Today mental health is becoming quiet prominent on the Australian Health Care agenda (Thomas, 2010). According to Australian Nurses and Midwifery Council Mental health is a state of emotional and social wellbeing where people can cope up with the normal stresses of life and achieve to their potential (ANMC, 2010). Mental illness is a state of behavior that refers to unusual and distinct (Halter & Varcolis, 2010). It accounts for around 12% of burden among all disease (World Health Organization, 2001). Nurses play a key role in delivering care to people with mental illness and currently have chance to provide the kind of holistic care that will help people with mental illness during acute and non acute phases of their lives. Give recognition, respect, understanding and carry out proper communication were thee fundamental human rights. Nursing is the profession that accepts the right of patients. Receiving competent nursing care is the fundamental right of a patient. Mentally ill patients are also the part of our community. They should get best care to attain health at the fullest level. It is stigma that split mental illness from any other illness and this is brought about by unawareness and lack of education on the topic (Thomas, 2010). This essay deals with what is the significance of stigma, some personal experiences that relates to stigma and how we can lessen stigma in protecting the mentally ill.

Mental illness is defined as a pathological state of mind producing clinically significant psychological or physiological symptoms (distress) together with impairment in one or more major areas of functioning (disability) where in improvement can reasonably be anticipated with therapy. Technically therefore, a person may not be mentally ill, but others may attribute this condition to her or him (Barney, Griffiths, Jorm & Christensen, 2006; Corrigan & Wassel, 2008). The after effect is that the person is treat as less than whole and consider as isolated from society, and is discredited and diminished in assessment to those believed to not belong to the stigmatized group (El-Badri & Mellsop, 2007). The most recent figures suggest that about 20% of Australians experience a mental health condition in any 12 month period and approximately two thirds of these individuals do not seek treatment for these conditions at all (Australian Bureau of Statistics, 2007).

Stigma is defined as believes and thoughts associated with the insight of mental illness that discrete a person which results in social frosty behaviors and discrimination (Kobau, Dilorio, Chapman, Delvecchio, 2010). In other way it is the collection of negative attitudes, believes, thoughts and behaviors that influences the individual or the general public, to fear, reject and avoid people with mental disorder (Gray, 2010). Stigma is a set of prejudiced attitudes, discernment, behaviors and prejudiced social structures towards the members of a sub group that involves labeling, stereotyping, separation, status loss and refinement of the stigmatized individuals in a powerful situation. It is considered as the most intimidating obstacle in the area of mental illness and health (Webb, Jacobs-Lawson, & Waddell, 2009). Stigma is a barrier to mental health care among tribal people (Gray, 2010). Many of mentally ill people were not ready to seek treatment due to the fear of stigma which leads to increase mortality and morbidity (Gray, 2010). Interpersonal relationships, social roles, health care of high quality and sophistication all will hinder due to stigma. Common reactions to perceived stigma include hurt, disgrace, shame, guilt, secrecy, diminished self-efficacy and anger which discourages the mentally ill people coming up in the society (El-Badri & Mellsop, 2007).

Mainly the research on mental illness stigma is focused on people with Schizophrenia who were the most stigmatized groups in our society (Kobau et al, 2010). Media usually represents mentally ill patients as conflicting, harmful and less competent. Stigma and prejudice against older people with mental illness is a seriously deserted problem. It is right time to wipe out stigma from our society to make use of the best mental health services available. Postnatal mothers with depressive disorder are also very much worried about the stigma and they are also in need of help (Edwards & Timmons, 2005). The consequence of stigma is decreased self esteem, poor health care utilization, devaluation and discrimination by the public (Brown, 2008).

Stigma is the outcome of our negative attitude and believes towards mental illness. To comprehend better let me quote one of my personal experience. When I got clinical posting in the chronic psychiatric ward during my student life I came to see many patients with withdrawal symptoms from alcohol deprivation. I have the attitude that alcoholic patient were the curse of our society. Consuming alcohol repeatedly is their fault and they did not deserve any kind of sympathy from the society as their behavior contributes only disrespect and bad name to the society. I hesitate to go near to them and treat friendly and thought they were dangerous. But after studying mental health in detail and by mingling with them, I got a clear knowledge regarding alcohol addiction that a person who consumes alcohol for a long period of time develops addiction and if stops in between results in withdrawal symptoms. These patients were on treatment for a long period with Disulfiram. I understood that while taking Disufiram, ethanol reaction will take place and this will contribute to some changes that resemble withdrawal symptoms. This changed my stigma towards alcoholic patients. I understood that it is the responsibility of nurse to help patients to recover successfully from this stage as they were the part of our society. It is the role of mental health nurse to establish therapeutic relationships that is respectful of the individual choices, experiences and circumstances. This involves building on strengths, holding hope and enhancing resilience to promote recovery (ANMC, 2010).

