THE CENTRE FOR AVIATION PSYCHOLOGY

Pilot mental health 101

A guide to the most frequently asked questions about pilot mental health and wellbeing.

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In this article, we've answered the typical questions we get asked about pilots and their mental health and wellbeing. It's our sincere hope that it adds to your understanding of the topic and how it relates to you.

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CONTENTS

1. Why is knowing more about mental health important for pilots?

While Human Factors and CRM were relatively new concepts to the way pilots were trained, operated and evaluated a decade or two ago, it is now inconceivable to think about pilot performance without referencing them. Similarly, the role of mental health of pilot wellbeing and performance is gaining traction and is increasingly referenced within aviation.

While this may be a complex subject, at the heart of it, pilots are humans like everyone else. And like everyone else, they are as susceptible to life's up and downs and the impact this will have on their overall mental wellbeing.

<Helpful to know box>:

While the terms 'mental health' and 'mental wellbeing' are used interchangeably and are often overlapping concepts, it might be helpful know what each generally refers to:

*The term **mental wellbeing** is referred to as the more general and 'subjective way' we feel about ourselves, the life we are living and the relationships we participate in. There are many factors that contribute to our mental wellbeing (including work, relationships, physical health, etc.) and will result in us feeling that we are somewhere on the long continuum of flourishing and languishing in our lives - and in some instances, suffering. We all move up and down this continuum to varying degrees, depending on what we are dealing in our lives at a given point in time.*

*The term **mental health** has become a more objective way of referring to what happens to us when our mental wellbeing deteriorates - or in pilot-speak, our capacity buckets are breached. Typically this manifests in particular ways that can be commonly understood (e.g. depression, anxiety), discussed and addressed (self help, therapy, medication) and are referred to as mental health "issues", "problems", or when particularly pronounced or ongoing, professionally diagnosed as "disorders". It is important to note that while mental health symptoms may be common, the actual causes and lived experience of these symptoms will always be unique to the person experiencing them.*

Mental health and wellbeing are cornerstones of our general health. Most of us are familiar with our physical health, be it heart rate, body temperature, eyesight, digestion etc. Mental health and wellbeing is arguably more difficult to define and often challenging to measure. For example, we can easily measure blood pressure and body temperature, but it is less straight forward and probably less precise measuring mood, stress, worry and anxiety levels, among others.

Understanding more about mental health and wellbeing is important for pilots for the following reasons:

A. The **pilot profession is a demanding one.** The responsibilities, lifestyle demands, training, checks, constant oversight and intense scrutiny that comes with the job is challenging at the best of times, often feeling like a fine balance between competing demands. When things aren't going well for us, as is inevitable for all of us a various points in our lives, being a pilot can quickly feel overwhelming and that fine balance increasingly hard to maintain.

B. Anything that can detract from your clear focus and concentration at work could ultimately **affect flight safety.** Having something on your mind, such as a worry or anxiety or suffering with low mood, can make the task of focusing and concentrating on the flight deck and managing crew more difficult. In some situations, where mental health is more seriously affected (and we will come to this later), it may be difficult and even impossible to carry out the complex tasks that are required of a pilot. That is why all of us should be mindful our mental health and wellbeing. You will recall how important this is from your basic human factors training.

C. A decline or detriment to your mental health and wellbeing can affect the **relationships** with those around, especially with your family. We usually rely on family and friends to be a buffer against stress. And so if our mental

health is adversely affected, and we are suffering with difficulties which may be of a psychological nature, this may negatively affect our interaction with our family. In turn, this may dilute the support that we may get from them. It is a common experience that when we are suffering with a mental health problem that we feel more alone in our feelings.

D. There is still a perceived **stigma, shame and fear** in discussing and acknowledging mental health problems and in the aviation context there may be a reluctance to seek help for these. Possibly due to the demographic profile of the profession, for many pilots the thought of raising any mental health issue they are experiencing identifies personal vulnerability. For many, that vulnerability equates to weakness, which in turn, conjures feelings of failure and shame. It also raises a fear of starting a process that may rapidly slip beyond their control and could ultimately result in their **loss of licence** - thus adding to their problems. While the evidence suggests otherwise, this remains the most likely reason pilots are reluctant to talk about their own mental health.

E. As with most people, the **experience of the pandemic**, has severally shaken pilots beliefs, assumptions and expectations of what they can reasonably expect of their career, profession and employer. Unemployment or job insecurity is a significant life event stressor and inevitably impacts on mental wellbeing and health.

2. Will reading about this topic make me worried about my own mental health?

The good news – often not widely known - is that more than 95% of pilots who experience mental health problems that may require them to take time off from work (and by no means do the majority of pilots need time off work when experiencing mental health problems) will return to flying.

It is surprisingly uncommon for pilots to permanently lose their medical licence as a result of a mental health problem that they acknowledge and seek help for. While the industry (i.e. regulators, employers, and associated medical professions) will always have safety as their primary responsibility, they recognise that the proactive and early acknowledgement (and support) of pilots experiencing mental health problems is the most effective way of addressing the problem by encouraging people to step forward and ask for help.

