LEcTUrE oBjECTIvEs:

1. Define and differentiate between culture and ethnicity.
2. Describe six phenomena on which to identify cultural differences.
3. Apply the nursing process in the care of individuals from various cultural groups.
4. Describe the pathophysiology incurred by the HIV.
5. Discuss historical perspectives associated with HIV disease.
7. Identity predisposing factors to HIV disease.
8. Describe symptomatology associated with HIV infection and AIDS, and use these data in client assessment.
9. Describe appropriate nursing interventions and teaching relevant to HIV disease.
10. Discuss tertiary prevention of mental illness within the community as it relates to the chronically and homeless mentally ill.
11. Relate historical and epidemiological factors associated with caring for the chronically and homeless mentally ill.
12. Identify treatment alternatives for care of the chronically and homeless mentally ill within the community.
13. Apply the nursing process to care of the chronically and homeless mentally ill within the community.

vOCABULARy:

culture
ethnicity
stereotyping
folk medicine
shaman
yin and yang
curandero

HIV wasting syndrome
Kaposi’s sarcoma
opportunistic infection
seroconversion
standard precautions
curandera
deinstitutionalization
prospective payment
community
primary prevention
secondary prevention
tertiary prevention
Store-front clinics
LECTURE OUTLINE:

I. Introduction
   A. Culture - a particular society’s entire way of living, encompassing shared patterns of beliefs, feelings, and knowledge that guide people’s conduct and are passed down from generation and generation.
   B. Ethnicity - people who identify with other because of a shared heritage.
   C. Cultural influences affect human behavior, interpretation of human behavior, and response to human behavior.
   D. Must not assume that all individuals who share a culture or ethnic group are clones. (stereotyping) All individuals are unique.

II. Culture differences
   A. Communication - a root in culture; language, paralanguage, and gestures.
   B. Space (environment of the communication)
      1. Territoriality - innate tendency to own space.
      2. Density - numbers of people within a given environmental space.
      3. Distance - space needed to communicate.
         a. Intimate distance - 0 - 18 inches.
         b. Personal distance - 18” - 3 feet
         c. Social distance - 3 - 6 feet.
   C. Social organization:
      1. Groups within which individuals are acculturated, acquiring knowledge and internalizing values.
      2. Examples: families, religious groups, and ethnic groups.
   D. Time:
      1. Some cultures place importance values that are measured by time, others are scornful of the clock.
      2. Perception of time related to present orientation or future orientation.
   E. Environmental control:
      1. Perception of control over their environment
      2. Cultural beliefs and practices influence how an individual responds to his/her environment during periods of wellness and illness.
   F. Biological variations:
      1. Body structure, skin color, physiological responses to medication, electrocardiographic patterns, susceptibility to disease, and nutritional preferences and deficiencies.
III. Application of the Nursing Process

A. Background assessment (See Y9 and Y10)

B. Diagnosis/outcome identification:

1. Nursing diagnoses for cultural diverse groups
   
   a. Impaired verbal communication
   b. Anxiety
   c. Imbalanced nutrition, less than body requirements
   d. Spiritual distress

2. Outcome: Patient/client will
   
   a. Verbalize ways to intervene in escalating anxiety.
   b. Recognize symptoms of onset of anxiety and intervene before reaching panic stage.
   c. Demonstrate techniques for interrupting progression of anxiety.
   d. Express decreased feelings of guilt and anxiety.
   e. Demonstrate improved ability to express self
   f. Communicate with congruent messages between verbal and non-verbal communication.
   g. Recognize disorganized thinking at times of increased anxiety and interrupt the process.
   h. Verbalize the importance of adequate nutrition and fluid intake.