Let me explain one more example which explains social stigma towards mentally ill patient. When I was doing my degree course one of my colleagues fall in love with a guy and unfortunately she lost her lover in an accident. It makes a great mental shock to her and it develops depression. She refused to do even her daily activities and also try to commit suicide. Her parents take her to psychiatrist and they give her antidepressant medications. The student undergoes treatment for a long period of time and recovered from the depression. But everybody in the college came to know about her condition that that this student suffers from depression. After coming out from treatment she reduces her interactions with other students in the class and starts speaking only to her intimate friends. The society also looks her with a sympathy which makes her isolated from the peer group. This is due to the social stigma that influences further socialization of this student. It is the duty of a mental health nurse to reduce stigma and promotes social inclusion and community participation for all people with mental health issues (ANMC, 2010).

Eradicating stigma from our society is a main subject for consideration. Educational approaches to stigma change attempt to challenge inaccurate stereotypes about mental illness and replace these stereotypes with factual information (Ross, 2009). Evidence about educational strategies suggests that effects of educational interventions may be limited. Educational strategies have used public service announcements, books, flyers, movies, videos and other audio-visual aids to dispel myths about mental illness and replace them with facts. Education produces short term improvements in attitudes (Corrigan et al, 2001). For example America is a society that is particularly enamored to educational approaches to social stigma. Education about mental ill health is a great knowledge to be given to the community and it plays a major role in eliminating stigma to a larger extent (Webb et al, 2009). Education plays an important role in the client and families acceptance of mental illness (Arjan, Kanner, Murris, Janssen & Mayer, 2009). Most of the people with mental illness try to disclose it which again results in stigmatization (Pachankis, 2007). Mental health nurse has to give knowledge regarding mental illness disclosure (Pinto-Foltz & Logsdon, 2008). This conceals the stigma which hampers social support provision and is related to considerable stressors and psychological obstacles.

Mental health nurse has to give support to fight stigma. Mental Health Nurse has to recognize the detrimental impact of stigmatization on the psychological wellbeing of the persons with a mental disorder. For this, necessary enablement should be given to remove stigma associated with mental illness. Ventilation enhances self esteem of the individual with mental disorders. Provide hope and give trust to alleviate their suffering. Supportive attitude eliminates the persisting fear among the mentally ill people. Lack of fear contributes to self confidence and dignity (Ross, 2009).

Stigmatization can be increased familiarity and interpersonal contact. Making interpersonal contact with the members of the stigmatized group produce great importance in interaction than protest. Mental health nurse has to maintain a good understanding of the mental illness stigma. Make the mentally ill people aware of their own attitudes, values, behavior towards persons with mental illness (Arjan et al, 2009). Accurate measurement of attitudes and believes is critical to more fully understanding the stigma process and developing effective strategies to address stigma (Brown, 2008).

Research is another strategy to reduce stigma. Sound experiential research should be done in the field of factors contributing to stigma and which group of people is often stigmatized. It should focus more on local groups for the purpose of better understanding of health behaviors and believes. Research suggests that Schizophrenic patients are more prone to develop social stigma (Kobau et al, 2010). The mental health nurse has to see whether the delivery of mental health services is uniform across all Australian States Conduct research to collaborate mental health services and aboriginal organizations for getting services equally to all (Issacs, Pyett, Oakley-Browne & Gruis, 2010). Media plays a greater role in reducing stigma. It has most influential effect to the public. It conveys more accurate information. It pictures vividly the various forms of stigmatization a group is encounter with (Issac et al, 2010). Health policy makers should also support interdisciplinary learning across all health professionals with an emphasis on research and health policy.

Protest is another form of stigma eradication strategy. It highlights injustices of various forms of stigma, chastising the offenders for their attitudes and behaviors. Anecdotal records suggest that protests can change some behaviors significantly (Corrigan et al, 2006). Rehabilitation professionals play a major role in eliminating stigma. They need to be aware of the strengths and limitations of distinct approach to stigma change. For example, protest may have some beneficial effect on the behavioral level but may actually make stigmatizing attitudes worse (Corrigan et al, 2006). Rehabilitation educator can integrate the three programs by National Alliance on Mental illness (NAMI). It includes family to family education program, which provides care for relatives with mental illness. It focuses on associate family members who face stigma. Second one is the provider education program, which is a ten week course for mental health professionals who attempts diminishing stigma and to deliver support for care givers and practioners experiencing stigma. Third one is the own voice program, focuses on reducing stigma and lecturing aspects of stigma (El-Badri & Mellsop, 2007).

Enactment of federal laws can reduce stigma to some extent (Gary, 2005). It helps to relieve some of these discriminatory actions such as placing large hospitals in rural areas with huge fences around them and may confine till death (Gary, 2005). Mental health nurse incentive program (MHNIP) is introduced in 2007 to meet health needs to every mentally ill patient. This is with the purpose of saving money in the future in terms of mental health and to act quickly (Kearney, 2010). Nurse researches and practioners must provide health information for the community and for individuals and families who sustain the burden of mental illness. They must strengthen the premise that individuals with mental illness and their families can be fit from the science that is being promulgated about the prevention and treatment of mental disorders.

