

Pilot Mental Health: Expert Working Group Recommendations

AEROSPACE MEDICAL ASSOCIATION AD HOC WORKING GROUP ON PILOT MENTAL HEALTH

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Following a March 27, 2012, incident in which a pilot of a major commercial airline experienced a serious disturbance in his mental health, the Aerospace Medical Association formed an Ad Hoc Working Group on Pilot Mental Health. The working group met several times and analyzed current medical standards for evaluating pilot mental health. The result of the working group was a letter sent to the FAA and other organizations worldwide interested in medical standards. The Committee found that it is neither productive nor cost effective to perform extensive psychiatric evaluations as part of the routine pilot aeromedical assessment. However it did recommend greater attention be given to mental health issues by aeromedical examiners, especially to the more common and detectable mental health conditions and life stressors that can affect pilots and flight performance. They encouraged this through increased education and global recognition of the importance of mental health in aviation safety.

Keywords: pilot health, psychiatry, stress.

RECENT EVENTS involving a potential disturbance of mental health in pilots (2,4) prompted the formation of a working group of experienced clinical aerospace medicine and mental health experts (psychiatrists and psychologists) to discuss mental health issues in pilots. We are providing you with a synopsis of our deliberations and recommendations based on expert opinion.

Serious mental health illnesses involving sudden psychosis are relatively rare, and their onset is impossible to predict. In this context, the working group believes that an extensive psychiatric evaluation as part of the routine pilot aeromedical assessment is neither productive nor cost effective and therefore not warranted.

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

Quick and effective methods to assess pilot mental health exist that could easily be performed during the aeromedical assessment (1,3,5-8). These methods, which consist of questions and interview techniques, will have minor impact on the current examination and should not prove burdensome for the pilot or examining physician. Such methods can be approached in a way that helps promote a nonthreatening environment and builds rapport with the pilot. Asking the pilot about work (including

fatigue), home, and family may reveal situations and stressors faced by the applicant which could be ameliorated.

The working group recognizes that there may be barriers affecting a frank discussion of mental health issues between an aeromedical examiner and a pilot. Successful approaches that improve reporting and discussion aim to provide a "safe zone" for such activities (3,9). Experience has shown that these approaches have been very successful at increasing the rates of reporting and providing needed assistance.

The working group recommends that physicians performing aeromedical assessments receive additional periodic training in aviation mental health issues. Similarly, we recommend that aircrew, their families and flight organizations (civil and military) be made more aware of mental health issues in aviation. Awareness beyond the physician should facilitate greater recognition, reporting and discussion. Training for pilots to improve management of impairment or incapacitation due to mental health problems could be included during CRM (Crew Resource Management) training when this does not already occur. While awareness training needs to be sensitive to regional differences it should be standardized across the global community as much as possible.

In summary, the Aerospace Medical Association does not recommend an extensive psychiatric evaluation as part of the routine pilot aeromedical assessment. However, the Association does recommend greater attention be given to mental health issues by aeromedical examiners and by the aviation community in general, especially to the more common and detectable mental

This Commentary was sent as a letter to the Acting Administrator of the Federal Aviation Administration, Michael Huerta, on September 4, 2012, and to other organizations worldwide interested in medical standards. The following members of the Aerospace Medical Association were part of the Ad Hoc Working Group: Philip Scarpa, M.D., M.S. (Chair, aerospace medicine); Thomas Bettes, M.D., M.P.H. (occupational medicine); Gary Beven, M.D. (psychiatry); Robert Bor, Ph.D. (clinical psychology); Christopher Flynn, M.D. (psychiatry); John Hastings, M.D. (aerospace medicine); Marvin Lange, M.D. (psychiatry); Roy Marsh, M.D. (psychiatry); Joseph McKeon, M.D., M.P.H. (aerospace medicine); Kent McDonald, M.D. (psychiatry); Russell Rayman, M.D., M.P.H. (aerospace medicine); Warren Silberman, D.O., M.P.H. (aerospace medicine); and Jarnail Singh, M.D. (aerospace medicine).

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