

Vulnerable Populations in Nursing

Hannah Considine

Lakeview College of Nursing

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Brittany Lawson, MSN, RN, CMAC

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I have neither given nor receive, nor will I tolerate others' use of unauthorized aid

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Approximately 18.7% of the U.S population reported having a mental illness yet half of those affected by it do not seek out medical treatment (Capriotti, 2020, p.886). Mental health has been pushed aside for years by the general population. In the 17th and 18th centuries, psychiatric illnesses were said to be caused by evil spirits, but in the 19th century, Freud stated that environmental and past traumas could influence a person's mental status (Capriotti, 2020, p. 885). Although we have made many advances in the world of mental health people still aren't seeking the help they need. We must start questioning why this population of people is not reaching out to their providers for help.

First, we must understand why the conversation surrounding mental health is so hard to discuss. Many people have a fear of being judged by their family members, peers, and even their health care providers. A lot of people view mental illness as a sign of weakness and are embarrassed to speak about it. People with mental illnesses are usually insecure about themselves already, so this adds another obstacle for them to overcome. This stigma can make the individual feel discriminated against, thus hardening the blow to their already damaged self-esteem. The World Health Organization stated that the stigma and discrimination towards mental health is "the single most important barrier to overcome in the community" (Cultural Perspectives on Mental Health, 2020).

Although we are starting to make traction in the world of mental health in the United States, other countries and cultures fall behind. It is important to realize that other cultures, religions, ethnicities, and countries view mental health and health care in general differently. In the United States, we tend to be more understanding of the mental illness. Many individuals would argue that mental health is just as important as physical health. Several Native American groups have the same outlook. For instance, some Native American tribes do not stigmatize mental illness at all, and others stigmatize only some mental illnesses. Other tribes stigmatize mental illnesses all together (Cultural Perspectives on Mental Health, 2020). In Asian cultures, they value conformity and normality. They believe that

conformity to norms, emotional self-control is of high importance. Mental illnesses are often stigmatized and seen as a source of shame in these cultures (Cultural Perspectives on Mental Health, 2020). In Latino cultures, they believe that having a mental illness could hurt their social status. This population of individuals tends to explain their symptoms as nervios, or “an attack of the nerves” (Unite.org). Using terms like these would steer away from the actual clinical diagnosis and tended to have less stigma surrounding it.

Since different cultures have different views on mental health, we must approach these individuals with cultural competence when providing care. Cultural competence can be defined as the development process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills (Hood, 2018, p. 281). Becoming a more culturally competent individual can help us examine our values, beliefs, biases, and prejudices. Being culturally competent will also help us build cultural awareness and by doing so we can begin to learn culturally specific communication strategies while providing care to that specific demographic of people.

When it comes to caring for those with a mental illness, I’m extremely passionate. I think those suffering from mental illness do not always get the treatment they need. Having a mental illness can make it hard to even do the simplest of tasks let alone reach out for the proper help. For that reason, I am a strong advocate for mental health awareness. In being so passionate about this cause, I run the risk of overstepping my boundaries with a patient. I suffer from depression, generalized anxiety disorder, and panic disorder. Sometimes I find myself advising a person or patient with these disorders because I too suffer from it. I tend to forget that mental health care is not a one size fits all type of thing. Different things are appropriate for certain people. A religious person may find relief in praying whereas I don’t practice that and feel as if it doesn’t work for me. This is where being culturally competent and

forgetting my biases come into play. We must learn to leave our ideas of what is right and wrong behind when taking care of others. We should always try to do right by our patients.

In conclusion, we can see that we have come such a long way in terms of mental health care throughout the centuries. We know that culture, stigmas, discrimination, and biases play a role in seeking and providing treatment to those suffering from mental illness. We must do all that we can to provide the best care for all populations for people, but especially those that are at high risk for vulnerability. I hope the knowledge I've provided you today will help guide you in your efforts to become a more compassionate, and culturally competent person and nurse.

References

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