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ORIGINAL ARTICLE

Association Between Family Social Support and Emotional Stability Among People with Mental Disorders: A Cross-Sectional Study

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ABSTRACT

Background: Family social support is an important factor in community mental health care because families are the closest support system for people with mental disorders. Adequate family support may help patients maintain emotional stability and adaptive responses in daily life.

Objectives: This study aimed to analyze the association between family social support and emotional stability among people with mental disorders.

Methods: This study used a correlational analytic design with a cross-sectional approach. A total of 110 respondents were selected using purposive sampling. Family social support was measured using a structured questionnaire, while emotional stability was assessed using an observation checklist. Data were analyzed using descriptive statistics and the Chi-square test

Results: Most respondents received moderate family social support (55.0%), and most people with mental disorders showed adaptive emotional responses (59.0%). The Chi-square test showed a significant association between family social support and emotional stability (χ^2 = 39.885; p < 0.001). Better family social support was associated with more adaptive emotional responses.

Conclusions: Family social support was significantly associated with emotional stability among people with mental disorders. Strengthening family education and supportive home-based care may help improve adaptive emotional responses in community mental health services.

Introduction

Mental disorders remain a major global public health concern because they contribute substantially to disability, social dysfunction, reduced productivity, family burden, and decreased quality of life. The Diagnostic and Statistical Manual of Mental Disorders explains that mental disorders are characterized by clinically significant disturbances in cognition, emotion regulation, or behaviour that reflect dysfunction in psychological, biological, or developmental processes underlying mental functioning (American Psychiatric Association, 2022). Globally, mental health problems continue to create a large disease burden, and recent estimates from the Global Burden of Disease studies show that mental disorders affect populations across countries and age groups (GBD 2019 Mental Disorders Collaborators, 2022; Fan et al., 2025). The World Health Organization also emphasizes that mental health care requires transformation through accessible services, community-based support, and stronger integration of mental health into primary care systems (WHO, 2022; WHO, 2023).

People with mental disorders often experience difficulties in emotional regulation, social interaction, daily functioning, treatment adherence, and adaptation to stressors. Emotional instability may appear as maladaptive emotional responses, poor emotional control, irritability, anxiety, aggression, withdrawal, or difficulty responding appropriately to daily situations. Evidence shows that emotion regulation difficulties are commonly reported among people with psychosis and schizophrenia spectrum disorders, and these difficulties may worsen positive symptoms, negative symptoms, and daily functioning (Kimhy et al., 2020; Lawlor et al., 2020; Liu et al., 2020). Therefore, emotional stability is an important psychosocial outcome because it reflects the ability of people with mental disorders to maintain adaptive emotional responses and function more effectively in family and community settings.

Family is one of the closest and most important support systems for people with mental disorders. In many community settings, family members act as daily caregivers who provide emotional support, supervision, practical assistance, treatment reminders, and help in accessing health services. However, caregiving for people with mental disorders may create psychological, social, emotional, and financial burdens for families (Cham et al., 2022; Tesfaye & Demelash, 2025). Studies from different settings have shown that caregivers of people with mental disorders experience burden, stress, coping difficulties, and unmet needs, particularly when formal mental health services are limited (Chen et al., 2019; Marimbe et al., 2016; Nenobais et al., 2019). Similar evidence from schizophrenia care also highlights that families may experience substantial burden when they provide long-term care, manage symptoms, and respond to relapse risks at home (Fitryasari et al., 2018; Sustrami et al., 2023).

Family social support refers to assistance provided by family members in the form of emotional, informational, instrumental, and appraisal support. Emotional support includes empathy, acceptance, attention, and affection that help individuals feel valued and safe. Informational support includes advice, guidance, and explanations about symptoms, treatment, and coping strategies. Instrumental support includes practical help, such as accompanying patients to health services, supporting medication use, and assisting with daily needs. Appraisal support includes encouragement, appreciation, and positive feedback that may strengthen self-worth and adaptive behaviour. In mental health care, family social support is important because it can reduce psychological distress, strengthen resilience, improve treatment engagement, and support recovery in community settings (Hansen et al., 2022; Harvey & O'Hanlon, 2013; McFarlane, 2016).