We can, therefore, be reassuring that if you are experiencing your own mental health challenges, you are not alone. Most people will experience this at some (or several) points in their live, including pilots. You also need to know that acknowledging and overcoming it does not need to spell the end of your flying career, mysterious treatments or impossible solutions.

Contemporary methods to assess and treat common mental health problems mean that most problems can be addressed and dealt with through one of four methods.

1. Support from family and friends.
2. Peer support through a recognised and well-developed company pilot peer support programme or through access to employee assistance programmes (EAPs)
3. Talking therapies with a qualified and registered counsellor, or psychologist (we will discuss more about this below)
4. Treatment from a psychiatrist which may or may not involve taking a course of medication.

In some instances, along with your AME and/or employer, you might decide to ground yourself while you deal with your problem, however long that may take. In most instances though, that will not be necessary, or if it is, generally short-lived.

3. Are mental health and wellbeing issues more common nowadays?

Mental health issues are among the top three healthcare problems that pilots will face in the course of their careers. The more common ones are cardiovascular disease and musculoskeletal injuries. Mental health is slightly less common but is in the top three.

No one knows for certain whether mental health problems are more common nowadays - or just more commonly acknowledged and spoken about. There are a number of points to consider.

- In many countries, we are more aware of mental health and wellbeing issues and, therefore, more likely to report them these days.
- Pandemic and work-related stress, as well as work pressures and changes in the working environment, not to mention changes in society generally, may increase personal and work-related stress which in turn, can have an impact on our mental health and wellbeing.
- Because we are more conscious of mental health and wellbeing issues, we may report them more frequently and, therefore, they may have existed to the same degree previously, but pilots may have been more reluctant to share or discuss their challenges or concerns with friends, family or other professionals.
- We are also better at defining and recording mental health issues and, therefore, our ability to measure and quantify them has also improved.

CRM training, human factors training, and world events (notorious air crashes) have highlighted mental health and wellbeing issues on the flight deck, and this may have also improved our communication around the relevant issues. We cannot, therefore, say that it is a more prevalent problem, but we can say that we are more aware of it these days.

4. Why have wellbeing and mental health issues become a focus in aviation in recent years?

Most pilots are aware of watershed moments in aviation (e.g. 9/11; the ash cloud over Iceland; the 2015 Germanwings pilot murder-suicide). Perhaps, more than any other modern aviation event, the Germanwings tragedy highlighted the issue of mental health issues amongst aircrew.

As we know, the First Officer on the Germanwings plane who deliberately crashed the plane, was suffering with some complex and longstanding psychiatric problems. He was also receiving treatment from a number of specialists for these. Unfortunately, communication between his doctors and the employing company appears not to have being followed through which could have led to the pilot being grounded. He was able to fly as he did not inform his employer that he had been declared medically unfit to fly.

We should be clear that his mental health problems were complex and extreme. Whilst the event was rare and tragic, we should not get too caught up in thinking that the problems that he faced reflect the common mental health problems and wellbeing challenges that the average pilot faces. Indeed, the Germanwings crash has been labelled a “black swan” event, suggesting that it is incredibly rare.

What is important is that it has not only highlighted how important it is for us to address mental wellbeing and health issues however large or small, but also to put in place support mechanisms, so that the pilots who may have a more common mental health problem, do not feel alone in dealing with it and also have access to help and support if they need (see below).

5. What was the consequence of the Germanwings event that highlighted pilot mental health?

The European Aviation Regulator, EASA, as well as the French accident investigators and subsequently the US FAA and UK CAA, among other regulators, reflected upon the findings and lessons of the Germanwings crash. Four recommendations emerged which have been largely adopted universally by regulatory authorities, although mandated within the EU and UK. The requirements for any AOC in relation to mental health and wellbeing, as well as to improve mental health and wellbeing are as follows:

a. Aircrew, and especially pilots, should have access to pilot peer support programmes whereby fellow pilots, trained in peer support and mental health first aid, are available to support an individual who may have issues or questions about their mental health and wellbeing. Peers who support fellow pilots in turn have access to mental health professionals to ensure that they can address and respond to mental health issues which may or may not be familiar to them. Peers may also signpost fellow pilots for appropriate support and help if needed.

b. New entrant pilots to an airline should undergo some form of psychological evaluation. This is not a mental health assessment but rather an opportunity to understand the strengths and challenges that an individual may face in working within a particular AOC and to ensure their suitability and to enhance their life and career skills.

c. Aviation medical examiners typically now undergo more specialist training in the assessment and treatment of mental health problems so that they are more aware of them in the aviation work setting and specifically as they may affect pilots.

d. The regulator has put in place a requirement for random alcohol and drug testing in the workplace. Arguably, the latter case has had nothing to do with the Germanwings crash, but is regarded as a further enhancement of safety in relation to mental health and wellbeing.

6. So, why do pilots find mental health and wellbeing so challenging?

The answer is difficult to be too specific about but consider the following:

1) **Stigma** associated with mental health problems is still prevalent. Due to the typical (albeit, changing) pilot demographic regarding age and gender, the stigma is deep seated and may act as a deterrent to flagging an issue or seeking help for it. Therefore, pilots may be more likely to deal with their problem on their own than to seek help for it.

