

reducing stigmatisation, improving collaboration between professionals and implementing programmes for rehabilitation. Each speaker will give a short introductory presentation on their perspective on mental health in the workplace. This will be followed by a panel interview conducted by the session chair and include opportunity for questions to be asked from the audience.

**IOSH research** This session builds on recent research funded by IOSH into the 'Barriers and facilitators of return to work after sick leave in workers with common mental health disorders' (Joosen, *et al*). This study was completed in the Netherlands. Interviews were utilised to explore what occupational health professionals, mental health professionals, general practitioners, managers and workers saw as the barriers to and facilitators of work resumption by workers suffering from common mental disorders. The work includes reflection on the workers' own perspectives on what had led to sickness absence.

The research identified four main areas for improvement:

- The need for different agencies and professionals to collaborate more closely with each other when dealing with each case.
- Personalise workers' return to work support by focussing on their values, views and needs.
- Support workers in gaining self-awareness and regaining control.
- Improve manager's skills and knowledge in guiding workers after suffering a common mental disorder.

This research embellished IOSH's work in this area and is complimentary to its OH Toolkit, webinars and other information sources it has published. These tools are freely available and actively promoted to our members and wider audiences.

#### 1709 A GLOBAL VIEW OF IMPACT OF PSYCHOSOCIAL FACTORS ON HEALTH, WORK AND WELLBEING

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**Aim of special session** Global Impact on productivity and health of psychological factors such as fatigue, depression, sleep deprivation in a company population

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#### 1709a GLOBAL VIEW OF IMPACT OF PSYCHOSOCIAL FACTORS ON HEALTH, WORK AND WELLBEING

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**Introduction** Employers around the globe are being encouraged, recommended or legally mandated to consider the health of their employees beyond the scope of physical health. This broader scope of psychological health and safety in the workplace encompasses issues like depression, inadequate sleep, excessive job

demands, low job satisfaction, extending their consideration into areas of direct and indirect business impact.

**Methods** Responses of 4 20 000 employees in 123 countries to an online health risk appraisal that included measures of psychological and organisational factors were used to compare and correlate the impact of these factors, stratified by level of severity, on health and work. Psychosocial factors included work-related sources of personal stress, depression, sleep and organisational stress, the imbalance of job satisfaction and job stress. Impact on work was measured based on self-reported limitations on performance of work functions and absence from work.

**Results** As the severity of psychosocial risk factors increases, so does the unfavourable impact on job performance limitations and absenteeism, directly and indirectly, through the interaction with worsening physical health risk. For example, for individuals screened for depression (PHQ-9), comparing those with no depression symptoms to those with severe depression, we see globally 3.6 times the prevalence of individuals with 4 or more lifestyle-related risk factors, 13.0 times prevalence of 4 or more chronic conditions, 7.2 times prevalence of severe sleep problems and 11.5 times prevalence individuals reporting more stress than satisfaction from their work. Globally, prevalence of psychosocial risks varies by region, country and site. (e.g. prevalence of mild to severe depression ranges from 16% for North America to 37% for Asia and 39% for Africa and Middle East.

**Discussion** When evaluating health risk, it is important to include psychosocial factors. More studies are required to investigate the impact of psychosocial factors on work and interaction between psychosocial factors and health.

#### 1709b EXPERIENCE OF THE IMPACT OF PSYCHOSOCIAL FACTORS IN A COMPANY IN SEVERAL COUNTRIES IN LATIN AMERICA REGION

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**Introduction** This work was conducted at a company of massive consuming products located in nine Latin-American countries. Total working population 12,235, male: 7,716, female: 4519. 97% of population covered by On-Site Health Centres. Have 29 sites, 19 (65%) with certified Wellness Program, covering 83% of the working. 79% of the population participate in any of the site medical/Wellness programs. 32% of the population completed the Health Risk Appraisal questionnaire called Wellness Check Point.

**Methods** From the 4564 employees who filled the HRA questionnaire out, it was calculated absenteeism, presenteeism, depression, level of stress and engagement (job stress vs job satisfaction). Rates of presenteeism and absenteeism were calculated for each of the variables (depression, stress and engagement). After that, the weighted average of the company Latin-American employee's salary was calculated. Having at the end the cost of each level variable was divided as follows: Depression (normal, with some symptoms, mild, moderate, severe); Stress (no risk, low moderate, high/very high); and engagement (much more satisfaction than stress, more satisfaction than stress, equal/neutral satisfaction than stress, more stress than satisfaction, much more stress than satisfaction).

