

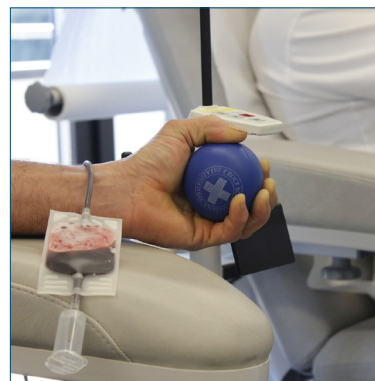
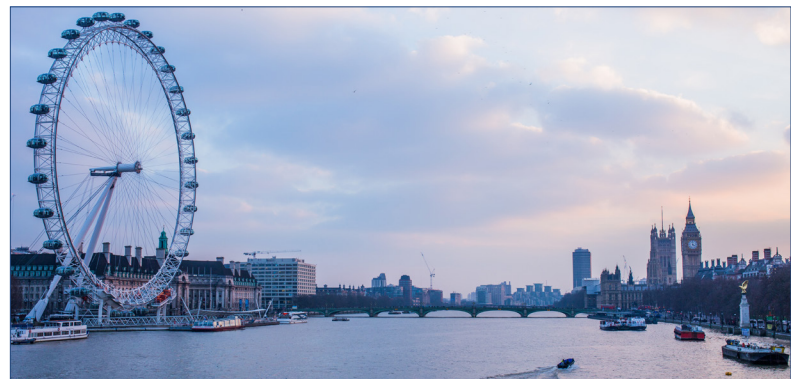
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# Scientific Tracks & Sessions

## March 04, 2019

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### ***Euro Nursing 2019***



## European Nursing Congress

March 04-05, 2019 | London, UK

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## Going Global: Medical Assistance and Flight Nursing

**Kerryn McGowran**  
International SOS, UK

Air travel is becoming increasingly more common and accessible to all, bringing with it the complexities of how to manage illness or accident while away from home. Nursing plays a critical role in the provision of medical assistance and enabling patients to optimise their medical care in different international healthcare settings.

Standards of care vary greatly from country to country and having medical oversight of the care being provided is essential to optimise treatment and clinical outcomes. Patients may often require more complex care than can be provided locally or, because of a change in their core functional abilities, they may need in-flight medical assistance to be able to travel home. Determining patients' fitness to travel requires a complex risk-assessment and decision-making process.

Flight nursing is a complex and challenging specialist field of nursing which focuses on ensuring that all medical, logistical and aviation considerations are properly addressed so that patients can be delivered safely home. Flight nurses are able to provide and deliver suitable levels of care in the challenging

flight environment. It is their responsibility to see that patients receive safe, effective and high-quality care during their transport via aircraft, as well as addressing the significant logistical and geographical difficulties involved in managing a safe transfer.

This presentation explores these challenges and the role of a flight nurse in ensuring safe patient transfers across international boundaries.

### Speaker Biography

Kerryn McGowran is the Director of Nursing – Assistance, EMEA at International SOS London. Since joining International SOS 13 years ago, Kerryn has held progressively more senior roles in medical assistance with experience working on and managing both corporate and Government contracts. She has extensive practical experience as a flight nurse transferring patients on commercial airlines for the company, and developing the medical transportation process. In her current role she is responsible for the professional leadership of a large team of nursing staff across Europe, Middle East and Africa. Originally from Australia, Kerryn has a Bachelor of Science - Nursing from Curtin University, and has a strong background in emergency care and hospital based medicine. She also holds a Diploma in Tropical Nursing from the London School of Hygiene and Tropical Medicine. Kerryn is Deputy Chair for the Royal College of Nursing Critical care and inflight nursing forum, which supports nurses working within critical care and aviation medicine nationally.

e: [kerryn.mcgowran@internationalsos.com](mailto:kerryn.mcgowran@internationalsos.com)



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## Priority of Mental Health training for young people

Maria Helena de Agrela Gonçalves Jardim<sup>1,2</sup> and Maria Regina Teixeira Ferreira Capelo<sup>1,2</sup>

<sup>1</sup>Madeira University, Portugal

<sup>2</sup>University of Fortaleza, Brazil

**Objectives:** To evaluate the level of depression and suicidal risk of young students from 12 to 18 years of the autonomous region of Madeira. Select training and intervention strategies for mental health promotion and prevention in young people, on the basis of the data obtained.

