

better understand the links between work and mental health issues.

Methods Clinical occupational medicine is a way to practice occupational medicine. This method allows the patient and the occupational physician to work by referring to concrete events or remembrances in order to better understand the links between work and health. The clinician seeks to switch from the talking points to the real thoughts of the patient. We perform these consultations to help occupational physicians to evaluate the workers' fitness for their job, or to help workers suffering from work-related mental disorders to obtain compensation.

Results Mrs Q, aged 58, worked as a medical secretary for a general practitioner. She accused him of bullying and was on sick leave. She was previously a housewife during 10 years and before she had a job experience in catering. Her husband has helped her to get this job. She worked during 11 years with an old GP. She had no training to be a medical secretary, but she did not have any trouble to work. It was the old way, with paper files and schedule. This GP has retired and was replaced by a young one – the new way, with computerised files. The secretary started being in trouble: she delivered medical files to right-owners concerning old patients living in retirement houses regardless to the legal considerations and provided a risk of prosecution for the GP. She was also in trouble with the use of computers. In fact, she felt bullied whereas her employer was accusing her of mistaking. On the other hand, her employer has never asked her if she was in trouble and never proposed any help.

Conclusion The spontaneous speeches from patients often give intersubjective explanations to their work-related mental disorders. Thus the easier way to answer the problem is to eliminate the bully. However, the work object or conditions may drive someone into a bullying behaviour. Having a three-dimensional approach allows proposing more efficient solutions, more tailored to individual situations (e.g. a specific training). The clinical practice allows guiding patients who present psychiatric disorders. This case-report also illustrates the huge gap between spontaneous speeches ('I am bullied') and the clinical work performed by a physician or a psychologist. Regarding this fact, we should be very cautious when using self-administered questionnaires.

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PROBLEMATIC DRINKING BEHAVIOUR AMONG BELGIAN WORKERS: PREVALENCE, HEALTH AND JOB RELATED CONSEQUENCES

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Introduction Only few data on the (problematic) use of alcohol in workers and possible job related effects are available.

Methods In 2016 an anonymized questionnaire was filled out by Belgian employees while waiting for a periodical occupational health screening. The Alcohol Use Disorders Identification Test- Consumption (AUDIT-C) was used to measure prevalence of alcohol consumption. Also, the effects on

absenteeism, lost productivity, workplace accidents, conflicts with co-workers and sanctions by employers were investigated.

Result 5367 workers completed the questionnaires. 37.1% of last year drinkers (n=4197) drank more than once a week; 36.4% with an average daily consumption of 3 to 4 units, 11.4% with ≥ 5 to 6 units. Respectively 22.7% and 7.8% exhibited binge drinking at least once a month/week. Based on AUDIT-C 39.1% of last year drinkers had an indication of problematic drinking. This was significantly higher among higher educated and male employees <35 years. In the construction industry, 51.6% of last year drinkers had an indication of problem drinking. 12.2% of last year drinkers experienced consequences on the job. 27.8% observed negative effects among their colleagues, especially being late at work (18.3%), irregular job performances (18%), absenteeism (15.7%) and conflicts with colleagues (10.6%). There is a significant relation between the AUDIT-score and job related effects ($p < 0,001$). Being single, age (<35 year) and specific work environments were risk factors: 23.5% of workers within the construction industry, 17.8% within the catering industry and 17.1% within the transport sector experienced consequences at the workplace in the past year. We did not found correlations between the AUDIT-C score and job stress, satisfaction, recognition and variation.

Discussion Overall results show that problem drinking among workers is a typically male issue. Given the negative impact of work, a tailored and multicomponent alcohol policy in different sectors need to be implemented.

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IMPROVEMENTS IN THE PROFILE OF MOOD STATUS AFTER PARTICIPATION IN THE SHORT-VERSION CLIMATOTHERAPY PROGRAMME AMONG JAPANESE WORKERS

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Introduction Today, Japanese workers cannot have enough leisure time. According to the latest Survey on Industrial Safety and Health, number of the employees of sick leave or turnover with mental disorders was 343 thousand per year. Percentages of the people with regular physical exercise are markedly lower in working generation compared to retired generation. In Germany, several companies contract with the institute of universities or states and offer once 'climatotherapy week' per year for disease prevention and health promotion of workers. We had originated the short-version climatotherapy programme to fit anyone who has no enough time.

Methods Our short-version climatotherapy programme was conducted in 2015 at Asuwayama Mountain. Physiological and environmental data collection was conducted. Participants answered the questionnaire on physical condition and exercise habits, the questionnaire on the work styles and job stress, subjective temperature sensation during climatotherapy, and Profile of Mood Status (POMS) brief form Japanese version before and after climatotherapy. Data were analysed using SPSS.