2) **Personality and culture:** The pilot culture is typically viewed as one of a “fix it” mentality. Pilots are typically conscientious, situationally aware, and not only attend to detail but also are problem solvers. Having a personal problem may be something that is unfamiliar or unwelcome. Some pilots may ignore the issue or try to solve it using means or methods that may work or assist but also, could make the problem feel worse. An example would be using alcohol in order to suppress feelings of anxiety. (Whilst alcohol may briefly suppress anxiety, it does not erase the problem and it can lead to an intensification of the original symptoms.)

3) **Fear of loss-of-licence:** Pilots may also fear being grounded if their medical certificate is suspended, with the consequent and severe financial and social repercussions. There may also be an association with having a serious mental health problem and suicidal thoughts or actions. This is typically untrue and most pilots who suffer with common mental health problems are more likely to want the problem to go away than to seek to end their life.

4) **Support (perceived lack of):** There is also the further issue of whom they can discuss their concerns or issues. Access to a medical practitioner, AME or therapist may be challenging or the routes to gaining support may be unfamiliar. Furthermore, some medical and mental health professionals unfamiliar with the aviation environment, may not be aware of the pressures and issues of mental health and wellbeing in this safety critical industry.

7. What exactly is mental health?

In short

Mental health problems have been viewed differently over the ages. Issues that once may have signalled a mental health problem, no longer do so and there are new issues and problems that have been added to the current list of issues that constitute mental health problems. That said, there are medically defined parameters for mental health which are largely applied in the aviation context.

For example, everyone will have experienced bouts of worry or anxiety, at times. Transient and intermittent feelings of stress, worry and anxiety and quite different to a more severe and incapacitating panic attack or anxiety disorder which may make the job of a pilot difficult or even impossible.

Mental health problems operate on a continuum and if you feel uncomfortable with what you are experiencing or going through, or someone else points out this to you, it is probably time to get it checked out. We discuss how you can do this below.

In detail

A lay-person's perspective: Within the pilot profession, many aircrew are familiar with the idea of either a 'capacity' or 'stress bucket'. While this is more commonly used in a human factors setting to demonstrate the limits of workload capacity, it translates well into the domain of mental wellbeing.

Essentially, everyone has a mental wellbeing bucket or finite capacity to deal with inflowing stressors. However, the amount of actual capacity we have to deal with stress will be determined by the various 'stones' or 'pebbles' that we all invariably carry in our buckets, taking up valuable space. These 'pebbles' could represent relationship issues, financial worries, physical illness, underlying mental health issues, roster pressures, forthcoming line checks, etc. Some of these pebbles are larger than others, while some stay in the bucket fleetingly and others are more permanent.

Our capacity to deal with stress will be determined by the volume of the 'pebbles' taking up valuable space in the bucket at any given point. When the volume of stress exceeds our capacity, however large that is, it spills over and affects our wellbeing and ability to function effectively. In these instances, mental health problems may occur, or issues that were previously manageable, no longer are.

A clinician's perspective: Mental health and medical professionals use complex manuals to diagnose mental health disorders. The most commonly used and agreed upon manuals are the DSM-V (Diagnostic and Statistic Manual of Mental Disorders, 5th ed. published by the American Psychiatric Association) or the ICD 11 (International Classification of Disease - 11th ed. published by the WHO). Together they cover hundreds of disorders across an entire spectrum, most of which are exceedingly rare or unheard of within a flying environment.

Given that most people will experience challenges at some point of their life (e.g. bereavement, stress, failed relationships) that may manifest in mental health problems (e.g. grief, depressive thoughts, excessive worrying, anxiety). Equally, they may have predilection to these problems throughout their life (due to their genetics and/or childhood experiences). In both instances most people are able to function adequately in their lives, albeit at reduced capacity and enjoyment.

Mental health problems are typically only diagnosed as **mental health disorders** when they meet several criteria set out within either of these manuals. The most prominent of these being the extent to which the problem interferes with a person's ability to function effectively and meaningfully in their life, over a sustained period of time (typically 3-6 months).

