‘Mental well-being is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ Mental health is an important element of health and is a resource to assist to deal with stresses and challenges of everyday life. Good mental health donates to the quality of everyone’s life as persons, communities and as a society in common. Individuals and communities have the ability for good mental health but they need good support and help from others to accomplish and sustain it. Mental health promotion can have important impact in the mental health and well-being of entire communities (Woodhouse, 2010). Mental health care is important but it is often forgotten in health care, however, mental health promotion has been recognized as essential to nursing practice. Nurses are the core health care contributor and they need to provide proper and effectively to mental health care (WHO, 2007). This essay discuss about how nursing care is an integral part of mental health, the social stigma on mental ill health and what to be done to enhance the stigmatized position.

Mental ill health is one of the chief causes of death of Australians under 45 and the leading reason of disability in Australia. Approximately 20% of Australians meet the measures for a mental health problem or find out, but only 38% of people seek medical help (Dragon, 2010). Mental illness is maladjustment in living. It produces a disharmony in the individual’s capacity to meet their requirements comfortably or successfully and function within the culture. A mentally ill person loses his or her power to react according to the prospects he or she has for himself and the demand that the public has for him. If the person’s behavior is causing distress for self and others or there is disturbances to do daily activities then the person is considered as mentally ill. The main characteristics of mental illness are changes in thinking and memory, behavioral distress or changes in mental functions and body functions (Sreevani, 2007).

People with mental illness behave like a child and they are innocent; as a result they need attention and care, and also they want someone to make decisions about treatment and goals; therefore nursing care is an important component for people with mental disorders (Corrigan & Shapiro, 2010). The mainstreaming of mental health care and the incidence of mental illness has increased the necessity for care by nurses in the general settings. Nurses are the main health care contributors in the hospital care and they have become significant assets in the delivery of mental health care. (Reed, & Fitzgerald, 2005). One of the hospitals in Australia established the emergency department with a nurse-led Emergency Mental Health Triage and Consultancy Service to timely and efficient care to individuals presenting with mental health or psychological problems. In the National Health Service, Walk-in centre uses a nurse-led model of care in order to have fast mental health aid without referrals or appointments (Crismani & Galletly, 2011).

Mental health researches include mental health for children, families and nurses role in the schools clinical, educational and research settings. To identify people at risk of developing mental health issues, nurses role in school settings are important in Australia. Mental health nurses can bring a valuable service in the unmet needs of young people by providing health education, consultation, and through giving support to those people who concerned with young population in identifying and responding to mental health issues. Clinical mental health nurses role includes education, training and secondary consultations to schools health welfare in the area of mental health and well being issues (Woodhouse, 2010). Nurses need to be capable to give mental health care in the community because community services are the most easily access form of care. It consists of assessment, clinical care and follows up using psychosocial and pharmacological interventions (WHO, 2007).

Nurses are the primary care provides in most clinical settings and they deliver the greatest amount of direct and indirect care to patients so they are in the position of recognizing mental health problems and they can support the patients before it become worse (Watt, 2010). Reflecting to my own experience in direct patient care, I was working in the psychiatric settings during my nursing training period, client support, education and treatment regimen was the main duty of care. A 16 years old girl with schizophrenia was admitted to the ward, she was violent in nature, aggressive, not recognizing her family members and she exhibits mood changes. She was very late to diagnose because of social stigma and poverty. She was posted for ECT immediately in the same day, the first few days she was not responding to the treatment but later on she shows a marginal improvement in her behaviors. It was because of the nursing care and support from all the staff. I used to find time to talk with her play with her also asking questions about her life and family and I had a trusting relation with her. The main improvement she had shown, through accepting her in the way she does things and praising her when she does something. Although, there was a good friendly relationship, some days she shown behavioral changes during our talk and I used to get out from her room during that time. I was reluctant to stay with her or sending someone for care because of fear and danger but she was angry with them. After few months of treatment and care she recovered and gone home with medication. When I look backward, now, I feel that I should have given more care or should not have avoided or ignored her during her struggles. I think she could not have shown aggressive nature if I could approach her the way she wanted or if I was stayed with her. Through this nursing experience I can say that nursing care and mental ill health is related and looking after a client’s mental health is significant in nursing care.

Psychiatric nurse is responsible for the bio-psychosocial nursing care of patients and their families. The nurse interact with clients, they act as advocate and teacher to patients and their family (Sreevani, 2007). Providing psychiatric mental health nursing care to clients, families and groups to enhance the optimal level of psychological wellness through more valuable adaptive behavior are the major role of psychiatric nurse. The nurse must be able to give safe and basic physical care. Besides this, nurse should have good communication skills and have a broad understanding of psychological and developmental problem and treatment. They are accountable to assess patient’s needs, recognizing service, and observing and evaluating patient’s status. Counseling, individual and group therapy’s are also included in the nursing care. In community nursing field nurses has gained knowledge to prevent mental illness, support and preserve mental health of the people. Early detection, proper referrals, care and rehabilitation of mentally ill person are included in the community nursing. Acceptance, passing on the feelings of being loved and cared, the needs and interests are important components in mental health. Safe environment include protecting the individual and their family is crucial in mental health nursing. Care is focused on client as a person and not on the control of symptoms and empathy is a major instrument in accepting others feelings (Sreevani, 2007).

Mental stigma is the beliefs about particular groups, who suffer mental illness, learned while growing up in a definite community. People with mental disorders are violent and they are to blame for their mental illness. Public stigma includes unable to do jobs, dangerous, incompetent and self stigma includes loss of self esteem, unconfident and child like (Corrigan & Shapiro, 2010). The stigma associated to mental illness is related to its patients who suffer from mental disorders, their families and psychiatric institutions. Psychiatric medications is the main difficulty to enhance mental health care and better quality of life of people who suffer from the illness, of their families, of their communities and the health professionals who deals with psychiatric illness. Individuals with mental disorders experience negative discrimination in their daily life. A person with mental illness has been seen as dangerous, lazy, lacking ability at work, unable to be a family member who fulfills the social requirement. Also, in different cultural settings there are various fears and prejudicial judgments (Sartorius, Schulze, 2005). The stigmatized persons are prone to misuse; victimization and they compare them with others who are not stigmatized. Stigma involves a mixture of personal characteristic and social stereotypes related to societal admittance to endorsement of unacceptable human attributes.. (Horsfall, Cleary & Hunt, 2010).

Mental illness is a kind of disability which is so bad if there is ongoing stigmatization of people with mental illness. The continuing stigma leads people’s reluctance to seek help and delaying medical assistance therefore, they are aggravating the experience of mental disorder. It also leads to others to avoid them in living with socializing with and working with. It decreases the opportunities and leads to isolation and hopelessness and leads to discrimination and abuse (McAllister, 2008). Although, time and advancement in science removed many false ideas about mental illness but there are a number of popular misconceptions remain in mental health. Superstitions ignorance and fear are some beliefs about mental illness. The superstitions on mental disorders are danger, something to be ashamed, it is not curable and it is hereditary (Sreevani, 2007). Stigmas are the main barriers for effective treatment for mental illness (Arboleda-Florez., & Sartorius, 2008).

In the late 1990s the World Psychiatric Association Programme established to reduce the stigma and discrimination of schizophrenia which includes a local action committee, survey about stigma, selecting target groups, interventions and testing impact and launching some permanent changes. The main possible profit of anti-stigma is to build an alliance among various advocacy groups with common interest. The achievement of anti-stigma campaign is to involve people with mental illness and their family members. People can hold stigmatized attitude if they know someone whom with mental illness and the main aim of the campaign is to see the person with mental disorders as people like themselves have the disability. The key target groups in the WPA global ant-stigma programme are high school students. To encourage the concept of stigma reduction, the members of the Action Committee can meet the principals and teachers, which is an essential constituent in the acceptance of diversity (Arboleda-Florez., & Sartorius, 2008). Educational strategies are also included in the reduction of stigma which includes public service announcements, books, flyers, movies, videos web pages virtual reality and other audio-visual aids. Protest about mental illness is also helpful in suppressing prejudices. Another strategy for reducing stigma is interpersonal contact with members of the stigmatized groups such as psychologists’ psychiatrists, nurses and social workers which shows a considerable progress in the attitude of mentally ill person (Corrigan & Shapiro, 2010).

In addition, a nurse family partnership program established, which targeted nurses visits first-time pregnant ladies at risk families in order to improve their mental health and well- being (Woodhouse, 2010). Another step to reduce stigma is to discuss the issue with specific target population groups in minor size meetings (Arboleda-Florez., & Sartorius, 2008). National mental illness awareness campaigns have implemented in many countries to reduce the stigma connected with individuals who live with mental illness and consequent structured discriminatory practices. Public education campaigns are essential as they give some participants. The stereotypical attitudes can be challenged by Broad campaigns to raise consciousness. Give more compassion and assurance to stigmatized person or praise for small attainment (Horsfall, Cleary & Hunt, 2010). Advocacy programs public education programs are some other mental stigma reductions programs (McAllister, 2008). In Australia the mental health advocates called to the public to write to the federal government to get on board to establish a national stigma campaign. An anti-stigma program for social inclusion may decrease the stigma associated with mental illness which increase people’s entree to health and social service (Sreevani, 2007).

To conclude, mental health well-being is basic to quality of life. Mental health is a chief element of social cohesion which contributes to social and economic development in the society and health promotion increases the quality of life (Cattan & Tilford, 2006). Both public and self stigmas on mental illness affect the person life such as negligence and separation from society as well as from family. These social stigmas are the main reason for delay in the treatment on mental disorders. Also many cases are not identified in Australia because of shame, fear and status. However, campaigns and education can decrease the stigmas. School health programs are helpful early detection of the cases, also which helps in stigma reduction through awareness programs. In contemplating in future mental health promotion the nurse must amalgamate all nursing approaches into practice for the advantage of the client as well as for whole populations of young people (Woodhouse, 2010). Mental health promotion can be achieved through rehabilitation programs, education, support and respecting and welcoming the individuals in the community. To attain these, families, communities and health professional have to work together and can promote mental health in the society.