Determinants of the incidence of ill health retirement in the Civil Service with particular reference to work-related ill health

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ABSTRACT

Background: Evidence suggests the rates of ill health retirement (IHR) are decreasing however within the Northern Ireland Civil Service (NICS) the impression is that IHR rates remain high with a high proportion due to Mental Health conditions.

Objectives: To determine the incidence of IHR, the work-relatedness of IHR and the range of information available to the pension advisor.

Methods: All IHR cases in NICS certified between 1/01/00 and 31/12/04 were included. The ICD10 category of the main cause of IHR, the work-relatedness of IHR, the retiree’s workgroup, and the information available to the pension advisor were recorded. Crude and indirectly standardised IHR rates were calculated. The adjusted odds for work-relatedness were calculated using log linear regression.

Results: 972 IHR cases were identified. The crude rate of IHR increased from 5.77 to 8.32 per 1000 employees. Indirect standardisation confirmed a significant IHR rate increase for 2002 and 2004 by a factor of 1.28 and 1.38 respectively compared to 2000. Mental Health, Musculoskeletal and Cardiovascular conditions constituted 40%, 25% and 12% of IHR cases respectively. Compared to 2000, Mental Health related IHR increased from 2.11 to 3.68 cases per 1000 employees. Work-related and Totally Work-related conditions constituted 19.6% and 8.2% of IHR cases respectively. Compared to 2000, the indirectly standardised rate of Totally Work-related IHR increased by a factor of 1.8. Adjusted odds indicate that the Prisons group was 15.59 times more likely to have a Totally Work-related IHR and 7.5 times more likely for a Work-related IHR compared to the Admin work group. Adjusted odds ratios indicate that a Totally Work-related IHR due to a Mental Health condition was seven times more likely than for a Musculoskeletal condition.

Conclusions: The rates of IHR are increasing in NICS, Mental Health conditions predominate and the work relatedness of IHR is increasing.