Results There was a linear relationship between productivity loss and level of depression. Linear relationship between productivity loss and level of engagement and not very clear relationship between productivity loss and level of stress.

Discussion In the productivity loss in relation to stress level there was a significant higher cost among those without stress while in the rest of the level there was a clear linear relationship between productivity loss and level of stress. This finding must be fully analysed.

Conclusion Looks like there is a relationship between productivity loss and depression/engagement levels.

1676 EVALUATION OF POLICY INTERVENTIONS FOR THE MANAGEMENT OF PSYCHOSOCIAL RISKS IN THE WORKPLACE

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Aim of special session To discuss studies aiming to evaluate the impact of policies on organisational action in the EU, Australia, Italy, and Mexico.

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1676a POLICY DEVELOPMENTS ON THE MANAGEMENT OF PSYCHOSOCIAL RISKS AND THE PROMOTION OF MENTAL HEALTH IN THE WORKPLACE IN EUROPE

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Psychosocial risks and their management are among employers' responsibilities as stated in the Framework Directive 89/391/EEC on Safety and Health of Workers at Work as it obliges employers to address and manage all types of risk in a preventive manner and to establish health and safety procedures and systems to do so. In addition to the Framework Directive, a number of policies and guidance of relevance to mental health have been developed and are applicable to the European level. These include both legal instruments (such as EU regulations, decisions, national pieces of legislation ILO conventions), Court of Justice of the EU and European Court of Human Rights rulings as well as non-binding/voluntary policies (or 'soft' policies) which may take the form of recommendations, resolutions, opinions, proposals, conclusions of EU institutions (Commission, Council, Parliament), the Committee of the Regions and the European Economic and Social Committee, as well as social partner agreements and frameworks of actions, and specifications, guidance, etc. initiated by recognised European and international committees, agencies and organisations. This presentation will review the policy

framework on psychosocial risks and mental health in the workplace in the EU and will focus on the latest developments in relation to the implementation of a consensus paper on mental health in the workplace by all EU member states. Priority areas for future action will be identified on the basis of this policy document.

1676b THE MANAGEMENT OF PSYCHOSOCIAL RISKS 9 YEARS AFTER THE IMPLEMENTATION OF THE EUROPEAN FRAMEWORK AGREEMENT ON WORK-RELATED STRESS IN ITALY: A MONITORING STUDY

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In 2008, Italy implemented the 2004 European Framework Agreement on work-related stress into the national legal framework on health and safety at work (L.D. 81/08). Then, the Department of Occupational and Environmental Medicine, Epidemiology and Hygiene, currently part of the Italian Workers Compensation Authority (INAIL), offered to companies a methodology for the assessment and management of risks associated with work-related stress as a participative proposal based on an evidence-based approach and validated tools. The INAILs methodology comes from the adaptation of the HSE's Management Standards approach and integrates findings of the most prominent national existing experiences and the legal requirements as well. INAIL offered also a web platform, consisting of an operational web interface where companies can have free access to the online tools and find useful documentation to support companies with a web interface as well as to create a structured repository where assessment data from companies are constantly collected. The INAIL methodology resulted in being the most used methodology by Italian companies and data collected through the web platform were useful in the view of optimising and standardising the tools over time. Recent findings showed the state of art of Italian enterprises in managing psychosocial risks resulting from a project financed by the Ministry of Health, involving INAIL as principal investigators, regional prevention units and two universities. This project aimed to offer a monitoring and intervention plan for the optimisation of the assessment and management of psychosocial risks at work in the view of contributing to the evaluation of the policy interventions' effectiveness. A further study showed the growing level of awareness and the impact of policies on psychosocial risks and work-related stress in Italy using EU-OSHA's European survey of enterprises on new and emerging risks (ESENER) data. Italian companies have shown a radical change in the management of psychosocial risks overtime and Italy has gone from being a country not prioritising these risks enough to one of the most active European countries in this area.

