RETIREMENT AND MENTAL HEALTH

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Scope of the problem
The older adult population is increasing with a higher proportion of older people projected in almost every country. In the United Kingdom (UK), it is estimated that the population aged 65 and over will increase from 16 per cent in 2008 to 23 per cent by 2033. This is in keeping with other European countries. In 2008, there were 3.2 people of working age for every person of state pensionable age. This ratio is projected to fall to 2.8 by 2033, taking into account the future changes to state pension age (Office for National Statistics, 2008). There are a number of ways policy makers have tried to address the situation of ageing populations and its economic effects, often by increasing retirement age or encouraging employment for older people (Duval, 2003).

There are studies to support the indication that retirement and mental health are positively associated (Mein et al, 2003; Drentia, 2002; Midanik et al, 1995). Other studies (Bosse et al, 1987; Buxton et al, 2005) depict the negative association of retirement and mental health. Some, (e.g. Herzog et al, 1991; Ross and Dreentea, 1998) have argued no association between retirement and mental health. These variations highlight the complexity of this issue, which is not surprising given the magnitude of variables associated with retirement: age, gender, social class, and relationships to name a few. However, there is evidence that involuntary retirement overall increases the possibility of mental disorders (Gallo et al, 2000). Psychiatric illness has been linked to 20% of early retirements among staff working in the UK National Health Service (Pattani et al, 2001).
Retired British and Australian men below the retirement age of 65 are more likely to have mental health problems than their working peers and retirees above this age. But the poor mental health appears to be linked to being retired under the age of 65 rather than poor mental health being a reason for early retirement (Gill et al, 2006).

**Ageing and changes to mental health at retirement**

Rosenkoetter and Garris (1998) in a company setting in southeastern USA reported that about half of their former employees after retirement were settled with respect to their general well being (764/1565). But some adjustment problems were reported in all life patterns described in the questionnaire – roles, self-esteem, use of time, relationships, support groups and life structure. For the retiring population four factors were found to be significant – satisfaction with retirement, retirement concerns, spousal relationship and pre-retirement preparation outcomes.

There has also been research focusing on the health of older working women and their retirement planning. Clements (1996) commented that transition to early retirement does not follow any specific patterns but is dependent on health, financial conditions and family concerns. A significant percentage of retired women have difficulties adjusting to retirement conditions.

**Psychiatric illnesses associated with retirement:**

The reasons for retirement have been classified into various groups, for example, related to economic situations, to deteriorating general health status and to psychological ill health. Lizaso Elgarresta et al (2009) analyzed the relationships between these retirement types and concluded that retirement is not associated with depression, although poor psychological health was associated with retirement due to physical ill health. The psychological health indicators included anxiety, depression and life satisfaction.

Data collected in the UK National Psychiatric Morbidity Survey of adults living in private households (Singleton et al, 2000) were collated for 8,580 people aged 16-74 years to study the impact of conventional retirement on mental health. The study concluded that in the 50-74 years age group, the prevalence of depression and anxiety, was dramatically lower among men at or over 65 (5%) compared to those aged 50–64 (14.5%), but not in women. In men who leave work earlier, prevalence of common mental health problems remains relatively high until after age 65.
In a UK study (Pool, 1997) based on data provided by various services and businesses like Rover (car manufacturer), Fire, Police, and Ambulance services, the Post Office and the Teachers Pensions Agency during the period 1990-1995 it was revealed that musculo-skeletal problems and ‘minor’ mental illnesses like anxiety and depression and conditions like ‘stress’ were the most common reasons for ill health retirement benefits which are awarded on the occupational retirement scheme when people retire before the usual retirement age.¹

**Working patterns, retirement physical and mental health**

A number of variables relate to the interface between age of retirement and mental health. With advancing age there are changes to both physiological and psychological functioning of an individual. Aging reduces precision and speed of perceptual processes, but is also related to an increase in the control of language and the ability to process complex tasks (Ilmarinen, 2001). There are age norms, or culturally shared definitions, regarding the age at which certain roles, behaviours, or transitions such as retirement, must take place (Moen, 1996; O’Rand, 1990). These norms set quite rigid boundaries for people to adhere to and at times people have to make decisions to retire when actually they would like to have continued working.

Bohle et al (2010) found that contingent work (which involves part time work, temporary work or paid on a piece work basis) is generally associated with poorer occupational safety and health outcomes, and older workers are more likely to work in this fashion than younger people.

Tuomi and colleagues (2001) found that work ability was poorer among older workers doing physical work than those doing mental work, for both women and men. They found that work ability, productivity, health, and quality of life can be maintained at high levels as workers age, as long as appropriate interventions are implemented. Interventions needed to enhance functioning and productivity at work include improvement in work postures, work tools and workplace temperature.

¹ Ill health retirement benefits are better understood by citing the NHS Pension Scheme. The NHS Pension Scheme provides two levels of ill health retirement benefits, dependent on the severity of a person’s condition and the likelihood of that person being able to work again. To qualify for a Tier 1 pension the person must be permanently incapable of efficiently carrying out the duties of the employment because of illness or injury. To qualify for a Tier 2 pension the person must be permanently incapable of engaging in regular employment because of illness or injury (Business Services Authority, 2012).
Physical health hazards have been researched more than the psychological hazards. Occupational health hazards and risks are found to be higher in older workers (Ritz, 1999). The report *Occupational Health and Safety and the Ageing Workforce* highlighted this in Australia in 2005. It has been debated whether this is related to long latency in some occupational conditions like pneumoconiosis and occupational cancers (National Occupational Health and Safety Commission, 2005).

**Professional variations, retirement and mental health**

A longitudinal study (Mein, 2003) conducted among civil servants aged 54-59 reported that mental health deteriorates in people who continue to work and improves on retirement, though they commented that mental health improved only in those who were on a higher employment grade. The study was conducted using a self-rating questionnaire.

Some jobs and professions need high levels of cognitive functioning. A self-report questionnaire study of surgeons (Lee et al, 2009) reported that increasing age was associated with decreased caseload and case complexity. But even the oldest surgeons were actively involved in new surgical innovations and reported no subjective cognitive decline. A survey (Baker et al, 1993) of 274/600 Texan psychiatrists revealed that the major reasons for retiring were "a full life and ready to change pace" and "retired to pursue other interests".

Weber et al (2005) in Germany reported that among school principals the main reasons for early retirement were psychiatric/psychosomatic disorders, which made up 45% of cases. They also found that women were more commonly affected than men. Depressive disorders and exhaustion syndromes (burnout) were the most common conditions.

**CONCLUSIONS**

Psychiatric morbidity is an important issue for all retirees. It appears that slightly younger people who retire are at greater risk of psychiatric morbidity than older age groups. Among psychiatric conditions, depression, anxiety and ‘stress’ have been implicated as the most common problems faced by the people retiring early from their jobs.

**REFERENCES:**


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