The family environment may either support or worsen the emotional condition of people with mental disorders. A supportive family environment may help patients feel accepted, reduce stress, and encourage adaptive emotional responses. In contrast, families with high expressed emotion, such as criticism, hostility, and excessive emotional involvement, may increase emotional tension and relapse risk among people with schizophrenia (Amaresha & Venkatasubramanian, 2012; Butzlaff & Hooley, 1998). A meta-analysis also showed that expressed emotion is a significant predictor of

relapse, indicating that the emotional climate within the family can influence psychiatric outcomes (Butzlaff & Hooley, 1998). More recent evidence has also shown that social support is related to relapse among people with schizophrenia, suggesting that supportive interpersonal relationships are essential for maintaining stability and preventing deterioration (Samuel et al., 2022).

Family-based interventions have been widely recommended in the management of schizophrenia and other severe mental disorders. A Cochrane review found that family intervention can reduce relapse and improve outcomes among people with schizophrenia (Pharoah et al., 2010). Subsequent reviews and meta-analyses have also supported the effectiveness of psychosocial and family interventions in relapse prevention, treatment adherence, and recovery-oriented care (Bighelli et al., 2021; Rodolico et al., 2022). Family psychoeducation has been shown to improve outcomes for both patients and caregivers by increasing family knowledge, reducing burden, and improving coping responses (Tessier et al., 2023). Recent evidence also indicates that family psychoeducation may contribute to treatment compliance and suicide risk reduction among people with schizophrenia and related disorders (Hode et al., 2024).

Although family social support is widely recognized as important, many families still have limited knowledge and skills in caring for people with mental disorders. Families may experience stress, stigma, emotional exhaustion, and uncertainty when dealing with behavioural and emotional changes at home. When family members do not understand how to respond to symptoms, they may unintentionally show rejection, overcontrol, criticism, or inconsistent care, which may weaken the patient's emotional stability. Caregiver burden has also been reported to differ across psychiatric diagnoses and family contexts, indicating that the challenges faced by families may vary depending on illness characteristics, social resources, and available support systems (Zhou et al., 2020). Therefore, strengthening family support is not only important for the patient but also for reducing family burden and improving the overall caregiving environment.

In the community setting of the present study, people with mental disorders live with their families and rely on them for daily care, emotional support, supervision, and access to treatment. Preliminary conditions described in the study showed that limited public knowledge about mental health and limited family understanding in managing patient behaviour at home remained important challenges. These conditions may influence how families provide support and how patients maintain adaptive emotional responses. Therefore, examining the association between family social support and emotional stability is important to provide evidence for community mental health nursing, family education, and primary care-based mental health services.

Previous studies have emphasized the role of family support, caregiver burden, family psychoeducation, expressed emotion, and social support in mental health outcomes (Amaresha & Venkatasubramanian, 2012; Cham et al., 2022; Rodolico et al., 2022; Tessier et al., 2023). However, evidence is still needed regarding the association between family social support and emotional stability among people with mental disorders in community-based settings. Emotional stability is an important outcome because it reflects whether patients show adaptive or maladaptive emotional responses in daily life. Understanding this association may help nurses, families, and community health workers develop more focused interventions, including family counselling, psychoeducation, emotional support, treatment supervision, and home-based follow-up. Therefore, this study aimed to analyze the association between family social support and emotional stability among people with mental disorders using a cross-sectional approach.

Methods

This study used a correlational analytic design with a cross-sectional approach to examine the association between family social support and emotional stability among people with mental disorders. The cross-sectional approach was used because the independent and dependent variables were measured at one point in time.

The study population consisted of family caregivers and people with mental disorders registered in a community-based primary

health care mental health program. The total population was 151 people, and 110 respondents who met the study criteria were included as the study sample. Participants were selected using purposive sampling. The inclusion criteria were family members who cared for people with mental disorders, lived in the primary health care working area, were willing to participate, and provided informed consent. The exclusion criteria were people with mental disorders who lived alone without family caregivers, were not permanent residents in the study area, were newly arrived residents, or were under physical restraint during the study period.

