

absence counsellors were able to handle 27% of them without the direct assistance of an insurance physician. Results showed satisfaction with both the questionnaire and the decision rules among the professionals. Also, points of improvement were identified.

**Conclusion** This study indicates feasibility of the proposed triage tool, to effectively determine the necessary intensity of occupational health care interventions for sick-listed workers without an employment contract. To overcome important barriers and construct an optimal triage model, attention should be paid to further improve the questionnaire and decision rules.

## 512 SUSTAINED RETURN TO WORK AFTER SICK LEAVE DUE TO MENTAL DISORDERS IN BRAZIL

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**Introduction** Several factors influence the effectiveness of labour reintegration after an episode of sick leave due to mental disorders (MD). When workers remain working more than 30 days after being back to work is known as sustained return-to-work (S-RTW). This study aims to analyse factors associated to the effectiveness of S-RTW after sickness absence due to MD.

**Methods** A longitudinal study was conducted in the city of São Paulo, Brazil, from 2014–2016 and included 204 workers requiring sickness social security benefit due to MD. In baseline, participants fill questionnaires about sociodemographic info, health risk behaviours, work characteristics, health conditions and social security history. They were followed for 365 days after the first day of sickness absence. Those who have returned to work within this period were interviewed about employer's RTW process (n=128). A multiple logistic regression was performed to analyse the factors that contributed to the S-RTW.

**Result** The average time for return to work was approximately six months among the 63.0% who tried to resume their work activities. The effectiveness rate among those who tried to return was 74%. Factors associated to the S-RTW were: working for 5 or more years in the current job (HR 3.69; 95% CI: 1.13 to 12.02), high return-to-work self-efficacy at baseline (HR 0.25; 95% CI: 0.07 to 0.91) and was evaluated by a physician before RTW (HR 4.93; 95% CI: 1.48 to 16.43) – when adjusted by sex, job title, depressive symptoms and social security benefit type.

**Discussion** Workers psychological conditions, occupational aspects and employer's RTW process are associated to the effectiveness of the workers reintegration to work. It is important to understand this process in order to encourage and to stimulate public and private intervention policies on tertiary prevention, focused in effective RTW after sick leave due to MD. Acknowledgment: CNPq for financial support (Grant n° 442051/2014–0).

## 550 WORKPLACE- AND SYSTEM-BASED INTERVENTIONS ON RETURN-TO-WORK AND RECOVERY FOR MUSCULOSKELETAL AND MENTAL HEALTH CONDITIONS: A SYSTEMATIC REVIEW

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**Introduction** The burden of managing musculoskeletal pain and injuries (MSDs) and mental health (MH) conditions in the workplace is substantial. While overall rates of work injury have declined in most high-income countries, there have not been equivalent improvements in RTW rates. The primary objective of this review was to synthesise evidence on the effectiveness of workplace- and system-based interventions for RTW and recovery after a period of work absence.

**Methods** We followed a systematic review process developed by the Institute for Work and Health and an adapted best evidence synthesis.

**Result** Seven electronic databases were searched from January 1990 until April 2015. This comprehensive search yielded 8898 non-duplicate references. Our synthesis identified 69 studies examining three types of RTW outcomes (lost time, work functioning and associated costs) and four recovery outcomes (pain, psychological functioning, physical functioning and quality-of-life). These studies examined interventions that were classified into three broad domains: healthcare provision, service delivery and workplace modifications. Our review identified that in most cases, interventions were multi-faceted and included multiple intervention components, sometimes operating across multiple domains. The most common RTW outcome reported was lost time. Among the other RTW and recovery outcomes, studies varied widely in their inclusion. There is strong evidence that interventions encompassing multiple domains are effective in improving RTW outcomes in workers with MSD or MH conditions. In contrast, there is moderate to strong evidence that most single-component interventions have no effect on improving recovery regardless of condition.

**Discussion** While there is substantial research literature focused on RTW, only a small percentage of these intervention studies also include measures of recovery. Identifying effective intervention programs that facilitate RTW and recovery allows workplaces to implement empirically supported programs that benefit workers through improved function and reduced pain while reducing the economic burden associated with lost time.