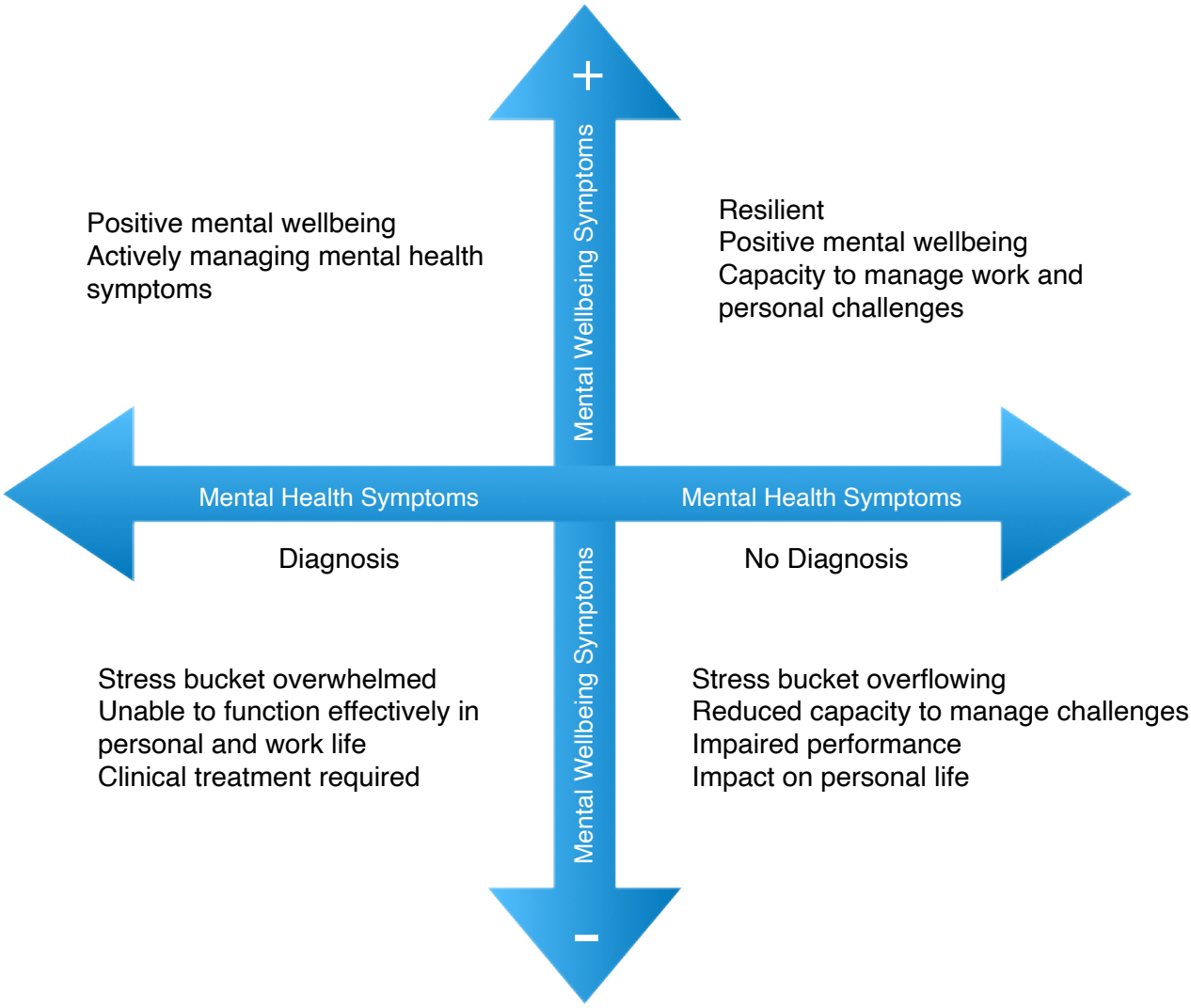
Unlike many physical illnesses (e.g. infections, diseases), diagnosing a mental health disorder is not a perfect science (despite the extensive guidance from the manuals) and it is not a binary, black-or-white decision. Instead it relies on the (qualified) clinician's skill, experience and assessment, often drawing on multiple shades of grey. In an aviation context, it is only an AME who can determine whether the diagnosis could have this impact on your career, and therefore do not assume that having a diagnosed mental health

issue, or problem, necessarily is career limiting. Your AME is always the person to go to first, in order to determine your fitness to fly.

While many cases are clear-cut, many are not. Having a clinical diagnosis of mental health disorder recognises the severity of the problem (for other clinicians, health insurance policies, employers, regulators, etc.) and acknowledges that a critical threshold of symptoms has been reached. Crucially, within aviation, it implies performance is likely to be impaired significantly enough to take note and action. It indicates that external help may be required to manage or overcome the disorder (which may be evidence based talking therapies, and/or medication, or a treatment plan). It must be remembered that a diagnosis is a description of symptoms and tells us nothing of its causes, prognosis or treatment recommendations.

It is important to note that experiencing mental health problems or symptoms does not necessarily result in a diagnosis. We all get down, grieve, are anxious, worried, panicked, etc, from time to time and this may feel all-consuming or overwhelming at times of stress. However, if we are still able to

Figure 1: Understanding Mental Health & Wellbeing.



8. What are the typical mental health problems among pilots?

The most commonly presenting mental health problems (and they probably affect everyone in the population to a greater or lesser extent at some point in our lives) are low mood, depression, anxiety, stress, worry, sleep problems, alcohol misuse or dependency and relationship difficulties. These may range in their severity from being low-grade issues which affect us in a minor way and intermittently, to more pressing problems which could be more severe and present throughout the day and night. The good news is that all of them can be treated through good support, talking therapies and where indicated, through medication and almost none of these are likely to lead to a permanent loss of licence, where help is sought.

9. What are the less typical mental health problems among pilots?

It is best to reframe this in terms of what are uncommon mental health problems within the profession. The reason for this is because of the exacting medical standards in aviation, those with a history of more severe mental health problems are unlikely to obtain a Class 1 medical licence at initial application and assessment or sustain the rigours and examinations of their initial training. This includes psychosis, schizophrenia, delusional problems, severe personality disorder, substance addiction and major (and sustained) depressive disorder. These are on the more severe end of the mental health spectrum and consequently are disqualifying in most jurisdictions, with some of resulting in permanent disqualification. It is rare for a pilot to suddenly develop these in the course of their career without significant prior history of the symptoms. However, in some cases, this is possible (e.g. underlying neurological/ health problems, major head injuries).