C. Planning/implementation

1. Ensuring beliefs are not misunderstood and include elements that are important to his/her culture.

2. Emphasis: developing a trusting relationship with the client and eliminate barriers to communication

D. Evaluation: Accomplishment of established goals/outcomes.

IV. Introduction: Individuals with HIV Disease

A. Lethal clinical syndrome (1981)

B. Statistics: Currently 900,000 and 40,000 new infections/year.

C. Agent: AIDS (Acquired Immunodeficiency Syndrome)

D. AIDS - CDC definition (1993) all individuals with immunosuppression indicated by a T4 lymphocyte count of less than 200/mm.

V. Pathophysiology of HIV Virus

A. Normal immune response - differential nonspecific; T cells (cellular response) are unaffected and B cells (humoral response) are unaffected.
1. Immune Response to HIV
   a. T4 lymphocytes are destroyed, decreasing the body's ability to attack the virus.
   b. T4 lymphocytes are less than 600/mm, in advanced stages may be as low as 10/mm

VI. Historical Perspectives
   B. Population 1st affected homosexual and bisexual men in CA and NY.
   C. Next population was heterosexual drug users and hemophiliacs.
   D. Origin may be Africa, virus called simian T-cell leukemia found in monkeys and apes.
   E. Now - pandemic.

VII. Epidemiological statistics
   A. 2001 - 40 million cases world-wide
   B. Greatest concentration - sub-Saharan Africa, South and Southeast Asia.
   C. USA - all 50 states and DC, increased cases in NY, FL and CA; less number North and South Dakota.

VIII. Predisposing Factors:
   A. Etiological agent - HIV
   B. Sexual transmission
      1. Heterosexual transmission
      2. Homosexual transmission
   C. Blood borne transmission
      1. Transfusion - blood or blood products.
      2. Infected needles
         a. IV drug users
         b. accidental needle sticks by health-care workers.
      3. Perinatal transmission
         a. Transplacental
         b. Exposure to maternal blood and vaginal secretions during delivery.
         c. Through breast-feeding
      4. Other possible modes of transmission.

IX. Application of the Nursing Process
   A. Background Assessment
1. Early stage HIV disease (1000 - 500 T4 cells/mm)
   a. Acute infection - incubation 6 days to 6 weeks after exposure
   b. Symptoms: fever, myalgia, malaise, lymphadenopathy, sore throat, anorexia, nausea and vomiting, headaches, skin rash and diarrhea.
   c. Seroconversion - detectability of HIV antibodies in the blood, 6 and 12 weeks after infection, with 99% of those infected by 6 months.
   d. Asymptomatic - after acute phase remain asymptomatic for 10 or more years.

2. Middle-stage HIV disease (500 - 200 T4 cells/mm)
   a. Persistent generalized lymphadenopathy. Nodes is at least different locations swell and remain swollen for months, with no other signs.
   b. Other symptoms: fever, night sweats, chronic diarrhea, fatigue, minor oral infections and headache.

3. Late-stage HIV disease (200 or less T4 cells/mm)
   a. HIV wasting syndrome - associated with nutrient malabsorption or enterocolitis or intestinal injury relate to an opportunistic infection.
   b. Opportunistic infections.
   c. AIDS-related malignancies, produced by HIV
      1. Kaposi’s sarcoma
      2. Non-Hodgkin’s lymphoma
      3. Altered mental states
         (a) delirium
         (b) depressive syndromes
         (c) HIV-associated dementia (HAD)

4. Psychosocial implications:
   a. Anxiety disorders
   b. Major depression
   c. Mania
   d. Dementia and delirium

B. Diagnosis/outcome identification

1. Nursing Diagnoses
   a. Ineffective protection
   b. Interrupted family processes
   c. Deficient Knowledge
   d. Disturbed thought processes
   e. Risk for suicide
   f. Impaired adjustment
C. Outcome criteria: Patient will...
1. verbalize feelings to professional nurse and others.
2. identify appropriate external resources available
3. verbalize when interpretations of the environment are inaccurate.
4. experience no delusional/distorted thinking
5. reflect accurate interpretation of the environment
6. recognize negative or irrational thoughts and intervene to “stop” their progression.
7. state the desire to live
8. verbalize feelings of anger, loneliness, and hopelessness.
9. identify alternative coping mechanisms.
10. be able to modify his/her life style consistent with change in health status.
11. be involved in problem solving and setting goals.
12. maintain independence

D. Planning/implementation
1. Focus - maximizing client safety and comfort.
2. Assisting family to adjust with newly acquired diagnosis of loved ones.
3. Education - protection from infection of the client and others.

