Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Millions of women around the world are part of the essential workforce on the front lines of COVID-19. Globally, women constitute the majority of health and social sector workers who have not stopped their work due to the pandemic. From agriculture to first responders and everything in between, women are playing a huge role in keeping their communities safe and resilient against COVID-19. These women face increasing burdens: they are over-represented at work in health systems, they continue to do most of the unpaid care work in the home, they face high risks of economic insecurity, and they face greater risks of violence, exploitation, abuse or harassment during times of crisis and quarantine. In addition, due to the persistent gender inequalities, which have even worsened during the COVI-19 crisis, in many dimensions, the jobs, businesses, income and living standards of women, who may be more exposed than men to the economic consequences and, therefore, they become more vulnerable. The COVID 19 pandemic has prompted immediate public policy responses by governments to support spending needs in the health sector and mitigate economic effects to first responders. In addition to ensuring economic stabilization and adequate support for men and women, where possible a gender lens should be incorporated in the design and implementation of emergency policy responses. To do so, governments benefit from having in place a well-functioning system of gender budgeting and gender impact assessments, ready access to quality sex-disaggregated data and gender indicators, and skills and expertise on how to provide a swift response.

Sp38-2
Advances and setbacks in health gender gaps and the respective SDGs in the postpandemic
Igor Bello
Venezuelan Society on Occupational Health, President, Valencia, Venezuela

Quarantines implemented to face COVID-19 has affected workers in very different ways, and especially women, who make up the majority of the workforce in health facilities in the world, and their role as health personnel adds a triple burden: longer shifts at work, assistance in the education of children and domestic work in the home; but they are also part of the informal sector of the economy, which has turned out to be one of the most affected by the imposed social quarantine, which has had very negative consequences at the socio-economic level, especially affecting those workers who do not enjoy protection mechanisms. Social. Those women who were able to continue working, in many cases had to improvise a teleworking station at home, which is an unplanned situation, without preparation and for which many countries lack specific regulations. These new teleworkers had not been prepared for this, they had not agreed on this condition with their employers and they do not have optimal working conditions for this modality and although teleworking is considered suitable for women insofar as it could help to reconcile life. The truth is that many women are reluctant to adopt it. Another angle of the problem is constituted by the indirect effects of quarantine on family life, which presents an unusual increase in domestic violence, with a particular impact on violence against women. gender, finding that 243 million women and girls between 15-49 years of age have been subjected to sexual or psychological violence in the last 12 months.

Sp38-3
Impact of the Pandemic on the Social and Environmental Determinants of the Health of Working Women in the Americas
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COVID-19 has inflicted disproportionate health and economic risks depending of some social conditions, like gender, age, employment condition, or migrant condition, which are least equipped to withstand these risks. As well as social conditions, inequities between and within countries are exacerbated by COVID-19, and will have long- term negative impacts. In this context, being a woman has determined great differences in the way in which the health risks are faced. This situation caused a regression in general human development, widening the gaps in compliance with several of the SDGs, and especially those related to gender equity (SGD5), poverty reduction (SGD1), good health and well-being (SDG 3), decent work (SDG8) and the reduction of inequities (SDG10). The synergistic effects of social conditions and their effect on the workers health were also evident, as the situation of women worsened. The crisis produced by COVID-19 has not yet ended, and its effects cannot yet be measurable over time. But we must learn about how to protect working women in times of crisis, where the important, asymmetric and heavy burden that she must face is evident. Strengthen the universality of social protection, connect the primary health care system with the workers’ health system and encourage affordable mechanisms for people care are some of the initiatives that many countries have begun to implement to improve this situation, but we are still far from building resilient systems before these types of disruptive situations, which allow us to continue advancing in the construction of a more equitable, just and healthy society for women.