10. As a pilot, am I more at risk of mental health problems?

The answer is: well, it depends! It is generally thought that pilots are generally at lowered risk of mental health problems, particularly those at the more severe and enduring end of the scale, because in order to obtain an initial Class 1 Medical, certain mental health problems (and other medical problems), would be excluding. Furthermore, pilots learn from an early stage in their career the importance of human factors and learning to take care of themselves, whilst on and between trips.

The relevant frequency of a Class 1 Medical (typically annually, but sometimes every six months) also means that issues can be picked up at an earlier stage, and assessed and hopefully treated before they escalate. More common mental health difficulties are less easy to quantify here in terms of risk. As we know, pilots are the same as everyone else in the general population (contrary to some popular wisdom!), and therefore are susceptible to life's challenges, and sudden, gradual, or unpredictable changes in life plans.

On balance, we would say that pilots generally suffer less with mental health disorders, and arguably less commonly, are adversely affected by common mental health problems. As we stressed, that does not mean that they are immune to them. Furthermore, social stigma, and the "can-do" and "problem-solving" attitudes and behaviours in the face of challenges, can get in the way of seeking help at an earlier stage. This can mean that seemingly small problems can escalate. We do stress and advocate that pilots, and indeed others in the general population, can actively take steps to improve and support their general health and mental wellbeing, and not leave this just to chance.

11. As a pilot, if I ask for help with my mental health, could I end up losing my license?

10% of medical issues leading to a suspension of a pilot medical are due to mental health problems. Psychiatric and psychological conditions are the most frequent cause for the temporary loss of license in pilots aged between 20 to 40 years of age. The fact that mental health conditions are so common among air crew is neither a recent trend nor necessarily alarming. It may of course give rise to worries amongst pilots themselves. We know that pilots are less inclined to put their hand up and seek help for mental health problems for fear of their loss of license. There is very good news to report here. **More than 95% of pilots who are temporarily grounded and therefore have their medicals suspended will return to flying.**

At most, a mental health condition could lead to a temporary grounding while the AME seeks further assessments and a better understanding of what the individual is going through. In many situations, there may not be even a temporary suspension of a medical. For example, having a brief period of anxiety and a few nights poor sleep does not constitute a mental health disorder.

Where an AME is involved, they will then be in a position to assess the nature of the condition and to determine what the best course of action may be. Remember, they are on your side and are seeking ways to first help you to overcome the problem and b, ensure flight safety. In some cases, temporary grounding may be necessary whilst a course of treatment is prescribed for the mental health condition. This may involve talking therapies and in some cases the use of medications. The AME will be fully up to date with the protocols required in order to help the pilot return to the line. Therefore, the chances of permanently losing your license due to a mental health condition are very rare and yet the chances of experiencing one during your flying career are actually quite high.

12. What mental health disorders could result in the suspension of my medical?

Your AME will be aware of all the conditions that could lead to a suspension of a medical and these are usually clearly described on the webpages of your regulator. Typically, these involve conditions where there may be some chance of impairment to concentration, communication, fine motor skills, or impairment to your thought processes. These tend to be disorders which are of moderate or severe intensity. These would include depression, debilitating anxiety, panic attacks, severe relationship difficulties leading to impairment of focus and concentration, thoughts about self-harm, uncontained anger and outbursts, severe interpersonal difficulties with colleagues (which may be a sign of another disorder) and of course psychosis or breakdown.

Putting all of these disorders into one short sentence does not do justice to the nature, intensity, and severity of these conditions. It is possible to be mildly depressed and still be able to function and to work whereas anxiety, a familiar feeling to many, can at times be overwhelming even if it occurs intermittently. This is the reason that it is important to discuss this with your AME who will know how to further assess and treat the problem in order to get you back to work.

13. How do mental health (and medical) professionals deal with confidentiality within an aviation setting?

All health care professionals have confidentiality at the top of their mind. The whole basis by which health care is delivered and managed in the UK and most countries is where an individual places their trust in a health care professional knowing that it is not going to be shared elsewhere.

Sharing information about an individual typically happens with very specific protocols in place. The first is that the health care professional will almost always seek the permission and consent of the individual to share information with another. This is of course done in their interest and with a view to onward referral or escalation of an issue.

In aviation health context, a GP or AME or other health professional may need to communicate and update a colleague about treatment and progress in order to help somebody to return to work. Where information is shared, typically it is done to a named individual, copies of any notes or correspondence should be available to the individual concerned (information should not be exchanged behind your back) and the minimum information is passed on for effecting an outcome. It may not be necessary to provide an extensive history and background around an individual.

In very rare and indeed exceptional cases, information may need to be shared as a matter of urgency and where there may be harm or detriment to the individual if they are allowed to carry on, for example flying. The health care professional will do whatever they can to try and counsel and persuade the individual that it is in their interest to share this information. If this is not the case, as happened in the Germanwings pilot murder suicide crash of 2015, the individual health care professional has an obligation to ensure a minimum amount of information is shared in order to maintain flight safety and importantly to maintain the safety of that individual.