**Results** There was a linear relationship between productivity loss and level of depression. Linear relationship between productivity loss and level of engagement and not very clear relationship between productivity loss and level of stress.

**Discussion** In the productivity loss in relation to stress level there was a significant higher cost among those without stress while in the rest of the level there was a clear linear relationship between productivity loss and level of stress. This finding must be fully analysed.

**Conclusion** Looks like there is a relationship between productivity loss and depression/engagement levels.

### 1676 EVALUATION OF POLICY INTERVENTIONS FOR THE MANAGEMENT OF PSYCHOSOCIAL RISKS IN THE WORKPLACE

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**Aim of special session** To discuss studies aiming to evaluate the impact of policies on organisational action in the EU, Australia, Italy, and Mexico.

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### 1676a POLICY DEVELOPMENTS ON THE MANAGEMENT OF PSYCHOSOCIAL RISKS AND THE PROMOTION OF MENTAL HEALTH IN THE WORKPLACE IN EUROPE

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Psychosocial risks and their management are among employers' responsibilities as stated in the Framework Directive 89/391/EEC on Safety and Health of Workers at Work as it obliges employers to address and manage all types of risk in a preventive manner and to establish health and safety procedures and systems to do so. In addition to the Framework Directive, a number of policies and guidance of relevance to mental health have been developed and are applicable to the European level. These include both legal instruments (such as EU regulations, decisions, national pieces of legislation ILO conventions), Court of Justice of the EU and European Court of Human Rights rulings as well as non-binding/voluntary policies (or 'soft' policies) which may take the form of recommendations, resolutions, opinions, proposals, conclusions of EU institutions (Commission, Council, Parliament), the Committee of the Regions and the European Economic and Social Committee, as well as social partner agreements and frameworks of actions, and specifications, guidance, etc. initiated by recognised European and international committees, agencies and organisations. This presentation will review the policy

framework on psychosocial risks and mental health in the workplace in the EU and will focus on the latest developments in relation to the implementation of a consensus paper on mental health in the workplace by all EU member states. Priority areas for future action will be identified on the basis of this policy document.

### 1676b THE MANAGEMENT OF PSYCHOSOCIAL RISKS 9 YEARS AFTER THE IMPLEMENTATION OF THE EUROPEAN FRAMEWORK AGREEMENT ON WORK-RELATED STRESS IN ITALY: A MONITORING STUDY

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In 2008, Italy implemented the 2004 European Framework Agreement on work-related stress into the national legal framework on health and safety at work (L.D. 81/08). Then, the Department of Occupational and Environmental Medicine, Epidemiology and Hygiene, currently part of the Italian Workers Compensation Authority (INAIL), offered to companies a methodology for the assessment and management of risks associated with work-related stress as a participative proposal based on an evidence-based approach and validated tools. The INAILs methodology comes from the adaptation of the HSE's Management Standards approach and integrates findings of the most prominent national existing experiences and the legal requirements as well. INAIL offered also a web platform, consisting of an operational web interface where companies can have free access to the online tools and find useful documentation to support companies with a web interface as well as to create a structured repository where assessment data from companies are constantly collected. The INAIL methodology resulted in being the most used methodology by Italian companies and data collected through the web platform were useful in the view of optimising and standardising the tools over time. Recent findings showed the state of art of Italian enterprises in managing psychosocial risks resulting from a project financed by the Ministry of Health, involving INAIL as principal investigators, regional prevention units and two universities. This project aimed to offer a monitoring and intervention plan for the optimisation of the assessment and management of psychosocial risks at work in the view of contributing to the evaluation of the policy interventions' effectiveness. A further study showed the growing level of awareness and the impact of policies on psychosocial risks and work-related stress in Italy using EU-OSHA's European survey of enterprises on new and emerging risks (ESENER) data. Italian companies have shown a radical change in the management of psychosocial risks overtime and Italy has gone from being a country not prioritising these risks enough to one of the most active European countries in this area.

### 1676c DEVELOPMENT ON POLICIES ON PSYCHOSOCIAL RISKS AND WELLBEING AT WORK IN MEXICO

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