nursing plans can be continuously optimized based on the actual situation of patients. For example, modern technological means can be combined with cognitive training, and mobile APPs, smart devices, etc. can be used to carry out more convenient and interesting cognitive training activities to improve patients' enthusiasm for participation. At the same time, professional training of nursing staff can also be strengthened to improve the cognitive assessment and psychological intervention capabilities of nursing staff to ensure the implementation quality of cognitive psychological nursing. It is believed that through continuous improvement and innovation, cognitive psychological nursing will play a greater role in the care of elderly psychiatric patients and bring good news to more patients.

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Disclosure statement

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2026 Volume 11, Issue 1

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