If you have any concerns or doubts about how information is shared and whether it is in your interest, it is your right as a patient foremost and also as a pilot attending an AME or GP to know what information will be shared and with whom and to have sight of this as well.

14. How has the pandemic impacted on pilot mental health?

As with the general population, there is no doubt that the pandemic has brought a significant amount of stress and change to the pilot profession. This is especially true for those who lost their jobs, had their incomes significantly reduced or faced ongoing economic insecurity. There have been academic studies and surveys published capturing the lived experience, angst and frustrations that pilots have endured during the pandemic.

Understandably, this has been tough for those most impacted and many will have felt low, helpless, scared and/or angry at times. For many pilots, they have managed to contain these feelings and channel them into dealing resiliently with their circumstances and challenges, as unpleasant as they may be. For others, this has not been possible and had a profound impact on their mental wellbeing.

What we don't know yet is whether this impact has manifested into a longer term pattern of mental health problems within the profession. Only time and follow up studies will reveal this.

What we do know is those in the general population that seem to have been most likely to have developed mental health disorders are those with pre-existing mental health issues; those facing dire economic circumstances; those completely cut off from their support networks; and single parents of young children caring for them during lockdown.

What we also know is that as the flying resumes, many pilots have had to re-evaluate their priorities and what they can now reasonably expect from their career, profession and employers. This has resulted in many pilots reducing their hours, changing their employers, or leaving their profession. Equally many pilots have felt compelled to make salary and lifestyle comprises to retain their job or find work elsewhere that they may not have previously considered.

For pilots returning to work, many have felt anxious about skill fade or daunting sim and line checks. For pilots who have remained in work, the sense is that the unpredictable rosters and impact on work/life balance is unsustainable for the mid to longer term.

15. When should I be worried about my mental health problem?

Our hope is that things do not escalate into incapacitating worry, but it is important to take note if there are changes to your mood, levels of anxiety, sleep patterns, appetite patterns, and behaviour and relationships, amongst others. The sooner you seek support, typically the better the outcome.

When faced with these issues, we would highlight two scenarios where it is time to act.

1. If you are "sitting on" something that is getting worse, or not going away, and it is affecting your mood, concentration, attention span, work attendance, and relationships, it is probably time to take action. This could entail self-declaring that you are unfit for work, and therefore not putting yourself in the stressful position of being in a safety-critical role, whilst not feeling at your best. The other, and probably follows from this, is that you then seek help via your general medical practitioner, AME, Occupational Health Department (if you have one), or through your peer support programme. Psychological problems sometimes snowball as the symptoms associated with them, such as low mood, anxiety etc may make us feel worse, which in turn may worry and stress us, and this may lead to inertia. Put plainly, the problem is likely to either stay the same or to escalate, and if it gets worse, the consequences are understandably more complex.
2. A concern is raised when an individual has lack of insight into the problem that they may have, or the effect that it could have on others. This is why in a Class 1 medical assessment, problems to do with attentional disorders and severe mental disorders (psychosis and severe and persistent depression, among others) may mean that the person does not fully understand the effect of these problems on their behaviour. This is where things can start to go badly wrong for the individual, and can affect flight safety. Some people argue that excessive alcohol consumption and dependency has a similar effect, where we may be disinhibited or, so dependent on the substance that we are in denial that the problem has escalated.

Under these conditions we also rely on co-pilots, fellow crew, family, ramp personnel, the AME, and medical practitioners among others to also flag up issues if they have concerns about a loved one or colleague.

Cases where an individual is in complete denial of their mental health problem, or lacks insight into it are thankfully very rare in aviation, but it is important to be mindful, and at times vigilant if you have concerns about those around you, or you are worried about your own behaviour. Every issue, feeling, behaviour, psychological problem etc will have been seen by your medical practitioner, as will your AME will be fully aware of these. As we reiterate, seek help and advice at an early stage.

16. Who are the different people involved in mental health support and treatment?

There are a range of different people that you can access for health and support in relation to a mental health and wellbeing issues.

Many pilots will start with **peer support**. All AOCs within the EU and UK are now required to ensure that their pilots have access to an independent and mental health supported pilot peer support programme. A peer is a fellow pilot who is trained in mental health and wellbeing issues and would be able to signpost you to the relevant professional, if the issue or matter raised with them warrants this.

Employee Assistance Programmes (EAPs) are typically online support and call centres which you may have access to within your airline where you can receive initial help, support and signposting. The call may or may not be with an aviation-savvy person.

In terms of more specialist or professional care, there are a range of talking therapy specialists who pilots can access:

Coaches is a term widely used and applied in many settings from sport to life style to career development. Typically the emphasis is supporting someone achieve particular goals in their lives, whatever they maybe. Consequently, coaches can come from a variety of backgrounds and experiences and may (or not) have any professional coaching qualifications. While anyone can use the term, the 'coaching' community or the governing bodies of particular domains (e.g. sport) are increasingly regulating, training and defining standards of what coaching constitutes.

Counsellors and Psychotherapists are often referred to interchangeably. However, the rule of thumb is that counsellors are trained in a particular talking therapy and in supporting individuals through particular personal challenges, life events or problem.

