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THE RELATIONSHIP BETWEEN HOPE, SOCIAL INCLUSION AND MENTAL WELLBEING IN SUPPORTED WORK INTEGRATION

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Introduction Mental health services in developed nations have a recovery orientation. In this context, 'recovery' does not mean being symptom-free, but instead indicates that a person is 'living a satisfying, hopeful and contributing life even with the limitations caused by illness' (Anthony, 1993; p. 975). Australia's *Fourth National Mental Health Plan* sets social inclusion as its first priority and prescribes work integration as a key action and outcome by which people with mental illness achieve both social and economic inclusion. Research has identified the core components of recovery as: hope, social inclusion or connexion, empowerment and wellbeing, with 'hope' being the first and central requirement. This study explored the relationships between hope, social inclusion and mental wellbeing in a sample of people in recovery from mental illness.

Methods Participants were 70 adults (60% male) with a psychiatric disability (71.4% schizophrenia) who were engaged in supported employment (i.e., they were receiving a productivity-based wage). All completed a battery of psychometric measures and open-ended questions.

Result Compared to clinical samples of people diagnosed with a mental disorder, the participants in this study had higher levels of hope, social inclusion and mental wellbeing, and lower levels of psychological distress. Hope and social inclusion predicted mental wellbeing, with social inclusion partially mediating the relationship between the other two constructs. Participants reported experiencing the psychosocial benefits of work (e.g., structured activity and a shared purpose) but were dissatisfied with their wages.

Discussion Work integration through supported employment provides an opportunity for social inclusion and the prevention of long-term work disability. Engagement in work significantly mediates recovery from severe mental illness and facilitates a healthy level of mental wellbeing. Work integration can be achieved in the presence of ongoing symptoms and despite the absence of full economic inclusion. Australian health policy is supported.

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INTERDISCIPLINARY COMMITTEE TO SUPPORT EMPLOYEES WITH WORK RESTRICTIONS IN A PUBLIC HYDROELECTRIC POWER PLANT IN BRAZIL

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Introduction Ageing population and the increasing of job complexity elucidate the challenge of social and business politics to maintain employee fitness to work and to provide access to occupational rehabilitation for employees with work restrictions. The objective of this study is to describe the results of an interdisciplinary committee organised in a public company in Brazil in order to support the rehabilitation of employees with work restrictions.

Methods A retrospective study was conducted on occupational health records of all 69 employees with work restrictions accompanied by the interdisciplinary committee between 2009 and 2017 in a hydroelectric power plant in Brazil. The committee was composed by 2 occupational physicians, 1 occupational health nurse, 1 organisational psychologist and 1 social worker. The information analysed was gender, illness, sickness absence, conducts achieved and agreement between suggested committee approach and conduct adopted by the National Institute of Social Security (INSS).

Result From the 69 employees, 51 (73,9%) were men and 18 (26,1%) women. The most frequent group of diseases were related to musculoskeletal and connective tissue (33,3%), followed by mental disorders group (28,9%), consequences of external causes (10,1%) and neoplasms (8,7%). The most frequent diagnoses were back pain (11,5%) and depression (7,2%). From the total, 20,2% of workers had no sickness absence during follow-up. Conducts achieved were 46,3% of workers exercising their same activities as before the attendance committee, 24,6% rehabilitated for different activities, and 20,2% retired due to disability. There was an agreement by the INSS for all 21 suggested committee approaches, distributed between disability retirement (14) and occupational rehabilitation (7).

Discussion The establishment of the interdisciplinary committee led the company to a better management of workers' health restrictions. Also, the committee improved the conduction of the occupational rehabilitation process, considering the agreement by the INSS in all cases.

Work Organisation and Psychosocial Factors

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PREDICTING EMPLOYEE'S HEALTH AND WELLBEING: FINDINGS FROM A MASS EMPLOYEES HEALTH SCREENING PROGRAM IN MALAYSIA

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Introduction The Social Security Organisation of Malaysia is a statutory body responsible for social security protection to employees in Malaysia against occupational injury and diseases, and total inability to earn any income. In the year 2013, SOCSO had embarked on a health promotion campaign to its insured persons by providing free health screening to all insured persons aged 40 years old and above. Until the time of writing, 2.4 million insured persons were eligible and offered the health screening program.

Methodology Presence of cardiovascular risk factors and diseases such as diabetes, hypertension, hypercholesterolaemia and body mass index were obtained from the health screening data. Cardiovascular risk factors were determined through Framingham risk scoring computed from the available health parameters.

Results A total of 4 72 093 employee health screening data were available for analysis. There were 53% male compared to 47% female. Among the males, 30% had indicated that they are current smokers, compared to 1% among women. The prevalence of overweight, obesity, hypertension, diabetes and hypercholesterolaemia were 39%, 34%, 27%, 9% and 62% respectively. More than 9800 women were found with highly suspicious mammogram, with 164 found with findings highly suggestive of breast malignancy. Meanwhile, nearly 500

women were found with abnormal pap smear findings, with some found with cervical cancer.