**Methodology:** Descriptive, analytical and inferential Study a representative sample (n = 1557) and stratified, probabilistic of both sexes by municipality of RAM, who attend normal schooling (elective year 2014-2015), with a sampling error of 1.2%, using Zung Depression Scale and Suicidal Risk Scale of Stork, having been guaranteed confidentiality, anonymity with informed consent of both the young and the responsible (Regional Secretariat of education, the boards of Directors of schools and caregivers).

**Results:** The average age of young people is 15.2 years, 55.2% female. Most shows no depression (81.5%), or suicidal risk (67.7%). However as regards depression noted that 18.5% have depressive mood (18.2%) and major depression (0.3%). As for the risk suicidal 16.8% of young people should be the subject of concern, as 10.1% reveal weak risk, 4.0% showed important suicidal risk and 2.7% suicidal risk is extremely important.

Table 1-characteristics of the sample in terms of suicidal risk and depression

Variable	n	%
<b>Rank of suicidal risk</b>		
"Normal" State	1054	67.7
Intermediate state or doubtful	241	15.5
Weak risk	158	10.1
Suicidal risk important	62	4.0
Suicidal risk is extremely important	42	2.7
x = 51.49; Md = 48.00; s = 27.29; xmin = 2.00; xmax = 146.00; p = 0.000		
<b>Level of depression</b>		
"Normal" State	1270	81.5
Dysthymia	283	18.2
Major depression	4	0.3

There is an association between depression and suicidal risk (p = 0.000) and between the two gender disorders (both p = 0.000) and age group (respectively p = 0.043 and p = 0.000), being the highest values of 15 to 18 years.

Table 2 – correlation between the suicidal risk and the depression

Variable	Depression		
	n	r	p
Suicidal risk	1557	+0.67	0.000

According to increase schooling increases the risk of suicide and depression, as well as on the basis of the number of Deprecations. The marital status of the parent's influence on depression and suicidal risk (p = 0.001; p = 0.003), being most evident in young people whose parents are not married. The fact that the youth they deal with disease (p = 0.000; p = 0.038), alcohol consumption (p = 0.000 and p = 0.003) and socializing with colleagues (p = 0.000; p = 0.000) influences significantly the two mental illnesses. The taking drugs only influences the risk suicidal (p = 0.000) and not practice sports only contributes to the risk of depression (p = 0.000).

**Conclusions:** These results are a contribution on the scarce existing statistics in this field of action, depression and risk of suicide, an incentive to the scientific community for future research and development programs support strategic interventions in youth mental health promotion and the social and educational policies. In universities is relevant and a priority to create a strategy that encompasses training programs of coping strategies and coaching, aimed at reducing the stigma about mental health, in order to facilitate applications for aid in situations of upheaval and rethink the true meaning that life holds for each and your community, never neglecting the socio-cultural and spiritual values, while respecting the bonds of social cohesion and integration in a globalized world.

### Speaker Biography

Maria Helena Goncalves Jardim is (2002), with Portuguese recognition in Nursing Sciences (2005). Post-Doctorate in Collective Health, University of Fortaleza, Brazil (2017). Coordinating professor at the University of Madeira, Researcher at UICISA-E and CINTESIS. Visiting Researcher CAPES / FUNCAP at UNIFOR, Brazil, published 40 articles in specialized journals and 76 papers in event notices, has 11 chapters of books and 4 books published. It has 187 technical production items. Participated in 48 events abroad and 157 in Portugal. Guided 3 doctoral theses and coorienta 3, guided 6 master's dissertations, in addition to having supervised completion of undergraduate and graduate studies in the areas of Sociology, Other Social Sciences, Health Sciences and Psychology. Received 11 awards and / or honors. Between 2005 and 2008 he coordinated 1 research project. Currently participates in 5 research projects, and coordinates 2 of these. He works in the areas of Medical Sciences with emphasis in Health Sciences, Social Sciences with emphasis in Psychology and Social Sciences with emphasis in Sociology. In his professional activities he interacted with 121 collaborators in co-authoring of scientific works.

