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Michael Huerta, Acting Administrator
FAA Headquarters
Federal Aviation Administration
800 Independence Ave, SW
Washington, DC 20591

Subject: Pilot Mental Health - Expert Working Group Recommendations

The Aerospace Medical Association is a professional organization of 2,500 physicians, nurses and scientists engaged in the clinical practice of aerospace medicine and related research and education activities.

Recent events involving a potential disturbance of mental health in pilots (ref 1,2) 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 that 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 (ref 3-8). These methods, which consist of questions and interview techniques, will have minor impact to 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 non-threatening 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 (ref 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 health conditions and life stressors that can affect pilots and flight performance. We encourage this through increased education and global recognition of the importance of mental health in aviation safety.

The Aerospace Medical Association stands ready to assist you.

P. Glenn Merchant, Jr, MD, MPH
President

Ad Hoc Working Group
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