Discussion Malaysia as a nation is facing a new challenge in sustaining the productivity of employees. The findings of the health status of Malaysian employees, showed much higher prevalence of non-communicable disease risk factors compared to what it was 10 years ago. To curb the epidemic and its impact to both businesses and the nation, a concentrated effort involving the government, the employees and the employers are required.

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ASSOCIATION BETWEEN WORKPLACE BULLYING AND COMMON MENTAL DISORDERS IN BRAZILIAN CIVIL SERVANTS

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Introduction Bullying has been described in literature as an important determinant for workers mental health. We aimed to evaluate the association between workplace bullying and common mental disorders in a sample of Brazilian civil servants.

Methods Cross-sectional study with a sample of 1883 workers from the Brazilian Federal Judiciary. The Negative Acts Questionnaire (NAQ-r) was used to measure bullying at work and the Self Report Questionnaire (SRQ-20) was used to evaluate Common Mental Disorders (CMD). Poisson and logistic regressions were used to test associations of interest, controlling for confounders.

Results The overall prevalence of CMD was 27.1%. The prevalence of workplace bullying was 17.0%. In the regression analysis controlling for social, demographic and occupational confounders, workers exposed to occasional bullying (now and then or monthly negative acts) was associated with a 2.17-fold higher prevalence of CMD ($p < 0.001$). Subjects exposed to bullying frequently (weekly or daily negative acts) presented a 4.78-fold higher prevalence of CMD than those who did not suffer bullying ($p < 0.001$).

Discussion Very few studies on the association between bullying and mental health in low and middle income countries are published. Our findings corroborate the results of longitudinal studies from high-income countries, where bullying appears to be an important determinant of worse mental health. Prevention actions to eliminate bullying in organisations are urgent, in order to preserve workers mental health. Civil servants are at high risk of being exposed to bullying, worsening their health condition.

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SYSTEMATIC INTERVENTIONS TO REDUCE PSYCHOSOCIAL FACTORS IMPACT IN THE WORKPLACE

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Introduction The impact of psychosocial factors on work life and extra-work life is increasing. Globally, mental disorders, many of them chronic, will be the single most costly component in health. In 2010 the global cost of mental disorders was \$2.5 trillion, projecting an increase to \$6 trillion by 2030. Depression costs more than cardiovascular disease, cancer and

diabetes combined. The impact on work is undeniable and at the same time can be a scenario for improving the health and quality of life of employees. Psychosocial factors are decisive, both in relation to the causes and prevention of mental disorders and in health promotion. In the work context we call psychosocial risk factors to those factors that originate in the organisation of work and which generate physiological, emotional, cognitive and behavioural responses that require coping responses and that can be precursors of diseases in certain circumstances of Intensity, frequency, and duration when coping is inadequate or insufficient. In the last years the ways and techniques for measure psychosocial factors in the workplace were improving and providing a clearer scenario on this problem. The concept of stress was comprehensively understood, considering the negative and positive aspects. The abilities of people to be exposed to stressors are key in dimensioning psychosocial risk. Resilience emerges as a personal and relational skill that can be trained and strengthened.

Methods Depression, stress at home and work related stress, worksite psychosocial factors and resilience were measured in a people population compounded of employees of different companies located in Latin America. PHQ9, SSOS, ISTAS21 and Wagnild and Young resilience scale were used to measure previous and post intervention. We have developed strategies to manage psychosocial factors in the workplace based in applied neuroscience; work psycho sociology; cognitive behavioural therapy and health coaching are useful to reduce psychosocial factors and to develop personal and collective resources for mental wellbeing.

Result 50% reduction in psychosocial risks impact in the workplace was achieved in a 400 employees population.

Discussion Systematic interventions are useful to reduce psychosocial factors and to develop personal and collective resources for mental wellbeing. Both, organisational and personal training are the key to promotion and protection of mental wellbeing in the workplace.

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STIGMA AND PUBLIC MENTAL HEALTH POLICY: PERSONAL, PROFESSIONAL, FAMILIAR AND SECURITY AND SOCIAL NATIONAL INSTITUTE LOSSES

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Introduction The process of stigmatisation of the mental illness is historical and goes back to the social conditions by which patients with mental disorders were submitted. Because of this, patients with psychiatric disorders are often assaulted, socially and even legally excluded because of the characteristics that arise from their illness. Besides, the mental health policy is based on ideological principles with no scientific guideline. This lecture intends to delineate a historical line on stigma, bringing to the present day the concept and path of meaning and current consequences in physical and legal life, propose a scientific guideline to the public mental health policy and describe the database on disease and concession of social security benefit due to mental disorder in Brazil.