

Research Paper

Impact of Emotional Intelligence on Mental Health among Adults

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ABSTRACT

Mental Health, being one of the most important indicators of an admirable life, ensures societal well-being by enabling individuals to contribute productively in their own environment. Enhanced Emotional Intelligence promotes mental resilience, essential for achieving long-term goals in personal and societal contexts. This study explored the impact of Emotional Intelligence on Mental Health, emphasizing their role in overall well-being. This research was conducted on a sample size of 102 participants (71 females and 31 males), using regression analysis test to find out the impact of Emotional Intelligence on Mental Health. The questionnaires used to measure these variables were EIS (Emotional Intelligence Scale) and DASS-21. The findings suggested that there was a significant impact of Emotional Intelligence on Stress and Depression while there was no significant impact of Emotional Intelligence on Anxiety.

Keywords: *Emotional Intelligence, Mental Health, Adults*

Any individual, at their core wants a life that is fulfilling, satisfactory and a one that finally leads to eternal bliss (Fatemeh Zarei, 2019). Often times, on the path of reaching to this eternal bliss, the individual tends to forget the things that are of utmost importance. The one thing that guides all kinds of human prosperity is the health matters of the individuals and while constantly trying to thrive in the rat race, we often overlook this aspect of our life. It is quite easy to maintain the well-being of our physical health. With thorough monitoring of our exercise and diet, the achievement of a good physique is surprisingly easy. The sensitive part, which is often neglected, lies in the fulfilment of a stable mental health.

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right (WHO, 2022). Mental health is crucial to personal, community and socio-economic development. Mental Health is a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (APA, 2018).

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Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case (WHO, 2022). While studying mental health, it is a necessity to know about mental disorders which tend to put a hindrance in the achievement of a good mental health state. Mental disorders comprise of a broad variety of different conditions which tend to impair our normal, day-to-day functioning. The most prominent disorders nowadays that can commonly be seen are stress, depression and anxiety. These three disorders mainly encompass an enormous area of study in psychological literature. From school going kids to the geriatrics, these three disorders were found to be eminently rising in the population.

Stress is the psychological, physiological and behavioural response by an individual when they perceive a lack of equilibrium between the demands placed upon them and their ability to meet those demands, which, over a period of time, leads to ill-health (Palmer, 1989). It is hard to establish a precise moment when the history of stress concept begins. There are some predecessors like Beard “neurasthenia” or Cannon “homeostasis”. The concept of stress has changed among scientists since the first definition by Selye (1936), who defined it as “the non-specific response of the body to any demand”. (Valencia-Florez, 2023)

Depression is a negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life. Various physical, cognitive, and social changes also tend to co-occur, including altered eating or sleeping habits, lack of energy or motivation, difficulty concentrating or making decisions, and withdrawal from social activities. It is symptomatic of a number of mental health disorders (APA, 2018).

Anxiety is an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly. Anxiety may be distinguished from fear both conceptually and physiologically, although the two terms are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat (APA, 2018).

The central theme of this research paper was to understand whether emotional intelligence levels predict the levels of stress, depression and anxiety. According the Goleman, emotional intelligence is “the ability to identify, assess and control one’s own emotions, the emotions of others and that of groups.” The concept of emotional intelligence (EI) has grown rapidly in recent years and has a strong relationship with stress, mental health and job performance (Kousha, 2018).

The present study aimed to find out the impact of emotional intelligence (EI) on the three most common mental health issues – stress, anxiety and depression, specifically on young adults in the Indian milieu.

REVIEW OF LITERATURE

There are several already existing important studies highlighting the correlation of emotional intelligence and good mental health conditions. All of these studies were conducted in

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different economic, social and anthropological settings thus giving a broader context to our research findings while contributing to help us find the gap. Some of these studies include-

One of the studies done in the Shahroud University of Medical Sciences suggested that emotional intelligence had a reverse but significant relationship with stress, anxiety and depression. It was also found that among these Iranian students, those who had higher emotional intelligence levels managed stress better in critical situations. Evidence suggested that the mean score of emotional intelligence among the participants was 113.5 and the levels of anxiety, stress and depression were quite different between students who had high and medium emotional intelligence. It was suggested that necessary steps should be taken to improve the emotional intelligence of the students (Fatemeh Zarei, 2019).