Psychotherapists are typically more focussed on recurrent problems or patterns, helping you looking at and understand causal patterns that contribute to your current difficulties. Some of these may reflect Freudian/psychoanalytic thinking where your earlier life experiences will be a major part of the discussion, with the assumption that this could have a bearing on your current life.

Other approaches include rational emotive therapy, cognitive behaviour therapy, person centred, mindfulness and others. (Remember: The extent to which counsellors or psychotherapists are regulated varies from country to country. For most jurisdictions though, there may be nothing stopping anyone from using either title. When considering using a counsellor or psychotherapist, it is important to ensure they are accredited to and regulated by a suitable professional body that licences them to work with people at a therapeutic level - check with your AME, if uncertain.)

Psychologists have post graduate degrees in a particular specialism within psychology. The average pilot is likely to come across clinical and/or counselling, aviation and occupational psychologists. All of these will have experience in understanding the onset, maintenance and resolution of human problems within individuals, families or teams. Again, typically they will undertake some kind of assessment of the presenting issue and then instigate a programme of talking therapies in order to overcome these.

Psychologists typically use evidence-based methods and draw on the best practice guidelines (e.g. the UK's National Institute of Clinical Excellent - NICE) to inform them in the approach that they then take. Occasionally, psychologists undertake mental health reports at the request of a psychiatrist or the regulator in order to help to gain better insight and understanding into an individual's mental health problem. In most countries the profession of psychology is closely regulated by the health care regulator and have strong professional

bodies promoting best practice and professional development.

Psychiatrists and medical specialists, including your GP, AME or occupational health doctor have completed a medical degree. It is only the AME who can determine your fitness to fly but insight and reports from other specialists such as your GP and occupational health doctor may also be relevant here. A psychiatrist working in aviation will always have a first degree in medicine and then a specialised in the assessment and treatment of mental health and personality disorders. They will typically combine the use of psychoactive medications (the class of drug that pilots are allowed to take are called the SSRIs) and also talking therapies. It is important that your AME is aware and up to date with psychological treatments and especially psychiatric support that you may be receiving. As we have mentioned before, this may or may not require a period of grounding, but typically, the AME will want to assess whether the problem could affect the individual's behaviour, feelings etc and of course their ability to perform the job safely.

17. What exactly is a 'talking therapy'?

The term 'talking therapy' is exactly what is implies. It is the ability, in a professional, confidential, and non-judgmental setting to talk through a particular issue or issues troubling an individual. There are many models of talking therapies each with their particular strengths and weaknesses. However, the main models many pilots may have heard about more recently are: cognitive-behavioural therapy; person-centred therapy; transactional analysis, psycho-dynamic therapy, and dialectical-behavioural therapy.

While each model has a different philosophy and lends itself to specific types of issues, they are all grounded in solid psychological principles and with the intent of helping an end-user (i.e. "client"/"patient") better understand themselves, their problem(s) and how best to address them. While there are almost countless therapeutic models (some more credible than others), these schools that are the most prominent are typically underpinned by a strong academic, psychological base and thousands of qualified practitioners around the world with strong professional bodies promoting the virtues of that particular approach. In the world of evidence based practice, cognitive behaviour therapy lends it self best to the rigours of randomised trials, measurement, etc. and consequently the model most frequently recommended or referred to within the mental health profession.

The truth of it is though, however strong (or weak) a particular model is, the biggest factor determining its value to the end user (i.e. "client"/"patient") is how it is applied by the practitioner and the extent to which it connects and adds meaningful value to the end user - the ultimate judge of whether it works or not. The value of many of the talking therapy models is often to provide a road map to guide the talking therapy and it is the skills of the practitioner as to how this is navigated.

18. As a pilot, how do I access a mental health professional?

If it is a peer, hopefully your AOC will have already communicated how to access you peer support programme. Some organisations also have employee assistance programmes or online talking therapies available as well. A pilot peer is typically an excellent resource for finding out the options that may be available to you particularly in your own company.

You can access your GP directly as well as your AME.

A psychiatrist will typically require a referral from a GP or AME and, therefore, it is advisable to first seek the support of a GP or AME before being referred to a psychiatrist, if this is indicated.

Access to counsellors and therapists is more direct and straight forward. Typically, you do not need a referral for this, though if you do have one that can help.

Where medical treatments are recommended (such as medication, taking time off from work, or more recently the use of transcranial magnetic stimulation) it is essential that your AME is aware of your treatments so that they can determine your fitness to fly.

Once you have accessed support, typically there are a number of options. The first is a “watching wait”. It may be determined that you are coping well or reasonably well with a mental health problem that does not require you to take time off from work or to be grounded. Occasionally, it will be necessary to take time off from work, though this is more common where a life event has become more pressing. If, for example, you are suddenly bereaved, it would be common sense to take off a period of time in order to begin the process of grief and to organise burial rituals. Almost everyone who has been bereaved will return to work. Bereavement is, therefore, seen as a brief and transient issue even though we may be saddened by the loss of a loved one.

Other issues, such as occupational stress, that may arise in the face of a disagreement with your employer or line manager may be more complex. This could lead to anxiety, worries, low mood and other symptoms which can affect flight safety. It is important for an individual to self-monitor and recognise the extent to which they are adversely affected by life events and to discuss with their AME a suitable period of time before they return to work.

