

1268 **A CBT INTERVENTION FOR LONG TERM SICKNESS ABSENCE**

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Introduction The longer an individual is out of work the less likely that individual will ever return to work. Research has shown that, after six consecutive months of absence an individual has only a 50% chance of returning to work, this falls to 20% after 12 months' continuous absence and 10% after 24 months' continuous absence.

To evaluate if a cognitive behavioural intervention (CBT) impacts on an individual's decision to return to the workplace following a long term absence as measured by an individual's successful return to their previous work or a decision to seek alternative employment in a cohort of 27 individuals who are long term absent from work (8–57 months).

Methods We reviewed all cases referred, over a three year period (2014–2016), for a CBT intervention. (12–14 sessions over an average of a 6 month period).

Results 70% of a cohort of 27 individuals returned to their previous work or were in a position to seek alternative employment.

Discussion The findings suggest that a CBT intervention does support recovery and rehabilitation to work. Although the intervention involved a small cohort, the findings provide justification for continued investment and expansion of the current programme.

763 **INFLUENCE OF SIGNIFICANT OTHERS' PERCEPTIONS, BELIEFS, ATTITUDES AND BEHAVIOUR ON WORK OUTCOME OF INDIVIDUALS WITH CHRONIC DISEASES: A SYSTEMATIC REVIEW**

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Introduction It is recognised that significant others (SOs) may play an important role in recovery and return-to-work processes of individuals with chronic diseases. However, not much is known about how cognitive behavioural factors of SOs (spouse/partner, family member or friend) influence work outcome of their relative. This systematic review assesses the available evidence on perceptions, beliefs, attitudes and behaviours of SOs related to work outcomes of individuals with chronic diseases.

Methods Relevant articles were identified in PubMed, Embase, PsycINFO, SocINDEX and Web of Science. We included studies reporting on SO factors related to work outcomes (return to work, staying at work, job retention, and work functioning) in working populations with various chronic diseases. A quality assessment was performed, level of evidence was assessed for factors found in quantitative studies, and the evidence was thematically synthesised.

Result Out of 5168 articles, 18 studies were included (15 qualitative and 3 quantitative) of moderate to high quality. Studies were on cancer, chronic pain, brain injuries and mental health disorders. Results show that SOs with a positive

and encouraging attitude concerning the disease and its consequences had a positive influence on work outcome of their relatives. Negative illness perceptions and attitudes regarding the disease and its consequences were negatively associated. Additionally, encouraging and motivating behaviour and practical help with activities had a positive association, whereas advising and exerting pressure not to work were negatively associated with work outcome.

Discussion Perceptions, beliefs, attitudes and behaviours of SOs may have a facilitating or obstructing influence on work outcome. Therefore, involving SOs in prevention and intervention strategies may facilitate a positive work outcome of individuals with chronic diseases. More quantitative research is needed to confirm these findings, as the evidence was mostly based on qualitative studies.

102 **REALIST REVIEW OF WORKPLACE INTERVENTION PROGRAMS FOR MUSCULOSKELETAL DISORDERS**

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Introduction Musculoskeletal disorders (MSDs) are one of the main causes of work disability (TMS), yet some rehabilitation programs (RPs) effectively promote return to work. However, the level of implementation of these RPs remains low. Better understanding of what works in these programs is needed to improve implementation.

Objective Explain which contextual elements and components of these RPs work, for whom and in what circumstances.

Method A realist review of the literature was conducted using Pawson's approach (2006). Searches were performed in the Cochrane Work Trials Register, CENTRAL, MEDLINE, Embase and PsycINFO databases using pertinent keyword combinations. Each member of a group of experts (n=4) analysed the articles independently and generated configurations (Context-Mechanism-Outcome). The configurations were compared and discussed to produce a final list by consensus. Demi-regularities (patterns) were sought in the configurations as a whole to discern groupings. A Web survey of potential users was conducted to assess the clarity, pertinence and exhaustiveness of the recommendations.

Results A total of 24 articles were retained and analysed. Around 50 configurations were developed and then grouped. Five RP components emerged:

- assessment of the individual, including the work situation;
- timeliness of the workplace intervention;
- diversity of stakeholders;
- intersectoral information-sharing, and
- workplace accommodations.

These RP components yield positive RTW outcomes for various types of workers (manual or sedentary), regardless of MSD site (back or upper limb) and MSD phase (acute, sub-acute or chronic). The results of the 31-user survey revealed that the recommendations were mostly deemed clear, pertinent and exhaustive. However, four were considered difficult to implement in workplaces.