Another study was done by Marta and Ewelina specifically focusing on the depression levels. Their study concluded that all components of emotional intelligence can be used as a defense against depression. They further recommended that the tests for emotional intelligence should be simplified to be used in a routine psychiatric practice (Cudzik et al., 2019).

There was also a study that connected the emotional intelligence levels to belongingness and thus the mental health levels of the college going students. The hypothesis suggested that students with stronger emotional quotient levels would report higher levels of belongingness which, in turn, would be associated with better mental health. It was found that while inclusion was meaningful, it was the experience of rejection that was the stronger predictor of mental health outcomes. The exception was the indirect pathway between TMMS Repair and DASS Full Scale through GBS Inclusion, which was not of meaningful size (Moeller RW, 2020).

A study done by Jafar Shabani et al explored the relationship of emotional intelligence with mental health scales and sub-scales, i.e., somatic symptoms, anxiety and social dysfunctions in Iranian high school students. The study was done on 247 high school students of 8 schools. The study found out there is a negative association between the emotional intelligence levels with mental health scale and sub-scales scores (Shabani et al., 2010).

A particular study done in China studied the impact of emotional intelligence on depression and acculturative stress among international students studying there. The study had recruited 506 international university students from seven Chinese universities located in Wuhan. The study indicated that emotionally intelligent students were likely to experience a lower level of acculturative stress and fewer depressive symptoms (Gebregergis et al., 2020).

A cross-sectional study involved understanding the relationship between emotional intelligence and stress specifically focusing on depression, hopelessness and suicide ideation. The study revealed that there was greater reported depression, hopelessness and suicidal ideation among people high in emotional perception and that there was a greater suicidal ideation among those low in managing others' emotions (Ciarrochi, 2002).

The relationship between emotional intelligence with major depressive disorder, substance abuse disorder, or borderline personality disorder (BPD) and a nonclinical control group was studied in of the researches. This particular study found out that patients with substance use disorder and BPD patients were most impaired with extremely low levels of emotional intelligence (Hertel et al., 2009).

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Schutte along with her co-researchers did a meta-analytic investigation of the relationship between emotional intelligence and health. This meta-analysis was based on the responses of 7898 participants. This study found out that emotional intelligence had a weighted average association of $r = .29$ with mental health and $r = .22$ with physical health. The overall research suggested that the EQ-i had a significantly stronger association with mental health than physical health. Their findings provided a basis for research aimed at determining the causal relationship between trait emotional intelligence and health (Schutte et al., 2007).

One of the studies done by Sanchez-Nunez was done regarding Emotional Intelligence (EI) and mental health in the family thus studying the influence of Emotional Intelligence perceived by parents and children. They found out that the parents' perceived EI of their children and also children's perceived EI of their parents has a direct effect on children's mental health and an indirect effect through the EI self-reported by children. There are also differences in the role of mothers and fathers in emotional education and its influence on the results (Sánchez-Núñez et al., 2020).

A study done by Sarah k. Davis and Neil Humphrey studied how Emotional Intelligence impacts mental health via multiple coping strategies in adolescence. Results found out that while EI influences mental health via flexible selection of coping strategies, trait EI modifies the coping effectiveness. Trait EI amplifies the beneficial effects of active coping and to minimize the effects of avoidant coping to reduce the symptomology (Davis & Humphrey, 2012).

A quasi-experimental investigation was done to study Emotional Intelligence Online Learning and its impact on the mental health of the university students. It was a 2x3 factorial quasi-experimental (online learning) using an equivalent control group (face-to-face learning) pre-post-test. Both of the experimental and control groups comprised of 40 students respectively. Mixed ANOVA repeated measures analysis results indicated that the online learning group shows no difference from the face-to-face learning group in emotional intelligence learning. Although, the study significantly impacted the growth of emotional intelligence skills on the students' mental health among online learning groups (Mohamed et al., 2022).