19. Why is peer support such an essential resource in pilot mental well-being?

Asking for help with our mental wellbeing is never easy. And if we do, we are far more likely to turn those that we live or work with before we would even consider approaching a mental health professional. This is particularly true for many pilots who may come from a demographic background and/or professional orientation that prizes ‘strength’, problem solving and resourcefulness as central to their identity. Consequently, asking others for help may seem like an admission of failure or weakness – and something to be avoided.

The purpose of EASA mandating peer support programmes for pilots is to enable a culture change within the profession and industry where it more acceptable (and easier) for someone in distress to reach out for support. The ability to turn to a fellow pilot who understands what it is like to work and live in a highly responsible, heavily regulated and constantly monitored profession is invaluable.

Speaking to a trained, non-judgmental colleague might feel less intimidating or stigmatising than seeking out professional help. Besides, given the challenges of the job and lifestyle, a fellow colleague might be better placed to signpost, guide or work through

an issue to begin with, than a professional who is unaware of the unique pressures of the job. The whole tenor of peer support in aviation is to try to 'catch' or mitigate difficulties upstream before they have morphed into complex and potentially intransigent problems that may lead to temporary grounding and clinical assessment and intervention.

The evidence clearly shows that the return on investment in peer support is more than four to five times the outlay and cost. By normalising and destigmatising help seeking behaviour, it saves lives and careers, reduces work place absences, improves mental well-being, job performance and satisfaction. Ultimately, it is as good for flight safety as it is for the individual pilots whom it supports.

20. How is it similar and different to other mental well-being resources (eg employee assistance programmes)?

There are some similarities and differences between peer support and other mental well-being support services.

It is worth emphasising the three main characteristics of peer support:

1. Peer support is pilot-led and typically voluntary.
2. Peers are selected, trained and supported by mental health professionals who are experienced in aviation-related challenges to aircrew.
3. Peers adhere to well thought through SOPs relating confidentiality, independence and safety.

Other support services may include EAPs (Employee Assistance Programmes), Occupational Health Services, mental health and well-being services (either through national or private, company funded healthcare), charitable services and a plethora of online resources and apps. In many of these services, the person allocated to supporting the pilot may or may not have pilot specific experience or training. Their counselling may therefore be broad and generic, though occasionally it may be specific to the pilot's work context. There may be pros and cons to this in so far as a generic approach can mean that fewer assumptions are made about the pilot, but on the other hand, the absence of familiarity can also impede rapid progress where this may be required.

External services, such as those listed above, may not have input into the safety management system and therefore unable to improve safety and the working lives of aircrew. Nonetheless, these services offer a useful additional service for pilots seeking support and, indeed, signposting is sometimes made between different services. Peer support, for example, may signpost a pilot to an employee assistance programme or to legal or medical services, where indicated. The reverse process is also common whereby medical professionals may recommend peer support to a pilot that they are assessing and treating.

With the increasing presentations of mental health and well-being issues among aircrew, it is a positive development that there are a range of different support services available to crew and choice of their use may be based on pragmatism, availability and accessibility, familiarity with the aviation environment and differing levels of support and therapeutic input.

21. What can pilots reasonably expect from their peer support programme?

There are a wide range of different peer support programmes offered to pilots around the world. One can only generalise about the nature of the services and what pilots can reasonably expect.

Typically, pilots can expect some or most of the following:

1. An accessible service typically by phone, video link, or occasionally face to face meetings.
2. A trained peer who adheres to a code of professional conduct (underpinned by confidentiality) and with a good grasp of basic counselling and listening skills.
3. A respectful, empathic and non-judgemental listener who is likely to be familiar with the work setting and personal life challenges of pilots. They can therefore better understand what the pilot is going through and, where indicated, be able to signpost them for further help and support if needed.
4. Semi-professional conversations which focus on the needs and interests of the pilot seeking support.
5. Conversations that have clear boundaries and take place in a setting that is private, confidential, by arrangement, and in which sufficient time is set aside. These conversations do not take place whilst operating, training or between colleagues sharing a lay over.
6. Peers who fellow flight crew professionals - not mental health specialists, managers, union representatives, lawyers or accountants. Consequently, the prime value of their role is that of support – not advice giving or decision making.
7. Peers that are trained, overseen and supported by mental health professionals.
8. Peer support programmes operating to minimum standards and assurances laid out by the regulator, professional bodies, data protection authorities and industry best practice.

One unique and positive aspect of peer support is that peers typically are selected because they reflect the diversity of employees within their organisation and profession. A peer may therefore be a captain or first officer, male or female, gay or straight, new to the company or be a long-term employee, etc. Not only is this diversity reflected in peers who offer their support but equally pilots will therefore encounter different personalities amongst peers. No two peers are the same, even though they adhere to the same code of conduct and similar principles and SOPs. Just like in healthcare, different peers will engage in unique and different ways with pilots and therefore different conversations will ensue even where there are similar problems. This extent of diversity, whilst adhering to common values and skills, is what makes peer support accessible to the pilot experience.

Get in Touch

If you have any (non urgent) questions about this article or the work that the Centre does, please feel free to get in touch:

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