The independent variable was family social support, defined as physical and psychological assistance provided by family members to people with mental disorders. Family social support included emotional support, appraisal support, instrumental support, and informational support. This variable was measured using a structured questionnaire consisting of 15 items. Each item was scored using four response options: always = 4, sometimes = 3, ever = 2, and never = 1. The total score was categorized into poor support (≤55%), moderate support (56%–75%), and good support (76%–100%).

The dependent variable was emotional stability among people with mental disorders, defined as the ability to show stable and predictable emotional responses without rapid or unexpected emotional changes. Emotional stability was assessed using a 15-item observation checklist. Positive statements were scored as yes = 1 and no = 0, while negative statements were scored as yes = 0 and no = 1. The total score was categorized into adaptive response (51%–100%) and maladaptive response (≤50%). The instruments were tested for validity using Pearson Product Moment correlation and reliability using Cronbach's alpha before being used for data collection.

Data were collected after the researcher obtained permission from the relevant health authorities and coordinated with the primary health care mental health program. Eligible respondents were approached and given information about the study objectives, procedures, voluntary participation, confidentiality, and their right to withdraw from the study at any time. Respondents who agreed to participate signed informed consent. Family social support was measured using the questionnaire, while emotional stability was assessed using the observation checklist. All completed instruments were checked for completeness before data analysis.

Data were processed through coding, scoring, tabulation, and classification according to the study variables. Descriptive statistics were used to present the distribution of respondent characteristics, family social support, and emotional stability using frequencies and percentages. The association between family social support and emotional stability was analyzed using the Chi-square test. Statistical significance was set at $p < 0.05$.

This study was conducted by applying the principles of informed consent, anonymity, and confidentiality. Respondents were informed about the purpose and procedures of the study before participation. No personal names were included in the data collection forms or research report. All information obtained from respondents was kept confidential and used only for research purposes.

Results

A total of 110 respondents were included in this study. Most respondents were aged 25–50 years, with 92 respondents (84.0%), while 18 respondents (16.0%) were aged >50 years. Based on sex, most respondents were male, with 78 respondents (71.0%), while 32 respondents (29.0%) were female. Regarding educational level, 40 respondents (36.0%) had primary school education, 13 respondents (12.0%) had junior high school education, 44 respondents (40.0%) had senior high school education, and 13 respondents (12.0%) had higher education. Based on occupation, 42 respondents (38.0%) were unemployed, 28 respondents (25.0%) worked as private employees, 31 respondents (28.0%) were self-employed, 5 respondents (5.0%) were civil servants, and 4 respondents (4.0%) were retired. Most respondents were married, with 89 respondents (81.0%), while 21 respondents (19.0%) were unmarried.

Table 1. Characteristics of Participants

Variable	Category	n	%
Age	25–50 years	92	84.0
	>50 years	18	16.0
Sex	Male	78	71.0
	Female	32	29.0
Educational level	Primary school	40	36.0
	Junior high school	13	12.0
	Senior high school	44	40.0
	Higher education	13	12.0
Occupation	Unemployed	42	38.0
	Private employee	28	25.0
	Self-employed	31	28.0
	Civil servant	5	5.0
	Retired	4	4.0
Marital status	Married	89	81.0
	Unmarried	21	19.0

Table 2. Distribution of family social support and emotional stability

Variable	Category	n	%
Family social support	Poor	27	24.0
	Moderate	60	55.0
	Good	23	21.0
Emotional stability	Maladaptive response	45	41.0
	Adaptive response	65	59.0

Regarding family social support, 27 respondents (24.0%) received poor family social support, 60 respondents (55.0%) received moderate family social support, and 23 respondents (21.0%) received good family social support. In terms of emotional stability, 65 respondents (59.0%) showed adaptive emotional responses, while 45 respondents (41.0%) showed maladaptive emotional responses.

Table 3. Association between family social support and emotional stability among people with mental disorders

Family social support	Maladaptive response		Adaptive response		Total		χ^2	p-value
	n	%	n	%	n	%		
Poor	24	21.8	3	2.7	27	24.5	39.885	0.001
Moderate	20	18.2	40	36.4	60	54.5		
Good	1	0.9	22	20.0	23	20.9		
Total	45	40.9	65	59.1	110	100.0		

The cross-tabulation showed that respondents with poor family social support were more likely to have maladaptive emotional responses. Among respondents with poor family social support, 24 respondents (22.0%) showed maladaptive responses and only 3 respondents (3.0%) showed adaptive responses. Among respondents with moderate family social support, 20 respondents (18.0%) showed maladaptive responses and 40 respondents (36.0%) showed adaptive responses. Meanwhile, among respondents with good family social support, only 1 respondent (1.0%) showed a maladaptive response, while 22 respondents (20.0%) showed adaptive responses.