A study done in University of Texas Medical Branch, USA studied the importance of the impact of emotional intelligence on health and well-being. The process of the study focused on what were thought to be the key predictors of health and well-being. The study aimed to find out the nature of the relationship between emotional intelligence and physical health and the relationship between emotional intelligence and subjective well-being. The results indicated that people who were more emotionally intelligent felt healthier than those who were less emotionally intelligent. It was also found that individuals who (a) understood and accepted themselves, (b) strived to achieve personal goals and actualised their potential, (c) are content with themselves experienced a sense of well-being (Bar-On, 2012).

One of the studies focused on the effect of Emotional Intelligence and job burnout on mental and physical health. The research aimed to study the determination of the effect size of emotional intelligence and occupational stress on mental and physical health. The study was done on a sample size of 250 high school teachers from the schools of Iran. The results indicated that emotional intelligence and job burnout were explained by 43.9% of mental health and 13.5% of variance of physical health (Mohammadyfar et al., 2009).

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Research Objectives:

The research objectives of this study were as follows-

- To assess the Emotional Intelligence and mental health of adults.
- To find out the impact of Emotional Intelligence on the mental health of adults.

Hypotheses:

The hypotheses under this study were as follows-

- **H_{a1}** – There will be significant impact of emotional intelligence on Stress
- **H_{a2}** – There will be significant impact of emotional intelligence on Anxiety
- **H_{a3}** – There will be significant impact of emotional intelligence on Depression

RESEARCH METHODOLOGY

Sampling Method

The sampling method used for this research was the Purposive sampling method. The sample size of the research was 102 participants (71 females and 31 males).

Data Collection Tools- The tests used to conduct this research were the EIS (Emotional Intelligence Scale) and DASS-21 (Depression, Anxiety and Stress Scale).

- 1. Emotional Intelligence Scale (EIS):** The Emotional Intelligence Scale was developed by Dr. Anukool Hyde, Dr. Sanjyot Pethe and Dr. Upinder Dhar. The initial version of the scale consisted of 106 items. After careful scrutinization of the test by a panel of 50 judges, the items were reduced down to 34 items. The present test consists of 34 items, measuring 10 different components of Emotional Intelligence with a Likert scale rating, which ranges from 'strongly disagree' to 'strongly agree' on each question to answer it. The reliability of the scale was measured by calculating reliability coefficient on a sample of 200 subjects. The split-half reliability was found to be 0.88. Besides face validity, as all items were related to the variable under focus, the scale has a high content validity. It is a self-administrating scale and does not require the services of a highly trained tester (Hyde, Pethe, & Dhar, 2002).
- 2. DASS-21 (Depression, Anxiety and Stress Scale):** The Depression, Anxiety and Stress Scale – 21 items is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales consist of 7 items divided into subscales with similar content. The depression scale analyses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest, anhedonia and inertia. The anxiety scale assesses automatic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items (Lovibond & Lovibond, 1995).

Statistical Procedures –

The impact of the variables was found out using the Linear Regression analysis.

RESULTS**Table 1: Frequency Distribution of demographic variables**

S.No.	Variable	Category	Frequency, n(%)
1.	Gender	Male	31 (30)
		Female	71 (70)
2.	Type of Family	Joint	31 (30)
		Nuclear	71 (70)
3.	Occupation	Student	66 (65)
		Business	6 (6)
		Housewife	4 (4)
		Job	25 (25)

From above table and figure we can say that out of 102 respondents 31 were male and 71 were female which is 30% and 70% of the total participants. Whereas there were 31 respondents from joint family and 71 from nuclear family which comes out to be 30% and 70% respectively.

Above table shows the frequency count of occupation where 66 (65%) respondents were students, 6 (6%) respondent's occupation is business whereas 4 (4%) were housewives and 25 (25%) are doing job.

Table 2: Mean and Standard deviation of study variables

Variables	Mean	Standard Deviation
Emotional Intelligence	129.8	15.14
Stress	13.15	7.65
Anxiety	12.12	9.13
Depression	11.96	9.58

Descriptive statistics shows that the mean EI score is 129.8 (SD = 15.14), and the mean stress score is 13.15 (SD = 7.65), whereas mean anxiety score is 12.12 (SD = 9.13), the mean depression score is 11.96(SD = 9.58).

Table 3: Model summary for EI and Stress, Anxiety and Depression

	R	R ²
EI & Stress	0.2	0.040
EI & Anxiety	0.16	0.028
EI & Depression	0.34	0.119

This table provides the R and R^2 values. The R value represents the simple correlation and is 0.2, which indicates a correlation but weak between emotional intelligence and stress. The R^2 value indicates that there is 4% variation in stress by emotional intelligence. The R value 0.16 indicates that there is very weak correlation between Emotional intelligence and anxiety and value of R^2 indicated that 2.8% variation in anxiety is due to emotional intelligence. The value of R is 0.34 which indicates that there is correlation between emotional intelligence and depression. And R^2 value indicates that there is 11.9% variation in depression due to emotional intelligence.

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Table 4: ANOVA results for fitness of model

	F	Significance
EI & Stress	4.182	.043
EI & Anxiety	2.837	.095
EI & Depression	13.559	.000

The above ANOVA table shows the regression model predicts the dependent variables. The p value is 0.043 for emotional intelligence and stress which is less than 0.05 which suggests that EI significantly predicts the Stress. Whereas p value is 0.095 for emotional intelligence and anxiety which is not significant. The p value is 0.000 which is less than 0.05 which shows that Emotional intelligence is highly significant in predicting depression.

Overall Discussion

Above result analysis show that the mean EI score is 129.8 (SD = 15.14), and the mean stress score is 13.15 (SD = 7.65). The results indicated that EI is a significant predictor of stress, **F (1, 100) = 4.182, p < .05**, explaining approximately **4%** of the variance in stress scores (**R² = .04**). The regression coefficient for EI was **$\beta = -0.20$, t = -2.04, p < .05**, indicating that higher EI is associated with lower stress.

The final regression equation is:

$$\text{Stress} = 26.307 - .101 * \text{EI}$$

This suggests that for every one-point increase in emotional intelligence, perceived stress decreased by 0.10 units.

For Emotional intelligence and Anxiety, the mean EI score is 129.8 (SD = 15.14), and the mean anxiety score is 12.12 (SD = 9.13). The results indicated that EI is not a significant predictor of stress, **F (1, 100) = 2.837, p > .05**, explaining approximately **2.8%** of the variance in anxiety scores (**R² = .018**). The regression coefficient for EI is **$\beta = -0.166$, t = -1.68, p > .05**.

Whereas for emotional intelligence and depression the mean EI score is 129.8 (SD = 15.14), and the mean depression score is 11.96 (SD = 9.58). The results indicated that EI is a significant predictor of depression, **F (1, 100) = 13.559 p < .001**, explaining approximately **11.9%** of the variance in stress scores (**R² = .119**). The regression coefficient for EI was **$\beta = -0.34$, t = -3.68, p < .01**, indicating that higher EI is associated with lower depression.

The final regression equation was:

$$\text{Depression} = 40.343 + (-.219) * \text{EI}$$

The results show that there is a significant impact of Emotional Intelligence on Depression and Stress. There is also no significant impact of Emotional Intelligence on Anxiety although both are negatively correlated.

CONCLUSION

This research summarizes that there is a significant impact of Emotional Intelligence on Depression and Stress and no significant impact on Anxiety, although it was found to be negatively correlated. Thus, this research proves that the levels of Emotional Intelligence will vary with the levels of Depression and Anxiety, in turn proving that high Emotional Intelligence levels are very well related to sound Mental Health.

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Mental Health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (Herman H, 2005). Throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our perception and position on the mental health continuum. Emotional Skills are one of the protective factors and an increase in the emotional competencies can also enhance our resilience abilities (Edward K, 2005).

Limitations:

To study this research effectively, the results should be interpreted along with the study's limitations. Firstly, the study was conducted on a limited sample size of only 102 participants which may put a barrier on the findings of the broader population and thus, not providing with an overall comprehensive understanding.

Secondly, the scope of the literature review was restricted. The review of literature included only 10-15 journals potentially omitting key studies and perspectives that could provide a broader scope for research on the topic.

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Conflict of Interest

The author(s) declared no conflict of interest.

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