

Pilot Mental Health: Expert Working Group Recommendations – Revised 2015

Aerospace Medical Association Working Group on Pilot Mental Health

In September 2012, the Aerospace Medical Association published and distributed recommendations from its Pilot Mental Health Working Group to improve awareness and identification of pilot mental health issues during the aeromedical assessment of pilots. Following the crash of Germanwings Flight 9525 in March 2015 with pilot suicide as the probable cause, the Pilot Mental Health Working Group reconvened to review their recommendations. As a result, the working group revised the recommendations which are provided here and which were distributed worldwide. The Working Group continues to emphasize the importance of assessing and optimizing pilot mental health, while providing additional recommendations on building trust and rapport between the aeromedical examiner and the pilot, on utilizing aviation mental health and aeromedical specialists, and on the balance between medical confidentiality and risk to public safety. The working group encourages all organizations involved in flight safety to review and consider implementing these recommendations within their usual operations.

KEYWORDS: pilot health, mental health, psychiatry, stress.

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Mental well-being and absence of mental illness are essential to the safe performance of pilot and aviation safety-sensitive duties.

Mental health should be evaluated as part of the aeromedical assessment of pilots.

Serious mental illness such as acute psychosis is relatively rare, and its onset is difficult to predict. In-depth psychological testing for detecting serious mental illness as part of the routine periodic pilot aeromedical assessment is neither productive

nor cost effective and therefore not warranted. Exceptions to this include an initial and appropriate psychological evaluation, established by subject matter experts, that is recommended for pilots entering airline employment and recurrently for pilots with a history of mental illness.

However, more attention should be given to less serious and more common mental health issues and conditions during the aeromedical assessment of pilots. There are many other mental health conditions, such as grief, psychosocial stress, depression, anxiety, panic disorders, personality disorders, and substance misuse/abuse, which are far more common, show patterns that facilitate early detection, and have proven effective treatment strategies.

Methods should be utilized to build rapport and trust with the pilot in a nonthreatening environment. Questions and interview techniques can be used to assess mental health that will have a minor impact on the current examination and should not prove burdensome for the pilot or examining

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physician.^{5,7-9,11,12} Asking questions regarding mood, quality of sleep, current sources of stress (such as work, fatigue, financial, home, and family), alcohol and/or substance use are recommended. These questions should be woven into the conversation with the pilot during the aeromedical examination as part of a general health promotion discussion that addresses a variety of health issues, both mental and physical. Training demonstrations or videos may be helpful.

It is recognized that there may be barriers affecting a frank discussion of mental health issues between an aeromedical examiner and a pilot. Cultural barriers exist. In general, pilots are highly independent individuals who value control and fear losing their medical certification. Successful approaches that improve rates of reporting, discussion, and participation aim to provide a “safe zone” for such activities. These approaches have been shown to enhance aviation safety and optimize pilot mental health while minimizing career jeopardy and the stigma of seeking mental health assistance. Examples include the following:

- Project Wingman is a program sponsored by the Allied Pilots Association (APA), the American Airlines pilots’ union.⁴ This program provides a confidential “safe zone” staffed by peer employee assistance program (EAP) personnel. The program provides counseling, referral to competent health professional authorities, public outreach to increase awareness, and de-stigmatization of mental health care. The program resulted in a significant increase in reporting and counseling from baseline.
- The Air Line Pilots Association, International (ALPA), Human Intervention Motivation Study (HIMS) program³ facilitates collaboration between aviation employers, pilot unions, aviation psychiatrists and psychologists, senior aeromedical examiners and regulators, preserving careers, and increasing aviation safety. The program provides a confidential self-referral option and peer/management intervention options with career preservation. Return to flying status is monitored carefully by peers, management, psychiatric and psychological specialists, and aeromedical examiners with periodic reports to regulators. Trust and a “Just Culture” environment for reporting are well established and accepted among the pilots.
- Delta Airlines “Pilot Assistance Network” (PAN)⁶ is similar to the APA Project Wingman with broader pilots’ union involvement. Pilots self-refer to peers and are given a full spectrum of resources for assistance (e.g., peers, EAP, and union aeromedical services). The Delta training department and chief pilots can alert PAN committee members to a pilot with potential problems if difficulties are identified. Each situation is handled peer-to-peer with company agreement to restrict the pilot from flying duties if appropriate until the situation is resolved safely. The network provides a 24/7 confidential hotline manned by peer volunteers on the pilots union telephone tree. The program has been successful in destigmatizing mental health issues and encouraging reporting and treatment with financial protection and career preservation.

Physicians performing aeromedical assessments should receive additional training in aviation mental health issues. This should be emphasized as part of the initial and periodic aeromedical examiner training programs. This training would also include guidance for when an aeromedical examiner should consult/refer to a mental health specialist provider or other aeromedical resource.

Clinicians not trained in aeromedical assessment should be provided guidance for when to seek aeromedical expertise. Aerospace medicine is a unique area of expertise related to optimizing the health, safety, and performance of aircrews.¹

Similarly, aircrew, their families and flight organizations (civil and military) should be made more aware of mental health issues in aviation. Extended awareness beyond the physician should facilitate greater recognition, reporting, and discussion. Pilot training to improve management of impairment or incapacitation due to mental health conditions can be emphasized and incorporated into Crew Resource Management (CRM) education. To the extent possible, such training should be standardized throughout the global aviation community.

All aviation regulatory authorities and aviation employers should establish a policy and strategy on substance misuse and abuse. Consult the International Civil Aviation Organization (ICAO) guidance on this topic.¹⁰

There should be clear and universally accepted guidelines provided to health care providers on when their obligation to report aeromedical concerns to authorities supersedes their responsibility to patient confidentiality. Aeromedical reporting should be similar to other mandatory medical reporting such as for infectious diseases in public health laws. The risk to public safety should be clearly evident. The reporting should be anonymous where this approach is acceptable. The reporting should be without legal risk to the health care provider.

In summary, the Aerospace Medical Association is committed to the safety of the flying public and supports the current medical standards agreed upon internationally that aviators suffering from any medical condition that jeopardizes flight safety (including mental illness) should be restricted from flying duties. We offer the above recommendations and measures and encourage data collection to validate their effectiveness. The success of these recommendations to promote mental health awareness and improve mental health screening will require the involvement of the entire aviation community of aircrew, employers, regulators, and health care providers. We recognize that there are no simple solutions, that testing for mental illness is not infallible, that some measures will take time without showing immediate effect, and that the risk of hazards in flying will never be zero, but we believe these implemented recommendations should help reduce the already low flight safety risk due to mental illness.

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