Mental health is a state of equilibrium of between individual and surrounding world (Sreevani, 2007). Mental health and wellbeing are essential components of quality of life (Cattan & Tilford 2005). The main components of mental health are ability to recognize oneself, ability to feel right towards others, capability to fulfill life’s task, control of thought and emotions and social acceptance (Sreevani, 2007). Mental illness is the maladjustment in living (Sreevani, 2007). It produces dissonance in person’s capacity to meet needs and work in a society. The main characteristics of mental illness are disturbances in thought, emotions, perception, and bodily functions such as sleep, appetite, bowel and bladder movements (Sreevani, 2007). The terms such as mental health, health, and nursing are all interconnected (Happell&Platania-Phung, 2005). Health is a complex concept that includes biological, social, psychological, and spiritual well being and not simply the absence of disease. The nursing profession includes holism as its philosophy of care. This embraces the important interaction between the biological, psychological and social aspects of each individual (Happell&Platania-Phung, 2005). This essay discusses how mental health is an integral part of nursing care, reflection of incidents from personnel experiences, stigmas related to mental illness in the society and anti stigmatic measures to reduce stigma in the society.

According to National study of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics in 2007, 3.2 million Australians (20% of the population aged between 16 and 85) had a psychological disorder in the twelve months proceeding to the survey (Elliott & Masters, 2009). The main characteristics of mental illness are disturbances in thought, emotions, perception, and bodily functions such as sleep, appetite, bowel and bladder movements (Sreevani, 2007). Mental illness is clearly documented as a major health problem in Australian community. Attending to patients mental health needs is not a matter of providing care and enhancing wellbeing, there is evidence that mental illness has significant impact on cause and outcomes of physical illness including mortality rate (Happell & Platania-Phung, 2005).

Mental health involves not only the lack of analytical labels of psychiatric disorders but also individual’s ability to cope up with stressors of daily living and a positive attitude towards life’s vicissitudes (Sreevani, 2007). More than that is a vital component of health. It is an important resource that always helps the individual to deal with stressors and difficulties of daily living (Woodhouse, 2010). Mental health surely strengthens and supports individual’s ability to have healthy relationships, making good life choices, maintaining physical health and wellbeing, and also helps in handling the natural ups and downs of life. When individuals are free from natural anxiety, addiction and other psychological problems their productivity increases (Rhode Island Psychological Association 2009). Provision of quality health care involves a holistic approach to the client that involves physical, emotional, psychosocial, environmental and cultural wellbeing. Mental health care includes promotion of health, prevention of disease, illness care health maintenance and rehabilitation (Australian Nursing Federation, 2009). Mental health care is an indispensable but often a forgotten component of health care (World Health Organization, 2007).

Nurses constitute the biggest professional health care group, consisting 45% employed as full time in public health hospitals and 60% in private hospitals. Also they are the persons who are spending more time with clients. So they are in a unique position to assist the clients in achieving optimal level of health (Happell & Platania-Phung, 2005). At the same time they have the opportunity to detect problem behaviors. Because of all these reasons they are the core health care professionals who are able to contribute effectively to mental health care. Also they can play various roles in offering suitable services to people with mental disorders. Above all they can help the clients in safeguarding their rights (World Health Organization, 2007).

As the issues reflecting on my professional experience, when I was posted firstly as a registered nurse in psychiatric ward, I met with one client Allen. He was a young boy with only 19 years of age. He was admitted with complaints of depression and suicidal tendencies. He was very introvert in nature. On the first few days whenever I tried to speak with him, he become angry and told me that he wants to be alone and don’t want anybody to disturb him. Then I also decided that I wouldn’t interrupt him in his loneliness. I had a feeling that he was a difficult client to manage. Then I discussed this matter with the senior staff. They suggested me change my behavior towards him, and told me that they are mentally ill patients, sometimes their way of talking or behavior may insult us, but so we are the responsible persons to help them to ventilate their feelings, and provide support and care to overcome their illness. So I started to talk with Mr. Allen.

By my constant interaction with him he uttered some of his stories about his childhood. I could learn that he was a below average student in the school. His father was a teacher, so there was tremendous pressure on him to perform well, but he couldn’t. Later his father began to torture him for not studying well. This behavior of his father made him a sadist in the school. Then the teachers were also not supportive. This case made me curious and I met one of his friends to know more about him. I could learn from his friend how a playful child became a mental patient. This made me realize that not the child but his parents should be treated first. I met his parents and explained them about the need of support and encouragement of their child. Also I encouraged Allen to participate in group therapies. Due to counseling, psychological support and antidepressant drugs his condition improved and he got discharged. Then after 6months I met him accidently, at that time he was doing his bachelor degree and he told me that because of the help and support from your team of health professionals only now I am in this position. When I turn back and think about this incident, I believe my first approach to the client was not at the standard of nursing profession, with the help of senior staff I got an opportunity to involve in the care of the that client. It helped me in improving skills in dealing with psychiatric clients. From this incident I understood that looking on a patients mental health is an essential component of nursing care.