The Chi-square test showed a significant association between family social support and emotional stability among people with mental disorders ($\chi^2 = 39.885$; $p < 0.001$). Among all respondents, 21.8% had poor family social support and showed maladaptive emotional responses, while only 2.7% had poor family social support and showed adaptive emotional responses. In contrast, 20.0% of respondents had good family social support and showed adaptive emotional responses, while only 0.9% had good family social support and showed maladaptive emotional responses. These findings indicate that better family social support was associated with more adaptive emotional responses.

Discussion

This study found a significant association between family social support and emotional stability among people with mental disorders. Respondents who received poor family social support were more likely to show maladaptive emotional responses, whereas those who received good family social support were more likely to show adaptive emotional responses. This finding indicates that family support may play an important role in helping people with mental disorders regulate emotions, respond to stressors, and maintain more adaptive behaviour in daily life.

The finding that most respondents received moderate family social support suggests that families were involved in patient care, although the support provided may not have been optimal. Family members often become the closest caregivers for people with mental disorders, particularly in community-based care settings. They may provide emotional attention, practical assistance,

supervision, information, and encouragement for treatment. However, caregiving can also create psychological, emotional, social, and financial burden for family members (Cham et al., 2022; Chen et al., 2019; Tesfaye & Demelash, 2025). When families experience high burden or limited knowledge, their ability to provide consistent and supportive care may be reduced (Marimbe et al., 2016; Nenobais et al., 2019; Sustrami et al., 2023).

The proportion of respondents with adaptive emotional responses was higher than those with maladaptive responses. This may indicate that some people with mental disorders were still able to maintain emotional control and respond adaptively when receiving support from their families and surrounding environment. Emotional stability is closely related to emotion regulation, behavioural control, and the ability to respond appropriately to stressful situations. Previous studies have shown that emotion regulation difficulties are common among people with psychosis and schizophrenia spectrum disorders and may be associated with symptom severity, impaired functioning, and poorer daily adaptation (Kimhy et al., 2020; Lawlor et al., 2020; Liu et al., 2020). Therefore, strengthening factors that support emotional regulation is important in mental health nursing care.

The significant association between family social support and emotional stability in this study supports the idea that the family environment can influence emotional and behavioural responses among people with mental disorders. Supportive families may help patients feel accepted, safe, valued, and less isolated. Emotional support may reduce tension and anxiety, informational support may help patients and families understand symptoms and treatment, instrumental support may assist patients in accessing care and meeting daily needs, and appraisal support may improve confidence and self-worth. These forms of support can create a more stable psychosocial environment that helps patients maintain adaptive emotional responses (Harvey & O'Hanlon, 2013; McFarlane, 2016; Tessier et al., 2023).

In contrast, limited family support may contribute to maladaptive emotional responses. Families who have limited understanding of mental disorders may respond to symptoms with criticism, rejection, overcontrol, or inconsistent care. Such responses may increase emotional tension and interfere with the patient's ability to regulate emotions. This is consistent with the concept of expressed emotion, where criticism, hostility, and excessive emotional involvement in the family environment are associated with poorer psychiatric outcomes and increased relapse risk (Amaresha & Venkatasubramanian, 2012; Butzlaff & Hooley, 1998). Social support has also been reported to be related to relapse among people with schizophrenia, indicating that interpersonal support is important for maintaining stability and preventing deterioration (Samuel et al., 2022).

The findings of this study are also supported by evidence on family intervention and psychoeducation in schizophrenia and other severe mental disorders. Family-based interventions have been shown to reduce relapse, improve treatment adherence, and support better outcomes for both patients and caregivers (Bighelli et al., 2021; Pharoah et al., 2010; Rodolico et al., 2022). Family psychoeducation may improve family knowledge, reduce caregiver burden, strengthen coping strategies, and improve communication between family members and patients (Hode et al., 2024; Tessier et al., 2023). These findings suggest that improving family support should be considered an important component of community mental health nursing services.