Sp38-4
Health conditions of the most vulnerable female workers and their impact on health systems: Pandemic in South Africa
Saloshni Naidoo
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On March 5th, 2020, the first COVID-19 case was diagnosed in South Africa and the President declared a National State of Disaster. Almost two years later, this State of Disaster persists. More than 2.9 million cases of COVID-19 and 87780 fatalities have been recorded. Most women workers are in vulnerable employment as domestic help, traders in the informal economy,
and small-scale agriculture with no employment contracts or health insurance cover. Women in formal sector work in the services / retail and healthcare, dealing with the vulnerability of their employment and those infected with COVID-19, with the clinical sequelae. Women accounted for more than 55% of the total burden of COVID-19 infections while 82% of infections in healthcare workers were in women. Women reported more anxiety and depressive symptoms post-infection than men, experiencing stress with a reduction of income and caring for ill family members and taking care of children because schools were closed. There was an increase in gender violence reports. Women in the informal sector experienced reduction earnings by 70%; female healthcare workers experienced longer working hours, anguish and burnout. Regulations were implemented to reduce the risk of COVID-19 workplace transmission and identify vulnerable workers. Infections acquired in the workplace were declared compensable. Vaccination roll-out included pregnant and nursing women. In addition, there were financial incentives, but only for formal work. Despite these initiatives, long-term policies aimed at socioeconomic protection and employment creation that focus on women workers are required.

Special Session 40 Engaging workplaces in mental illness-related disability prevention

Chair: Karen Nieuwenhuijsen

Session introduction
The high impact of mental ill health on workers and workplaces alike warrants the development, evaluation and implementation of preventive and reintegration strategies. Workplaces are central to these work disability prevention strategies, but problems, needs, and optimal solutions are dependent on the characteristics of the workplace. In this session, strategies for work disability prevention are presented and discussed in light of the specific work context. Next, lessons learned for workers in various contexts will be explored.

Sp40-1
Workplace mental health stigma as a barrier to sustainable employment

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Introduction: Social stigma in the work context is a complex problem, and there is an important knowledge gap especially regarding the (long-term) effects of stigma on unemployment. Here, we present 2 studies.

Materials and Methods:
study 1: We evaluated in a representative sample of 670 Dutch line managers, what their attitudes and hiring intentions were towards job applicants with mental illness. Cross-sectional.

study 2: We conducted a cluster RCT, on the effects of a stigma awareness intervention, in a longitudinal study (12 months). Subjects were unemployed people with mental illness. The experimental group received a written decision aid on workplace mental health disclosure, and their employment specialists received a 3x2 hrs training in workplace stigma.

Results
study 1: 64% of Dutch line managers were reluctant to hire an applicant with mental illness, whereas only 7% personally had negative experiences with such workers.

study 2: After 6 months, significantly more participants in the experimental group had found paid employment (51% versus 26%). Retaining work was not significant (24% vs 22%).

After 12 months, significantly more experimental group participants (53.8%) found paid work compared to the control group (34.4%). Also, significantly more experimental group participants (49.2%) retained paid work compared to controls (23.4%).

Conclusions: Social stigma is an underestimated problem that hampers sustainable employment of workers with mental illness. If findings of our RCT are replicated in other studies and well implemented, employment rates of people with mental illness might be doubled.

Sp40-2
Beyond Awareness — Teaching Skills to Effectively Support Mental Health in a Non-Traditional Workplace

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Introduction: About 20%–40% of graduate students (GS) have depression and anxiety. GS are in training and often employed to teach. It is important to address GS mental health. However, there are few readily available resources from which to draw. This study’s purpose is to examine: (1) what is the effectiveness of a 5-week course teaching evidence-based skills to improve GS mental health? (2) what aspects of the course are critical? and (3) can GS teach the learned skills to their students?

Materials and Methods: A mental and emotional well-being course was developed and piloted during Spring Quarter 2021 with 39 science, technology, engineering and mathematics GS. The content was based on workplace mental promotion and disability prevention research. Participants voluntarily completed pre/post questionnaires and wrote essays about their course experiences and plans to use the material.

Results: Pre-course, 84% of respondents reported most of their days were quite a bit/extremely stressful and 82% indicated they had fair/poor ability to handle stress. Post-course, 86% of respondents (strongly) agreed the course helped them to develop strengths to address stress. They indicated both emotional and problem focused coping skills were important as were peer discussions and offering this as a for credit course. Respondents identified stress reappraisal as an important tool in teaching.

Conclusions: A short course can be effective to teach GS tools to handle stress. These tools should include emotion and problem-focused skills and can in turn be using in their teaching.

Sp40-3
Focus on Work Values in Healthcare: an intervention study to strengthen the wellbeing, mental health and employability in health-care professionals