Results Sixteen inhabitants (9 males, 7 females; mean age 51.8 years) were participated, and their work styles were ordinary

working hours system (6 males, 2 females), variable working hour system (1 male, 1 female), discretionary work system (1 female), and retired employee and full-time housewives (2 males, 3 females). Among 11 workers, five of six mood statuses were significantly improved after the short-version climatotherapy. Furthermore, the items concerning job stress as:

1. heavy work responsibility,
2. absence of the advisers in the workplace,
3. anxiety for the outlook of workplace's future,
4. heavy workload,
5. bad physical environments in the workplace, and
6. bad interpersonal relationship, were highly correlated with a improvement of negative mood statuses by climatotherapy.

Conclusion These results suggest our short-version climatotherapy programme would be an effective measure to counter the mental health problem among workers.

1111 ASSESSMENT OF MENTAL HEALTH AND PERCEPTIONS AMONG PHYSICIANS OF A SECONDARY LEVEL GOVERNMENT HOSPITAL IN INDIA

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Introduction Several studies have suggested that doctors are more likely to be affected by psychiatric and related illnesses owing to multiple stressors like- busy work schedule, role conflicts, unhealthy life style and poor social life etc in them. Poor mental health among doctors is detrimental to existing health care system.

Methods A cross-sectional study was conducted secondary level hospital in north-west district of national capital region (NCR). All 89 doctors working in the Hospital were encouraged to participate. Global mental health assessment tool – primary care version (GMHAT-PC) was used for conducting interviews. It is a validated and extensively used computer based tool for making a quick, convenient and comprehensive standardised mental health assessment. Prior consent was taken from each of study subject and confidentiality was maintained. Data was analysed using SPSS-17 version.

Result Mean age and job duration of the participants was 31.2±4.6 and 7.5±3.4 years. Participants had high prevalence of various psychiatric illnesses like- Anxiety-64%, Depression 32%, Personality disorders 22%, Obsessive compulsive disorder 18%. Alcohol intake and Drug abuse was present in 38% and 12% of participants respectively etc. Significant association was found between age and years of work with presence of mental illness ($p=0.04$), ($p=0.01$). Among the doctors interviewed 42.6% believed that they are susceptible to mental disorders. Only 21.3% found themselves capable enough in diagnosis and 17.9% in management of mental disorders. About 71.9% participants felt the need of training in basic mental health screening and management.

Discussion The current cross-sectional study reflects high burden of psychiatric problems viz. anxiety, depression and alcohol consumption among doctors. There is a high demand for a basic training in identification and management of mental illnesses for health professionals and need for mental health promotion.

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WORK STRESS, SHIFTWORK AND MENTAL WELL-BEING AMONG RUSSIAN PROFESSIONAL DRIVERS

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Introduction Mental well-being is the main element in neuro-behavioral status of the drivers' organism that determine the efficiency and reliability of his professional activity. Psychic adaptation in the system 'Driver – vehicle – traffic environment' is considered to be a process, which provides the optimal accordance between a person and environment during the driving. This study was designed to estimate the psychoemotional status (PES), to compare the prevalence of psychoadaptive disorders among professional lorry-drivers in connexion with their age, occupational hazards, work schedule and driving experience.

Methods 150 professional lorry-drivers (men aged 30–59 years) were examined using a clinical questionnaire to identify, estimate and compare neurotic states according to 6 scales of anxiety, neurotic depression, asthenia, hysterical type of reacting, obsessive-phobic disorders and neurovegetative disturbances.

Results The study comprised drivers with stable psychic adaptation (58% of those under study), drivers with unstable psychic adaptation – a risk group (34%), and drivers with stable psychic disadaptation, i.e. with borderline mental disorders (BMD) – 8%, respectively. The predominance of drivers with unstable psychic adaptation and BMD was found: $\chi^2(2)=7.45$, $p<0.05$. As factor-disperse analysis showed the variability of psychoemotional imbalance levels in lorry-drivers was found to be due to a combination of the following factors: occupational exposure ($F(2,12)=100.6$, $p<0.001$) and shiftwork ($F(2,12)=34.16$, $p<0.001$). Comparative analysis of psychoadaptive disorders revealed the prevalence of the asthenic symptoms ($F(1)=10.503$, $p<0.01$), anxious and depressive manifestations ($F(1)=7.509$, $p<0.01$), hysterical reactions ($F(1)=6.040$, $p<0.05$) among professional lorry-drivers.

Conclusion The presented results showed the occupational hazards and long driving experience being the risk factors for the development of psychic disadaptation and BMD among professional lorry-drivers. The applied parameters of PES and early manifestations of BMD are informative criteria for assessing the mental well-being, life quality and professional suitability of lorry-drivers.

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IMPACT OF MENTAL ILLNESS ON PRODUCTIVITY OF THE MOBILE WORKFORCE AS THE WORKER PROFILE TRANSITIONS FROM BABY BOOMER TO MILLENNIAL

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Introduction The International Corporate Health Leadership Council (ichlc.org) is a non-profit foundation comprised of medical directors of global corporations representing virtually all industry sectors. The Council reviews the latest health trends relevant to global enterprise and provides key recommendations so appropriate standards are benchmarked and best practices identified. One such recent trend is the increase, to epidemic proportions, of mental illness within the mobile