Cumulative plutonium intakes for these workers ranged from "no intake" to 990 Bq. Internal cross-validation indicated moderate-to-good correlations ($r > 0.4$) and relative differences between JEM and validation sample $< 10\%$. Probabilistic evaluation indicated robust estimates of cumulative intake. Median cumulative JEM intake was 50 times lower than for conventional assessment methodology and much better aligned with prior expectation.

Conclusions The 'exposure analogues' methodology in JEM-development is a novel approach and has the potential to be a valuable tool for future epidemiological studies of the risks that may arise from plutonium exposure at Sellafield and potentially other similar cohorts.

Declaration of potential conflict of interest: Dr MacGregor, Mrs Wilson, Mr Peace and Mr Herdman are employed by Sellafield Ltd. Professor Wakeford does consultancy work, including for the UK Compensation Scheme for Radiation-linked Diseases. The authors declare that they otherwise have no actual or potential competing financial interests.

Poster Presentation

Occupational Medicine (SCOM/Modernet)

0201

SURVEY TO DETERMINE USUAL CARE IN THE UK NHS OCCUPATIONAL HEALTH DEPARTMENTS IN MANAGING STAFF WHO GO ON SICK LEAVE WITH COMMON MENTAL HEALTH DISORDERS

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Introduction The National Health Service (NHS) is the biggest employer in the United Kingdom (UK). Poor mental health is estimated to account for more than 25% of sickness absence in the NHS. Little is known about the management of NHS staff who take sick leave due to common mental health disorders (CMHD).

Aims To establish the current practice of UK Occupational Health (OH) departments in managing staff who go on sick leave with CMHD.

Methods Survey of OH departments providing OH services to NHS trusts and health boards (12 questions). Analysis involved descriptive statistics and content analysis.

Results There were 49 complete responses from 126 OH departments (38.9%). The majority (98%) of the Trusts have a CMHD sickness absence policy in place. For 63.3% of the Trusts, the first OH consultation would occur between 8 and 28 days after a staff member going off sick and would be undertaken by someone with an OH qualification (91.8%). Assessment during the first consultation most frequently included exploration of symptoms of CMHD and assessment of medication, while case management and arranging regular timed reviews were least commonly included. 45% of the Trusts reported that they would not contact the staff member's GP to inform of the outcome of the consultation.

Conclusions We found variation in practice between trusts with respect to timing of first consultation, use of case-management approach and regular timed reviews. The most up-to-date evidence on the effectiveness of intervention is not uniformly being incorporated into current practice.

Oral Presentation

Psychosocial

0202

WORKPLACE-BASED INTERVENTIONS TO INCREASE CHANCES OF SOONER AND SUSTAINED RETURN TO WORK IN WORKERS WITH COMMON MENTAL HEALTH DISORDERS: A SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction Common mental health disorders (CMHD) are highly prevalent in the working population. Sick leave due to CMHDs is contributing to the exclusion from the labour market.

Aims To give an overview of the efficacy and effectiveness of interventions to increase chances of sooner and sustained return to work (RTW) in staff who go on sick leave with CMHDs. We aimed to include a wide variety of study designs, mental health conditions and types of interventions to allow for increased generalizability of the findings.

Methods We systematically searched MEDLINE, EMBASE, CINAHL, PsychINFO, and Cochrane Database of Systematic Reviews for studies published between 2009 and 2016. We included workplace-based interventions that focused on initiatives undertaken or strongly facilitated by the employer or the insurer. We used a narrative synthesis.

Results We retrieved 934 articles and 56 included in the qualitative synthesis. Of these 16 were randomised controlled trials. There was strong evidence that workplace focused interventions reduce the time until RTW (i.e. the number of sick-leave days), but did not improve RTW rates compared with controls. The evidence regarding lasting return to work and job performance is less clear. There is strong evidence that multiple domain interventions are more effective compared with single domain interventions.

Conclusions Individual-based interventions are more prevalent. However, more studies on workplace-focused interventions are needed, especially since connecting healthcare and workplace systems appears vital to influence the return-to-work process. There remains an evidence gap for which, if any, interventions lead to sustained return to productive work.

Poster Presentation

Cancer

0203

FARMING AND MORTALITY FROM LEUKAEMIA IN TAIWAN

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Agricultural workers might be at an increased risk for several cancers, including leukaemia, in mortality and incidence studies. A death certificate-based case-control study was designed