Discussion This realist review revealed that effective RPs depend largely on strong intersectoral actions involving leadership shared among healthcare, workplace and insurance stakeholders. These findings confirm the complex nature of program implementation.

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LEGAL AND POLICY PROVISIONS FOR REASONABLE ACCOMMODATION IN EMPLOYMENT OF PERSONS WITH MENTAL DISABILITY IN EAST AFRICA: A REVIEW

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Introduction Globally, legal and policy provisions recommends reasonable accommodation for persons with disability. These provisions are endorsed by international human rights policy provisions and the country specific disability and mental health legislations. However, persons with mental disability continue to face significant limitations to employment in East Africa. Imprecise definitions of mental disability and reasonable accommodation have been blamed for non-implementation of the policy and legal provisions.

Methods The disability laws, human rights legislations and mental health laws of 18 East African countries were reviewed using the WHO MiNDBank and in relation to article 27 of the United Nations Convention on Rights for persons with disabilities(CRPD).

Results We found that although 14 (78%) of the countries have ratified the CRPD only 12 (67%) have explicit definition of mental illness as a disability. Only 11 (62%) have explicit laws mandating employers to provide reasonable accommodation for persons with mental disability. It is unclear whether the policy and legal provisions perceive reasonable accommodation as a progressive or immediate obligation of the countries.

Discussion The UN CRPD defines persons with disabilities to include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others Both the CRPD and Sustainable Development(SDG) Goals recommends inclusive employment for persons with all forms of disabilities. In spite of the availability of these legislations, opportunities of employment for persons with mental disabilities remain dismal on account of cultural and social stereotypes about mental illness in addition to absence of actionable points in policies and legislations. There is lack of clear and specific definition of reasonable accommodation in the examined laws and concerted action by all state parties is required for improved employment for persons with mental disability.

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RETROSPECTIVE STUDY OF THE PROFILE OF DISABLED EX-WORKERS APPLYING FOR THE DISABILITY PENSION OF THE BRAZILIAN NATIONAL SOCIAL SECURITY INSTITUTE

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Introduction The assessment of the disabled person can be carried out through the application of various instruments, such as the International Classification of Functioning, Disability and Health (ICF). It has been used by INSS since 2011 for the concession of disability pension (DP) benefit. Since its implementation as an evaluation instrument, little is known about the results of ICF application and the applicant's profile. For this reason, it is important to retrospectively analyse the profile of the individuals that require this benefit, in relation to gender, age, educational level and previous main occupation.

Methods A retrospective study was carried out involving the evaluation of 173 DP applicants from the Brazilian National Social Security Institute (INSS) from March 2016 until December 2016 and it was collected the following data: gender, age, educational level, marital status, International Classification of Diseases (ICD-10) and previous main occupation. The data were divided according to the main prevalent categories.

Results It was demonstrated that most applicants were female, single, with complete primary education and average age of 43 years-old, with the most frequent distribution of requests occurred between 55 and 59 years-old, the most of them were agricultural workers (42%). In regard to ICD-10 classification, the most common disorders were: psychiatric (25,52%) followed by neurological/muscle (15,90%), cardiovascular (10,46%) and trauma/sequelae (8,36%) diseases.

Discussion It was concluded that most applicants for the DP benefits were agricultural female workers with low education presenting mainly with psychiatric, neurological, cardiologic and trauma diseases. The use of the ICF as an instrument can contribute to the real living conditions of people with disabilities being included in the statistics, allowing actions and decisions to be guided, policies and interventions defined and budgets allocated.

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EVALUATION OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH FOR ASSESSING DISABILITY OF THE BRAZILIAN NATIONAL SOCIAL SECURITY INSTITUTE

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Introduction The assessment of the person with disabilities can be made by using the ICF (International Classification of Functioning, Disability and Health). It has been used by the Brazilian National Social Security Institute (INSS) to concede the Social Security Continuous Benefit (BPC) for disabled person, and it evaluates incapacity for work and independent life. This study analysed the results of the ICF used by the social security medical examiners and social workers on the evaluation of disabled person.

Methods This was a retrospective study involving the evaluation of 173 BPC applicants of the INSS in Brazil from March to December 2016 and collected the following data: average scores from 0 to 4 (0-no disability, 1-mild, 2-moderate, 3-severe, 4-complete disability) for these ICF domains: environmental factors and activities/participation made by the social worker, body functions and activities/participation made by the medical examiners and the final results for granting or not the benefit. It was applied the statistical test of Kruskal-Wallis, the post test of Dunn ($p < 0.05$).