X. Treatment Modalities

A. Pharmacology –
1. Antiretroviral therapy - (Nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and Protease inhibitors)
2. Other chemotherapeutic agents
3. Psychotropic medications.

B. Universal Precautions

C. Hospice care
1. Interdisciplinary team.
2. Pain and symptom management
3. Emotional support
4. Pastoral and spiritual care.
5. Bereavement counseling.
6. Twenty-four-hour on-call support
7. Staff support.

X. The Homeless Population

A. Historical and epidemiological aspects
1. Statistics - estimated 250,00 to 4 million.
2. 20 - 25% suffer from severe and persistent mental illness
B. Types of mental illness among the Homeless

1. Schizophrenia (most common)
2. Bipolar affective disorder
3. Substance abuse and dependence
4. Depression
5. Personality disorders
6. Organic mental disorders

C. Contributing factors to the mentally ill Homeless

1. Deinstitutionalization -(See Y11)
2. Poverty
3. Scarcity of affordable housing
4. Lack of affordable health care
5. Domestic violence
6. Addiction disorders.

D. Community resources for the homeless

1. Interfering factor:
   a. Residential instability

2. Health issues
   a. Alcoholism is common
   b. Thermoregulation
   c. Tuberculosis is on the rise.
   d. Dietary deficiencies
   e. STD
   f. Special health needs of homeless children

3. Types of Community Resources
   a. Homeless shelters
   b. Health-care centers and store-front clinics
   c. Mobile outreach units

E. Homelessness and the Nursing Process

1. Assessment
   a. Behavior and needs (a priority)
   b. Functional characteristics.
   c. Potential for psycho-social rehabilitation (may fluctuate)
   d. Difficulties in ADL’s
   e. Lack of self-confidence and self-esteem.
   f. Attitude of health professionals - “drunk, crazy, lazy, etc.”
   g. Lack of access
   h. Impairment in capacity to work.
   i. Ineffective and inappropriate relationship development.
   j. Chronicity of health care and treatments
k. Difficulty seeking out and enjoying leisure time activities.
l. Strong dependence needs
m. Long term effects of medication: limited motor capacity.
n. Lack of financial resources.
o. Lack of motivation or self direction.
p. Privacy/confidentiality issues.
q. Mental status assessment - memory, judgement, thinking and problem solving.
r. Medication: what and frequency
s. Allergies
t. Previous-psych hospitalization.
v. STD, drug screen, TB, AIDS

2. Nursing Diagnosis

a. Altered family role
b. Social isolation R/T mistrust of others and lack of social support
c. Ineffective individual coping
d. Powerlessness R/T lack of personal control over environment.
e. Disturbed Self-esteem
f. Self-care Deficit
g. Altered Nutrition: Less than Body Requirement
h. Altered health maintenance (lack of hygiene, alcohol abuse, and lack of follow through

3. Outcome: Patient will...

a. be safe.
b. maintain self preservation
c. adapt in their environment.

