

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.

1138 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.

1168 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

workforce (business travellers, expatriates, local nationals). The Council sought to examine the extent of this global epidemic and determine what, if any, processes/practices had been implemented by international organisations to mitigate against mental illness negatively impacting the worker and/or company productivity.

Methods The Council surveyed 344 international organisations representing more than 2.5 million workers in multiple industry sectors.

Results All organisations noted a transition in the profile of their mobile employee from baby boomer to millennial, with 21-percent of their mobile workforce considered 'millennial'. Thirteen percent acknowledged that mental illness, within their mobile workforce, was impacting assignments and/or productivity. Thirty percent admitted to having a process to identify 'at-risk' personnel. Forty-nine percent described the provision of traditional and non-traditional support services to employees to mitigate the impact of mental illness in the workplace.

Discussion Mental health issues endemic to millennials span a wide spectrum from 'unseen' stress that reduces well-being and work satisfaction to presenteeism and poor performance, to workplace incidents and, in the extreme, to disruption and suicide. Organisations are struggling to find the best strategies to engage personnel early without breaking confidentiality. Stigma associated with mental illness remains very significant in many countries/cultures so a unidimensional solution will not suffice. Health 'coaches' have been useful in mitigating against stigma and allowing consultations across borders. Telehealth is an important tool that allows rapid access to a counsellor, when one is not available locally.

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PSYCHOSOCIAL RISK FOR SURVIVOR DRIVERS IN WORK-RELATED ROAD TRAFFIC FATALITIES

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Introduction Work-related road-traffic management is recognised as an important means of both occupational and public accident prevention. This area is of concern to road safety, public health, and occupational health and safety regulatory authorities. However, the psychological risk for workers who survive work-related fatal collisions is rarely considered.

Methods A retrospective descriptive study was conducted using data from all coroner road traffic fatality records in the Republic of Ireland, focusing on deaths that occurred in the calendar years 2008 to 2011 inclusive. Data were used to ascertain the prevalence and nature of work-related road traffic fatalities, and to identify work-related accident prevention opportunities.

Results It was ascertained that 23% (n=193) of all road-traffic fatalities (n=833) were work-related. In 15% of cases a worker died; however, in 85% of cases a 'bystander' died and the (worker) driver of the involved vehicle survived. Surviving drivers comprised mostly professional drivers: truck drivers (52%), public service vehicle drivers (20%) and van drivers (12%). In 27% of bystander deaths work contributed to the collision, but in the majority the worker driver's actions did not contribute to the collision. Depositions from survivors and witnesses attested to the trauma visited on workers who

survived such collisions, however no evidence was found suggesting psychological support for driver survivors.

Discussion Many workers drive for a living and others drive occasionally as part of work. Work-related driving policies tend to focus on ensuring that worker drivers' vehicles and practices are safe. However, little account is taken of the psychosocial risk and the impact of the unsafe driving practices of other road users on survivor drivers, who are party to fatal collisions. These findings have implications for occupational risk assessment and tertiary prevention strategy planning, including post-traumatic counselling, reintegration into work and employee assistance programmes.

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EFFECTS OF A WORK-FAMILY INTERVENTION PROGRAM: A PRETEST-POSTTEST STUDY

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Introduction The current study examines the effectiveness of a newly developed work-family intervention program on one's own work-to-family and family-to-work spillovers (both positive and negative) and work-family balance self-efficacy among Japanese dual-earner workers with pre-school child(ren).

Methods The study design was a single-group pre-post comparison. This intervention program was conducted as a pilot study of TWIN (Tokyo Work-life INterface) study III. Participants were eleven workers of a private company in Japan. They were all dual-earner workers with pre-school child(ren). The program consisted of seven 45 min sessions with a two-week interval between them. The outcomes were assessed by a questionnaire at baseline (Time 1) and post-intervention (Time 2). The paired t-test was conducted as an indicator of intervention effect. Effect sizes were calculated using Cohen's *d* based on pre-post score differences (Trial registration: UMIN Clinical Trials Registry UMIN000025803).

Results The program showed a medium and favourable intervention effect on work-to-family positive spillover (Cohen's *d*=0.53), and small and favourable intervention effects on family-to-work positive spillover (Cohen's *d*=0.33) and work-family balance self-efficacy (Cohen's *d*=0.39). Unexpectedly, it showed a significantly small and adverse effect on work-to-family negative spillover (Cohen's *d*=0.33).

Conclusion The newly developed work-family intervention program was found effective in improving work-family positive spillover (both work-to family and family-to work) and