In hospitals nurses have good opportunity to support clients with psychological problems and improve their quality of life. They can empower the clients by showing interest in clients (Pitkanen, Hatonen, Kuosmanen & Valimaki, 2008). They can show interest by asking about their working life, friends and family. Also nurses can arrange meetings with family members and give patients opportunity for social contacts. Nurses can also include activating interventions to improve client’s health. This includes creative therapies, recreational events, group therapy and occupational therapy (Pitkanen, et al, 2008). Nurses generally provide direct and indirect care to the clients. So they are certainly in an ideal position to recognize mental health problems. Most importantly they are also able to provide assistance, counseling, guidance, support and education (Watt, 2010). These types of services are integral part of nursing services.

To provide holistic care to the clients, nurses have good communication skill, enthusiasm and confidence. By providing direct care to the client nurses can assist them to regain health through healing process. They have to help the client and family members to cope up with the impacts of mental illness (Sreevani, 2007) Provision of therapeutic environment is also the responsibility of nurse. This always helps to reduce injuries and accidents. Also nurses are responsible for assessing needs, providing services, evaluating client status. She can encourage clients to participate in various psychotherapies such as group therapy, occupational therapy and music therapy (Sreevani, 2007)

Nurse’s responsibilities vary with respect to the changes in the settings. In most cases they work as a member of a health team. The main responsibilities of nurses are assessment, provision of nursing care and discharge planning (Boyd, 2008). Nurses provide care according to the basis of nursing care plans. Assessment is the first step of nursing process. In this step she collects history about the patient and assesses physical and mental condition of the client. The knowledge of client is very important in planning care (Boyd, 2008). So understanding of mental health is also important in providing nursing care. When I think about my professional experience, my first impression about the client was mainly due to the stigma that mentally ill clients are difficult to manage.

Stigma refers to social judgment or degradation that discrete an individual from others because they have mental illness (Abdullah & Brown, 2011). Impacts of stigma of mental illness are challenging in nature and it narrows life opportunities of adults and children with mental disorders (Koekkoek, Hutschemaekers, VanMeijel, & Schene, 2011). There are two types of mental illness stigma. They are public stigma and personal stigma. Both of these make impacts on mentally ill clients. Public stigma refers to publics discriminating response to people with mental illness. It can cause loss of employment of mentally ill patients or they met difficulties to obtain employment. Self stigma is the internalization of public stigma regarding mental illness. It leads to emotional disturbances. These can exacerbate mental health problems (Abdullah & Brown, 2011).

Stigmatizing attitudes contain some core hypothesis. Some of these are persons with mental illness are to be feared and kept out of communities, mentally ill patients are irresponsible and they are not able to take decisions, clients with mental illness are childlike and need to be cared for (Rusch, Angermeyer & Corrign, 2005). Some other misconceptions are mental illnesses are the result of curse or possession by evil spirit, mental illness is not curable and hereditary (Sreevani, 2007). Stigmatizing attitudes are also present among mental health professionals. These are related to their professional experience (Horsfall, Cleary &Hunt, 2010). Among health care settings itself, certain patients are being labeled as difficult to manage by health care professionals. This label is given to clients when they possess demanding, aggressive, violent behavior and often they use psychiatric services (Koekkoek, et al, 2011).

Single approaches to reduce stigma seems to be unsuccessful. Advocacy programs and public education programs are the key programs of stigma reduction (McAllister, 2008). To reduce stigma in the society all the health professionals should work together. The three main strategies to fight against stigma are protest, education and contact with mentally ill patients (Rusch et al, 2005). Protest can be applied against the stigmatizing public statements and media reports. This helps in suppression of stereotypic thoughts and discriminating behavior. Education is an effective method of reducing stigma in the society. Educating the public about causes of mental illness and treatment facilities available will helps to remove the myths regarding mental illness. Different forms of books, videos formal and informal teaching programs can be used to express this kind of information (Rusch, et al, 2005). Other educational programs are public service announcements, movies, web pages and podcasts. The main benefit of educational programs is their broad reach (Corrigan & Shapiro, 2010).

Contact with persons having mental illness may also help in reduction of stigmatic attitudes (Rusch, et al, 2005). For reduction of stigma among health care professionals, education of mental health professionals through undergraduate, postgraduate in service training about stigma and its consequences is very important (Horsfall, et al, 2010). Targeted anti stigma programs are another effective strategy to reduce stigma. Target groups include employers, family members, teenagers, school children and so on. Education of these groups about mental illness, its causes and treatment helps in reducing stigma in the society and improving quality of life of mentally ill clients in the society (Corrigan & Shapiro, 2010).