From a nursing perspective, the results indicate that family involvement should be strengthened in the care of people with mental disorders. Nurses and community health workers can provide education to families about symptoms, relapse warning signs, medication adherence, emotional regulation, communication skills, and crisis management. Families should be encouraged to provide consistent emotional support, avoid hostile or rejecting responses, and create a calm and supportive home environment. This is important because family resilience and family capacity to manage illness-related challenges may influence the recovery process of people with schizophrenia and related mental disorders (Fitryasari et al., 2018; Zhou et al., 2020).

The results also highlight the importance of addressing caregiver burden. Families who provide long-term care for people with mental disorders may need psychological support, counselling, and access to health information. Without adequate support, caregivers may experience fatigue, stress, and emotional exhaustion, which may reduce their ability to provide positive support to patients (Cham et al., 2022; Hansen et al., 2022; Tesfaye & Demelash, 2025). Therefore, mental health programs should not only focus on patients but also include interventions for family caregivers.

This study has several limitations. The cross-sectional design limits causal interpretation, so the findings can only show an association between family social support and emotional stability. The study used purposive sampling, which may limit the generalizability of the findings to broader populations. In addition, emotional stability was assessed using an observation checklist, which may be influenced by the observation situation and the respondent's condition during data collection. Future studies should use longitudinal designs, larger samples, and standardized psychological instruments to examine how family social support influences emotional stability and recovery outcomes over time.

Overall, this study confirms that better family social support is associated with more adaptive emotional responses among people with mental disorders. These findings emphasize the importance of family education, psychoeducation, caregiver support, and community-based mental health nursing interventions. Strengthening family social support may help improve emotional stability, reduce maladaptive responses, and support the recovery process of people with mental disorders in community settings.

Implication and limitation

The findings of this study indicate that strengthening family social support is important in community mental health nursing because better family support was associated with more adaptive emotional responses among people with mental disorders. Nurses and community health workers should provide family education, counselling, and psychoeducation about emotional support, communication, treatment adherence, relapse warning signs, and appropriate home-based care. Families should also be encouraged to create a supportive, accepting, and calm home environment to help patients maintain emotional stability. However, this study has several limitations. The cross-sectional design only identifies an association and cannot establish causality. The use of purposive sampling may limit the generalizability of the findings, and emotional stability was assessed at one point in time using an observation checklist, which may be influenced by the patient's condition during data collection. Future studies should use longitudinal designs, larger samples, and standardized psychological instruments to examine the long-term influence of family social support on emotional stability and recovery outcomes.

Relevance for Practice

The findings of this study highlight the importance of involving families in community mental health care for people with mental disorders. Nurses and community health workers should assess family social support and provide structured education to help families understand symptoms, emotional changes, treatment adherence, relapse warning signs, and supportive communication. Family members should be encouraged to provide emotional, informational, instrumental, and appraisal support to create a calm and accepting home environment. Strengthening family social support may help patients develop more adaptive emotional responses and support recovery in community-based mental health services.

Conclusion

This study found a significant association between family social support and emotional stability among people with mental disorders. Respondents who received better family social support were more likely to show adaptive emotional responses, while those with poor family social support were more likely to show maladaptive emotional responses. These findings indicate that family involvement plays an important role in supporting emotional stability among people with mental disorders. Strengthening family education, supportive communication, treatment supervision, and home-based psychosocial support may help improve adaptive emotional responses and

support recovery in community mental health care.

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Author Contribution

Maulidiyah Junnatul Azizah Heru contributed to conceptualization, study design, literature review, manuscript drafting, and preparation of the original manuscript. Faeruza contributed to data collection, data organization, data analysis, and interpretation of the study findings. Tasrip contributed to study supervision, methodology refinement, critical review of the manuscript, and final editing. All authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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Declaration of Conflicting Interest

The authors declare no conflict of interest.

Declaration of Use of AI in Scientific Writing

The authors declare that generative AI and AI-assisted technologies were used to support language editing and grammatical refinement of the manuscript.

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