4. Nursing Intervention

a. Alliance - health relationship in nonthreatening and non-judgmental attitudes.
b. Allow control - explore options with client.
c. Deal with their concerns first.
d. Medication management - can’t afford drowsiness (theft, lithium level?, effects, ETOH, and side effects)
e. Education- hygiene, nutrition, thermoregulation (frost bite, heat stroke, sun burn, cancer risks, respiratory problems, STD, substance-abuse and infestation control.
f. Case management - coordination of services and care, health teaching, crisis intervention.
g. Political involvement - be an informed voter.
### Culture Diversity: Assessment and Comparison

<table>
<thead>
<tr>
<th>Culture</th>
<th>Origin</th>
<th>Communication (Language)</th>
<th>Valued Space</th>
<th>Social Organization</th>
<th>Time</th>
<th>Environmental Control</th>
<th>Biological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern European Americans</td>
<td>Descendants are dominant Group - English, German, Polish, Norwegian</td>
<td>English</td>
<td>Personal space</td>
<td>Less value on marriage and religion, than once was.</td>
<td>Punctuality and efficiency highly valued.</td>
<td>Healthy lifestyle, but enjoy fast food</td>
<td>Medium body structure, Color fair skin.</td>
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<tr>
<td>African American</td>
<td>Africa</td>
<td>Combination of African dialects and other cultures</td>
<td>Prefer own social organizations.</td>
<td>Some are integrated, others prefer to remain in own social organ. One third of families are headed by women. Large support groups.</td>
<td></td>
<td>In south practice folk medicine, “granny, old lady or spiritualist” Hypertension and sickle cell genetic tendencies.</td>
<td>Medium body structure, Color varying from white to dark brown.</td>
</tr>
<tr>
<td>Native American</td>
<td>Central America</td>
<td>Native language and English</td>
<td>Touch or hand shake is considered aggressive. Social distance</td>
<td>Family or tribe Children are taught to respect tradition.</td>
<td>Present time oriented.</td>
<td>Combination of shaman (medicine man) and traditional medicine TB, alcoholism, &amp; nutritional deficiencies.</td>
<td>Average height, Color reddish tint to skin ranging from light to medium brown.</td>
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<tr>
<td>Asian/Pacific Islander Americans (11 Million immigrants)</td>
<td>Japan, China, Vietnam, Philippines, Thailand, Cambodia, Korea, Laos, and Pacific Islands</td>
<td>Native language &amp; English Soft spoken To raise their voice is considered a loss of control.</td>
<td>Very reserved to touching. Social distance</td>
<td>Family loyalty Education is highly valued. Religion varies: Taoism, Buddhism, Islam, Christianity</td>
<td>Past and present</td>
<td>Yin and Yang fundamental practice; Mental illness viewed as shame. Diet: rice, vegetables, &amp; fish Low alcohol intake; poss. genetic intolerance</td>
<td>Small frame and build Color varies from white to medium brown with a yellow tones.</td>
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<tr>
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<tr>
<td>Latino Americans</td>
<td>Mexico, Spain, Puerto Rico, Central and South America</td>
<td>Spanish</td>
<td>Touch is common form of communication</td>
<td>Group oriented</td>
<td>Present oriented</td>
<td>Roman Catholicism, Indian and Spanish folk medicine.</td>
<td>Short is stature</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Large extended family</td>
<td></td>
<td>Curandero - male folk healer</td>
<td>Color varies from light tan to dark brown</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Roman Catholic</td>
<td></td>
<td>Curandera - female folk healer</td>
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<td></td>
<td></td>
<td>Have less mental illness, poss. R/T strong family support</td>
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<td></td>
<td>Present oriented</td>
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<td></td>
<td></td>
<td>Present oriented</td>
<td>Whatever happens in the future is God’s will.</td>
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<td>Roman Catholicism (French &amp; Italians)</td>
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<td></td>
<td>Greek orthodox (Greeks)</td>
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<td></td>
<td></td>
<td>Traditional medicine with some folk medicine and superstitions.</td>
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<td></td>
<td></td>
<td>Wine is the beverage of choice. Low alcoholism rate</td>
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<tr>
<td>Western European</td>
<td>France, Italy and Greece</td>
<td>Unique dialects within each language.</td>
<td>Personal distance</td>
<td>Family oriented.</td>
<td>Present oriented</td>
<td>Roman Catholicism (French &amp; Italians)</td>
<td>Average stature.</td>
</tr>
<tr>
<td>Americans</td>
<td></td>
<td></td>
<td>Warm &amp; affectionate</td>
<td>Interact in large groups</td>
<td></td>
<td>Greek orthodox (Greeks)</td>
<td>Skin color ranges from fair to medium brown</td>
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<td></td>
<td></td>
<td></td>
<td>Hugging, kissing, lots of body language</td>
<td>Strong allegiance to cultural heritage.</td>
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<td>Traditional medicine with some folk medicine and superstitions.</td>
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<td></td>
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<td></td>
<td>Patriarchal family</td>
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<td>Wine is the beverage of choice. Low alcoholism rate</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Women are mothers and homemakers</td>
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<td></td>
<td></td>
<td>Children are prized &amp; cherished.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Elderly respected for age &amp; wisdom</td>
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**Culture Diversity: Assessment and Comparison (continued)**
PROBLEMS OF DEINSTITUTIONALIZATION