e: hjardim@staff.uma.pt

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## Child Abuse & Who Kill Children: The missing psychiatric preventative interface

Colin Pritchard

University of Southampton, UK

The study compares Mental-Disorder-Related (MDR) suicide rates with Child-Sex-Abuse-Related (CSAR) suicide of 'Victims' and 'Perpetrators' of child sex abuse, based upon an examination of all Coroners' inquest files over a six-year period (n = 1,017). Census data, psychiatric case register and police records were used to calculate the potential MDR and CSAR populations. There were five main findings: (i) male and female CSAR victim suicide rates were 2.2 and 2.5 times the General Population Suicide Rate (GPSR), respectively; (ii) every female, and 80 per cent of male CSAR victim suicides, also had a mental disorder but none of the CSAR perpetrator suicides; (iii) male and female MDR suicide rates were 5 and 6 times the CSAR Victim rates; (iv) the sex abuser perpetrators' suicide rate was more than 3 times the male MDR rate; (v) the intra- and extra-familial perpetrator suicide rates, were 25 and 78 times the GPSR, respectively. Possible explanations for these surprising results are briefly discussed. They confirm the over-representation of people with mental disorder amongst suicides, and identify an over-

representation of CSAR suicides, particularly perpetrators. The results have implications for suicide prevention programmes, whilst highlighting the importance of the child protection-psychiatric interface and indicates the futility of simple explanations in an area of practical and moral complexity.

### Speaker Biography

After 15 years in practice, ending as Principal Psychiatric Social Worker, Prof Pritchard became a Lecturer 1970, Dept Psychiatry, University Leeds. He gained a Senior Lectureship at the University of Bath 1976-80 before moving to the Foundation Chair in Social Work Studies at University of Southampton 1980-1998. From 1998-2001 he was Research Professor in Psychiatric Social Work, Dept of Psychiatry, University of Southampton since which he has been Emeritus Professor, School of Medicine, University of Southampton and Visiting Professor at Dept Psychiatry, 2001 to present. From 2003, Prof Pritchard has been Research Professor in Psychiatric Social Work, Bournemouth University. He has enjoyed a distinguished career in academia. Including: Prime Minister's Strategy Group (Education) 2006 to 2008. Member of Post-Graduate Centre for Medical Education and Research 2007 to present. Appointed Royal College of Surgeons (England) Specialist Recertification Board April 2008. (Outcome and Peer Review sub-committee).

e: CPritchard@bournemouth.ac.uk



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## Community intervention to prevent child maltreatment in England: Evaluating the contribution of the family nursing partnership

Kevin Browne

University of Nottingham Medical School, UK

**Background:** The Government in England has recognized the importance of early intervention to promote positive child development and prevent maltreatment. In doing so, efforts have been made to increase the implementation of the Family Nurse Partnership (FNP) to target a greater number of families who require intensive secondary intervention.

**Methods:** This paper presents an argument that the FNP can be targeted more effectively to yield a greater return on investment. This is based on the re-analysis of data collected by the largest cohort study carried out into risk factors for child maltreatment in England.

**Results:** Currently, around 315 health visitors are estimated to be implementing this programmed, projected to increase to around 585 health visitors in 2015. However, targeting the programmed towards first-time, young vulnerable mothers with low socio-economic status means that around 1350 health visitors would be needed. Critically, targeting only this

population is estimated to prevent only 10% of cases of child abuse and neglect.

**Conclusions:** By targeting risk factors which are less common in the general population, but which are more prevalent amongst abusive families, fewer specialist health visitors would be needed to prevent a higher percentage of child maltreatment.

Keywords: children, cost-effectiveness, population-based and preventative services

### Speaker Biography

Kevin Browne is Chair of Forensic Psychology and Child Health, as well as Director of the Professional Doctorate Programmed in Forensic Psychology and the research Centre for Forensic and Family Psychology. He first held academic appointments at the University of Surrey, University of Leicester and University of Birmingham Medical School before being appointed as Professor and Director of the WHO Collaborating Centre in Child Care and Protection at the School of Psychology, University of Birmingham from 1998 to 2007. He then became the Chair of Forensic and Child Psychology at the School of Psychology, University of Liverpool (2007 to 2009).

e: kevin.browne@nottingham.ac.uk



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