

Conclusion Perceived work-related mental health is greatly affected by age and gender. Improving mentally healthy working environment could be more effective if workers' age and gender are taken into account. Future studies are needed to identify any difference of demographic characteristics between self-reported work-mental health issues by workers and diagnosed mental illness resulting from work by doctors for better workplace health and safety interventions.

RF-270 DOES THE TIMING AND DURATION OF MENTAL HEALTH PROBLEMS DURING CHILDHOOD AND ADOLESCENCE MATTER FOR LABOUR MARKET PARTICIPATION OF YOUNG ADULTS?

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10.1136/OEM-2021-EPI.379

Introduction Little is known about the effect of timing and duration of mental health problems (MHPs) on young adults' labour market participation (LMP).

Objective This life-course study aims to examine whether and how the timing and duration of MHPs between ages 11 to 22 are associated with LMP at age 26.

Methods Data was used from Tracking Adolescents' Individual Lives Survey (TRAILS), an ongoing Dutch prospective cohort study. Internalising and externalising problems were measured by the Youth/Adult Self-Report at ages 11, 13, 16, 19 and 22. LMP (having a paid job yes/no) was assessed at age 26. Logistic regression analyses were performed with 15-year follow-up data (N=874).

Results Internalising problems at all ages and externalising problems at ages 13, 19 and 22 were associated with an increased risk of not having a paid job (internalising problems odds ratios [ORs] ranged from 2.24, 95% confidence interval [CI] 1.02–4.90 at age 11 to OR 6.58, CI 3.14–13.80 at age 22; externalising problems ORs from 2.84, CI 1.11–7.27 at age 13 to OR 6.36, CI 2.30–17.56 at age 22). Especially young adults with a long duration of internalising problems had an increased risk of not having a paid job in young adulthood compared with participants without mental health problems (OR 3.20, CI 1.88–5.45).

Conclusion Regardless of the timing, experiencing MHPs during childhood or adolescence increases the risk of not having a paid job. In particular, those young adults with a long duration of internalising problems are at risk of not having a paid job. These findings emphasize the necessity of applying a life-course perspective when investigating the effect of MHPs on LMP. Early monitoring, mental health care, and timely provision of employment support may improve young adult's participation in the labour market.

RF-382 ASSOCIATION BETWEEN WORKPLACE BULLYING AND ACUTE AND CHRONIC LOW BACK PAIN IN CIVIL SERVANTS FROM A MIDDLE-INCOME COUNTRY

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10.1136/OEM-2021-EPI.380

Introduction Psychosocial factors at work are risk factors for several health outcomes, including musculoskeletal disorders such as low back pain (LBP). Few studies from high-income countries suggest a positive association between bullying at work and musculoskeletal pain, but the knowledge on this relationship is scarce. None studies on the theme are available from low- and middle-income countries.

Objectives Therefore, we aimed to investigate the association between workplace bullying and LBP in the last 7 days and chronic LBP in civil servants from a middle-income country.

Methods This is a cross-sectional study with 894 participants from judicial civil servants from a city in southern Brazil. Workplace Bullying was measured by the Negative Acts Questionnaire (NAQ-r) and Low Back Pain by the Nordic Questionnaire for Musculoskeletal Symptoms (NQMS). Logistic Regression was used to analyse data and test hypotheses, estimating prevalence odds ratios (POR).

Results The prevalence of workplace bullying was 18.2%. The overall prevalence of LBP in the last 7 days was 50.1%, and of Chronic LBP was 19.3%. Psychosocial factors at work such as occupational stress were strongly associated with both outcomes. Workplace bullying was strongly associated with LBP, even after adjustment for several confounders. The risk of LBP in the last 7 days among bullied workers was 89.0% higher (POR=1.89; 95%CI: 1.31–2.71), compared to non-bullied employees. Bullying was also associated with chronic LBP after adjustment for sociodemographic, behavioural and some occupational factors (POR=1.60; 95% CI: 1.05–2.44).

Conclusions Psychosocial factors at work, particularly workplace bullying, were strong risk factors for LBP, in contrast to most individual factors. Dose-response patterns were showed. Positive associations between bullying and LBP raise hypotheses on causation, emphasising the role of bullying as an important psychosocial risk at work. Further longitudinal studies should address these hypotheses, investigating mechanisms, effect modification and possible mediation.

Respiratory

RF-112 ASBESTOS-RELATED DISEASE IN THE ONTARIO ASBESTOS WORKERS REGISTER

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10.1136/OEM-2021-EPI.381

Objectives Research on asbestos-related disease (ARD) has traditionally focused on groups with well-recognized, consistently high exposure. Contemporary exposure to asbestos occurs more intermittently, for example during maintenance of asbestos-containing materials (ACM). The Ontario Asbestos Workers Register (AWR) was established in 1986 to track asbestos exposure. This study reports on the risk of ARD among workers in the AWR.

Methods Overall 33,490 AWR registrants were included. Data were linked probabilistically with administrative health databases (1986–2018) to identify cases of ARD. Workers were followed until diagnosis, death, age 100, last contact with the health system, or end of study, whichever occurred first. Incidence rates were compared to the general population using standardized incidence ratios (SIRs). Associations between