In Australia, mental health is currently receiving an unprecedented amount of attention by the media, politicians, and the general public. At the end of 2010, Australians rated mental health as the nation’s third most important priority, after the economy and the environment (Kobau et al, 2010). Mental health was a central issue during the 2010 federal election campaign, with the major parties promising increases in funding. After the election, Australia appointed its first national minister for mental health. Mental health policy emphasizes health promotion, early community-based intervention, and counteracting problems related to the overenthusiastic implementation of deinstitutionalization by strengthening the psychosocial rehabilitation of individuals with chronic mental illness (El-Badri & Mellsop, 2007).

To conclude this essay is a review on stigma and mental illness. Efforts are undertaken, exploring how strong stigma influences the life of a mentally ill person. It gives a description on personal experiences and measures to eradicate stigma and its negative consequences to make all the mentally ill patients accessed to mental health facilities. The nursing profession has been successful in rising to meet many challenges. As a consequence immeasurable contribution to ease the suffering of humanity such as supporting empowerment among individuals to provide care and compassion to individuals with all types of disabilities. It is now time for nurses to rinse the challenges of eliminating stigma and discrimination in the case of people with mental illness.

REFERENCE

Australian Nursing and Midwifery Council. (2010). Setting the standards. *Standards of practice for Australian Mental Health Nurses*, 7-19.

Alvindrez, J., Snowden, L. R., & Patel, S. G. (2010). The relationship between stigma and other treatment concern and subsequent treatment engagement among black mental health clients. *Issues in mental health nursing, 31*(4), 257-264.

Arjan, E. R., Kanner, D., Murris, D., Janssen., & Mayer. (2009). Mental illness stigma and Disclosure: Consequences off coming out of the closet. *Issues in mental Health Nursing, 30*, 509-513.

Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian & New* *Zealand Journal of Psychiatry*, *40*, 51–54.

Brown, S. A. (2008). Factors and measurements of mental illness stigma: A psychometric Examination of the attribution questionnaire. *Psychiatric Rehabilitation Journal, 32*(2), 89-94.

Corrigan, P. W. (2006). Erase the stigma: Make Rehabilitation better fit with people with disabilities. *Rehabilitation education, 20*(4), 225-234.

Clarke, D., & Winsor, J. (2010). Perceptions and needs of parents during a young adults first psychiatric hospitalization: We are all on this island and we are going to drown soon. *Issues in mental health nursing, 31*, 242-247

El-Badri, S., & Mellsop, G. (2007). Stigma and quality of life as experienced

by people with mental illness. *Australasian Psychiatry*, *15*, 195–200.

Edwards, E., & Timmons, S. (2005). A qualitative study of stigma among women

suffering from postnatal illness. *Journal of mental health, 14*(5), 471-481.

Fung, K. M. T., Tsung, H. W. H., Corrigun, P. W. (2008). Self stigma of people with schizophrenia as predictor of their adherence to psychosocial treatment. *Psychiatric Rehabilitation Journal, 32*(2), 95-104.

Gray, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in mental health nursing, 26*, 979-999.

Halter, M. J., & Varcarolis, E. M. (2010). *Foundations of psychiatric mental health nursing*. 6th ed. Saunders: Elsevier.

Issacs, A. N., Pyett. P., Oakley- Browney, M. A., Gruis, H., & Waples-crowe, P. (2010). International Journal of mental health nursing, 19, 75-82.

Kearney, g. (2010). Mental health: Every ones Buisness. Australian Nursing Journal, 17(11), 23.

Kobabu, R., Dilorio, C., chapman, D., & Delvecchio, d. (20100. Attitudes about mental illness and treatment; validation of ageneric structure for public health surveillance of mental illness associated statistics. *Community mental health journal* , *46*, 164-176.

Larson, J. E., Lane, F. j. 92006). A review of mental illness: Courtesy stigma for rehabilitation educators. *Rehabilitation education, 20*(4), 247-252.

Pachankis, J. E. (2007). The psychological implications of concealing a stigmata cognitive affective behavioral model. *Psychological Bulletin, 133*, 328-345.

Pinto-Foltz, m. D., & Longs Don, M. C. (2008). Stigma towards mental illness: concept analysis using postpartum depression as an exemplar. *Issues in Mental Health Nursing, 29*, 21-26.

Ross, C. A. (2009). Stigma, Negative attitudes and discretion towards mental illness in the nursing profession: a review of the literature. *Journal of the psychiatric mental health nursing, 16*(7), 558-567.

Thomas, L. (2010). Raising the bar, Nursing and Midwifery education. *Australian nursing journal, 17*(7), 33.