1. There are at least as many seriously mentally ill persons living on the streets and in shelters as there are in public mental hospitals.

2. There are increasing numbers of seriously mentally ill persons in the nation’s jails and prisons.

3. Seriously mentally ill persons are regularly released from hospitals with little or no provision for aftercare or follow-up treatment.

4. Violent acts perpetrated by untreated mentally ill persons are increasing.

5. Housing and living conditions for mentally ill persons in the community are grossly inadequate.

6. Community mental health centers, originally funded to provide community care for the mentally ill, so these persons would no longer have to go to state mental hospitals, are almost complete failures.

7. Laws designed to protest the rights of the seriously mentally ill primarily protest their right to remain mentally ill.

8. The majority of the mentally ill persons discharged from hospitals have been officially lost.


STRESSORS OF HOMELESSNESS THAT INFLUENCE MENTAL HEALTH

1. The effect of constant vigilance for safety, resulting in lack of sound sleep, fearfulness, suspicion, and insecurity.

2. Social isolation, being shunned by others, or feelings of “invisibility”.

3. Use of drugs or alcohol in a futile attempt to create comfort or a sense of community.

4. Poor diet, which may contribute to biochemical imbalances and mood changes.

5. Susceptibility to physical illness.

6. Constant uncertainty and disruption.

7. Lack of medical, psychiatric, or other needed assistance.

8. Pervasive sense of hopelessness and uncertainty.

<table>
<thead>
<tr>
<th>INFORMATIONAL RESOURCES ON HOMELESS</th>
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<tbody>
<tr>
<td>Clearinghouse on Homelessness Among Mentally Ill people</td>
<td></td>
</tr>
<tr>
<td>8630 Fenton Street</td>
<td></td>
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<tr>
<td>Silver springs, MD 20910</td>
<td></td>
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<tr>
<td>National Alliance for the Mentally Ill</td>
<td></td>
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<tr>
<td>1901 N. Fort Meyer Dr., Ste. 500</td>
<td></td>
</tr>
<tr>
<td>Arlington, VA 22209-1604</td>
<td></td>
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<tr>
<td>The National Coalition for the Homeless</td>
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<tr>
<td>1439 Rhode Island Avenue, Northwest</td>
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<tr>
<td>Washington, DC 20005</td>
<td></td>
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<tr>
<td>The National Mental Health Association</td>
<td></td>
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<tr>
<td>1021 Prince Street</td>
<td></td>
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<tr>
<td>Alexandria, VA 22314</td>
<td></td>
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<tr>
<td>The national Resource Center on Homelessness and Mental Illness</td>
<td></td>
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<tr>
<td>262 Delaware Avenue</td>
<td></td>
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<tr>
<td>Delmar, NY 12054</td>
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<tr>
<td>National Volunteer Clearinghouse for the Homeless</td>
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<tr>
<td>Community for Creative Non-Violence</td>
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<tr>
<td>1310 Emerson Street, Northwest</td>
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<tr>
<td>Washington, DC 20011</td>
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