1676c DEVELOPMENT ON POLICIES ON PSYCHOSOCIAL RISKS AND WELLBEING AT WORK IN MEXICO

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This paper presents the evolution of the laws, norms and programs developed in Mexico for the promotion of welfare in the workplace. In Mexico since the 1990s, the obligation to monitor psychosocial risks at work was included in labour legislation, but without definitions of companies' responsibilities and a lack of competencies of the labour authorities to surveille and enforce it. This situation resulted in an absence of surveillance and prevention of psychosocial risk factors and wellbeing promotion in most work sites. Subsequently, with the labour law update in 2012, this law included the obligation to promote decent work and the prohibition of mobbing and sexual harassment, the federal regulations on occupational safety and health were updated and included the actions to prevent psychosocial risks and as something new for Mexico, the companies' obligation to promote favourable organisational environments and health promotion programs. As a result of these changes, a technical standard for the evaluation of psychosocial risks was issued and the Labour Secretary established a National Program for Emotional Well-being and Human Development to promote workers' wellbeing, this program that has been very successful in its implementation in workplaces. This program follows the ILO SOLVE method, integrating the prevention of psychosocial risks, the improvement of organisational culture of prevention, and activities to promote healthy habits and behaviours.

1672 MANAGING PSYCHOSOCIAL WORKING CONDITIONS

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This session will explore the recent advancements made in managing psychosocial working conditions within Ireland, the UK and Sweden. The presentations will cover: the benefits of adopting a 'positive' approach to psychosocial risk management, the feasibility of adopting a single-item measure of psychosocial working conditions, intervention approaches used within Ireland, the UK and Sweden to improve working conditions, and rapid methods for evaluating intervention effectiveness.

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1672a MANAGING PSYCHOSOCIAL WORKING CONDITIONS WITHIN IRELAND AND THE UK

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The psychosocial domains identified by the Management Standards are essentially bipolar in nature as they carry both pathogenic and salutogenic potential. Consider, for example, the psychosocial hazard of social support at work, where a multitude of studies have shown that low levels of support may have a negative impact on an individual's health; yet, conversely, high levels may protect and enhance it.

Psychosocial work interventions such as the HSE's Management Standards can move beyond an exclusive focus on risk assessment and reducing the number of employees at the bottom end of the mental health spectrum toward embracing the potential to make a positive contribution to the mental health of the workforce as a whole.

This presentation will explore the recent advancements made in managing psychosocial working conditions within Ireland and the UK. We will describe how the Irish Health and Safety Authority and State Claims Agency have recently embraced a 'positive' approach to psychosocial risk management through the Work Positive^{CI} online tool. Work Positive^{CI} assesses workplace stressors, employee psychological wellbeing and critical incident exposure in the workplace and places a focus on developing clear action plans. We will also present some initial research findings lending further support to a balanced approach.

In addition, we describe the results of a population intervention by the UK's Health and Safety Executive (HSE) to decrease the psychosocial risks in the UK population using the Management Standards approach 2004–2010 and discuss current policy and future HSE interventions on work related stress, in schools in Liverpool, NHS Trusts in Scotland and correctional facilities in the North West of England 2016–2020.

1672b VALIDATION OF A SINGLE-ITEM MEASURE OF JOB STRESSFULNESS

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Single-item measures have become popular for the assessment of job stressfulness among researchers and practitioners keen to limit assessment burden and interruption to work activities, while maximising response rates in psychosocial risk assessment. A typical single-item measure invites respondents to indicate the degree to which they find their job stressful on a 5-point scale of

1. not at all,
2. mildly,
3. moderately,
4. very, and
5. extremely,

with responses of 4 or 5 being indicative of high job stressfulness. Despite the popularity of this measure with practitioners there remains a paucity of validation evidence. This validation study aimed to determine the extent to which a response of 4 or 5 was associated with self-reported cases of common mental disorder (CMD). Police officers from two English county forces completed a self-report questionnaire to report their overall job stressfulness, psychological distress, and burnout. We established associations between high job stressfulness and CMD cases using binary logistic regression to generate odds ratios (ORs) and 95% confidence intervals (CIs). Scores on the three measurement instruments were obtained from 1226 officers (48% response rate). Forty per cent of respondents reported high job stressfulness, 52% high psychological distress (PD), 51% high emotional exhaustion (EE), 47% high depersonalisation (DP), and 68% low personal accomplishment (PA). The ORs for PD (OR 8.84, CI: