

Culture shift needed to address sickness absence in police service

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A major culture shift is needed to address the problems of long term sickness absence in the police service, says an expert in the British Medical Journal today.

Dr Derek Summerfield reviewed 300 cases of officers retiring on mental health grounds during his time as consultant occupational psychiatrist to the Metropolitan Police Service from 2001 to 2004.

During this time, 4.8% of the workforce was not doing full operational duties - a loss of the equivalent of 180 police officers monthly - because of stress related absence. Furthermore, retirement on mental health grounds as a proportion of all ill health retirement had been rising - up to 46% in 2002-3.

Summerfield noted that long term [sickness absence](#) was strongly associated with workplace disputes.

He found little evidence of formal mental disorders in the officers he assessed and he was often perceived as a barrier between them and the ill health retirement to which they felt entitled. "Once an officer saw ill health retirement as his preferred option, there was an imperative to maintain the illness presentation until the matter was decided," he writes.

Labels such as post-traumatic stress disorder or work stress were common, yet many officers were experiencing a range of stressors, including conflict with other staff, unresolved grievance procedures,

marital discord and financial worries.

Summerfield argues that NHS [mental health services](#) may also be part of the problem by unduly prolonging sickness absence and failing to promote rehabilitation and return to work. Yet he points out that, in most situations, the benefits of work for an individual's mental health outweigh any risks.

He writes: "To qualify for retirement on psychiatric grounds, an officer must be deemed 'permanently disabled' from resuming the full duties of a police officer, a test which in my clinical judgement only a few could pass. The number one predictive factor regarding a return to work and career was whether the officer wanted to, which no psychiatric formulation captures."

He argues that "the medicalisation of non-specific symptoms, allied to social rewards that create perverse incentives, reliably prolongs disability," and believes that "early intervention with goal setting is essential to prevent protracted sickness absence." He also calls for much closer working between occupational health departments and NHS services, starting early in the sickness absence period.

"Summerfield is suggesting that the process of leaving, at least in the Met, has become increasingly medicalised, with the result that officers leave embittered and encumbered by inappropriate medical labels that will make it far more difficult for them ever to work again," says Professor Simon Wessely, also from the Institute of Psychiatry, King's College London, in an accompanying commentary.

He contrasts this with the situation in the UK armed forces, where most people expect to leave in their 30s and 40s with a generous resettlement package to prepare them for a second career.

"The dilemmas of the employee trapped in a system that creates perverse barriers to recovery and leaves both patient and doctor increasingly irritated and powerless, have been recognised," he writes ... "but whether the proposed reforms will tackle it remains to be seen."

Provided by British Medical Journal

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