

67.94), followed by knee injuries with a mean of 44.77 days (SD 62.03). Low back injuries had the shortest duration with a mean of 27.31 days (SD 45.49). There were different patterns of regional variation within jurisdictions. In three jurisdictions, British Columbia, Manitoba and Ontario, higher CV values were observed for shoulder injuries (10.98, 12.03 and 15.65 respectively) and lower CVs observed for knee injuries (6.34, 9.77, 14.19 respectively). In contrast, in Alberta and Saskatchewan CVs were lower for shoulder injuries (4.47 and 4.92 respectively) and higher for low back injuries in Alberta (CV=8.27) and knee injuries in Saskatchewan (CV=13.49).

Conclusion Findings suggest that variation across regions differs by jurisdiction and injury cohorts. This variation may reflect differences in approaches to treatment for specific injuries across jurisdictions. Further analysis will examine the association between work disability duration and workers' compensation healthcare utilization and spending in these cohorts.

Psychosocial-1

0-38

'IT'S LIKE JUGGLING, CONSTANTLY TRYING TO KEEP ALL BALLS IN THE AIR': A QUALITATIVE STUDY OF THE SUPPORT NEEDS OF WORKING CAREGIVERS TAKING CARE OF AN OLDER ADULT

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Introduction Many informal caregivers of older adults combine their caregiving tasks with a paid job. Adequate support is important to enable them to combine paid work with caregiving, while maintaining their health and wellbeing. To date, however, knowledge about working caregivers' support needs is fragmented.

Objectives This study therefore aimed to obtain more insight into support needs of working caregivers of older adults.

Methods We conducted six online semi-structured focus group interviews with in total 25 working caregivers of older adults living at home. Data were complemented with information from seven working caregivers participating in the study's advisory board. Data were analyzed using inductive and deductive thematic analysis.

Results Six themes related to working caregivers' needs were identified: 1) Recognition of caregivers including the challenges they face; 2) Attention for caregivers' health, wellbeing and ability to cope; 3) Opportunities to share care responsibilities; 4) Help with finding and arranging care and support; 5) Understanding and support from the work environment; and 6) Technological support tailored to the needs and capacities of caregivers and older adults. To address these needs, working caregivers' suggested several options in multiple domains of life (i.e. work, home life, personal health and wellbeing).

Conclusion To successfully support working caregivers, a multi-faceted approach including actors from multiple settings, is needed.

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RELATIONS BETWEEN WORK-RELATED FACTORS AND DEPRESSION AND INJURY AMONG JANITORS

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Introduction While there is a body of literature that identifies relations between injury occurrence and resulting depression, literature relevant to a relation between work factors and depression and injury occurrence is limited.

Objectives To identify the potential relations between: 1) work-related factors and depression diagnosis and 2) depression diagnosis and injury outcome and consequences in a high-risk, understudied population.

Methods Specially designed questionnaires were disseminated to 1,200 full-time janitors in the SEIU Local 26 union to collect information on their injury occurrences, personal characteristics, health history, and work-related exposures, for two sequential six-month periods. Risk ratios (RRs) and 95% confidence intervals (CIs) were calculated using multivariable Poisson regression with robust error variances, and included bias adjustment for non-response and adjustment for within-person correlation using general estimating equations (GEEs).

Results A total of 527 observations among 390 janitors identified associations between work environment factors (range = 1, terrible/unhappy/mostly dissatisfied; 2, mixed feelings; 3, mostly satisfied/pleased delighted) and diagnosed depression (n=48): how they felt about people they worked with (1 versus [vs] 3 - RR 3.86; CI 1.31, 11.36); how they felt about the work itself (2 vs 3 - RR 2.54; CI 1.36, 4.77); resources available for their job (1 vs 3 - RR 2.93; CI 1.27, 6.75). Associations were also identified between high (4,5 very much, often) vs low (1-3 sometimes, very little, not at all) frequency of stress and depression (RR 4.79; CI 2.22, 10.36) and between depression diagnosis and risk of injury-related persistent problems (RR 5.19; CI 1.40, 19.24).

Conclusions This analysis enabled identification of work-related factors associated with diagnosed depression, the relation between stress and depression, and the risk of injury and consequences among those with depression. These findings serve as a basis for future research and relevant interventions to facilitate optimal working environments.

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LONG-TERM EMPLOYMENT STATUS AMONG PATIENTS WITH SUSPECTED WORK-RELATED MENTAL HEALTH PROBLEMS: A 5-YEAR FOLLOW-UP STUDY

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Objective Little is known about the long-term prognosis for employees with suspected work-related mental health problems. Are they employed 5 years after consulting a department of occupational medicine in Denmark, or do they have no or low labor-market attachment? The aim of the study was to examine long-term employment status among patients referred to Danish departments of occupational medicine in the period 2000–2013 due to suspected work-related mental health problems.