Social marketing campaigns also helps in reducing stigma in the society. In these campaigns surveys can be conducted to collect information about myths in the society. This helps in planning anti stigma education programs. These programs can focus topics like contribution of biological, social and psychological factors in the occurrence of mental illness, the aim of correcting wrong beliefs by substituting true or ones (Arboleda-Flórez & Sartorius, 2008). Walk in centers also help in reducing stigma. These are centers where people are able to be present for mental health assistance without referral or appointment. These walk in centers uses nurse lead model of care. Nurses can provide education and support for clients, family members and to the general public (Crismani&Galletly, 2011).

To conclude, from the light of above it is clear that mental health is an integral part of nursing care. According to the modern concept of nursing, nursing care includes holism in its practice. This means that while providing care to the clients, their physical, emotional, spiritual aspect is considered. Across the world more than 25% of people experience mental illness at sometime during their lives. So it is an issue of great concern (Sreevani, 2007). Stigmas associated with mental illness further enhance this issue. Stigma can cause shame, blame, social exclusion and discrimination. These all affects the productivity of clients (Barkway, 2005). Nurses can play a crucial role in lowering prevalence and burden of mental illness by providing high quality care, education and support to the clients and society.

**REFERENCES**

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Abdullah, T. & Brown, T.L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms:An integrative review. *Clinical Psychology Review, 31*, 934– 948

Arboleda-Flórez. J, Sartorius, N. ( 2008). Understanding The Stigma Of Mental Illness:Theory And Interventions, UK:John wiley and sons Limited.

Australian Nursing Federation. ( 2009). *Mental Health Nursing Care*. Accessed on December 20, 2011, from http://www.anf.org.au/pdf/policies/P\_Mental\_Health\_Nursing\_Care.pdf

Barkway, P. (2005). Creating supportive environments for mental health promotion in the workplace, *Contemporary Nurse ,21*(1), 131-141.

Boyd A. M. (2008). *Psychiatric nursing: contemporary practice*. (4th edi). Philadelphia, PA:  Lippicott Williams and Wilkins.

Cattan, M.& Tilford, S. (2005). *Mental Health Promotion: A Lifespan Approach.* UK: Mcgrow Hill companies.

Corrigman, P. W & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychological Review, 30*(8), 907-922.

Crismani,C. & Galletly, C. (2011), 'Walk-ins': developing a nursing role to manage unscheduled presentations to a community mental heath clinic. *Contemporary Nurse,39*(1), 12-19.

Elliot, L.,& Masters, H. (2009). Mental health inequalities and mental health nursing. *Journal of Psychiatric and Mental Health Nursing*,*16*, 762-771.

Happell, B. & Platania-Phung, C. (2005). Mental health issues within the general health care system : implications for the nursing profession. *Australian Journal of Advanced Nursing, 22*(3), 41-47.

Horsfall, J., Cleary, M.,& Hunt, G. E. (2010). Stigma in mental health: clients and professionals. *Issues in Mental Health Nursing*, *31,* 450–455.

Koekkoek, B., Hutschemaekers,G., VanMeijel, B., Schene,A.(2011), How do patients come to be seen as ‘difficult’: A mixed-methods study in community mental health care. *Social Science and Medicine, 72*(4), 504-512.

McAllister, M. (2008). Looking below the surface: developing critical literacy skills to reduce the stigma of mental disorders. *Journal of Nursing Education, 47*(9). 426- 430.

Pitkanen, A., Hatonen, H., Kuosmanen,L., & Valimaki, M. (2008). Patients’ descriptions of nursing interventions supporting quality of life in acute psychiatric wards: A qualitative study. *International Journal of Nursing Studies ,45,* 1598–1606.

Rhode Island Psychological Association. (2009). *Importance of Mental Health*. Accessed on December19, 2011, from http://www.ripsych.org/importance-of- mental-health

Rüsch, N., Angermeyer, M. C, & Corrign, P.W., (2005)., Mental illness stigma:Concepts, consequences, and initiatives to reduce stigma, *European Psychiatry 20*, 529– 539.

Sreevani, R. (2007). *A Guide to Mental Health and Psychiatric Nursing,* New Delhi, India: Jaypee brothers medical publishers( P) Ltd.

Watt, G.V.D. (2011). Consultation- liasion nursing :a personnel reflection. *Contemporary Nurse, 34*(2), 167-176.

Woodhouse, A. (2010). Is there a future in mental health promotion and consultation for nurses. *Contemporary Nurse*, *34*(2), 177-189.

World Health Organization. (2007), Atlas: Nurses in Mental Health 2007, Geneva: WHO press.