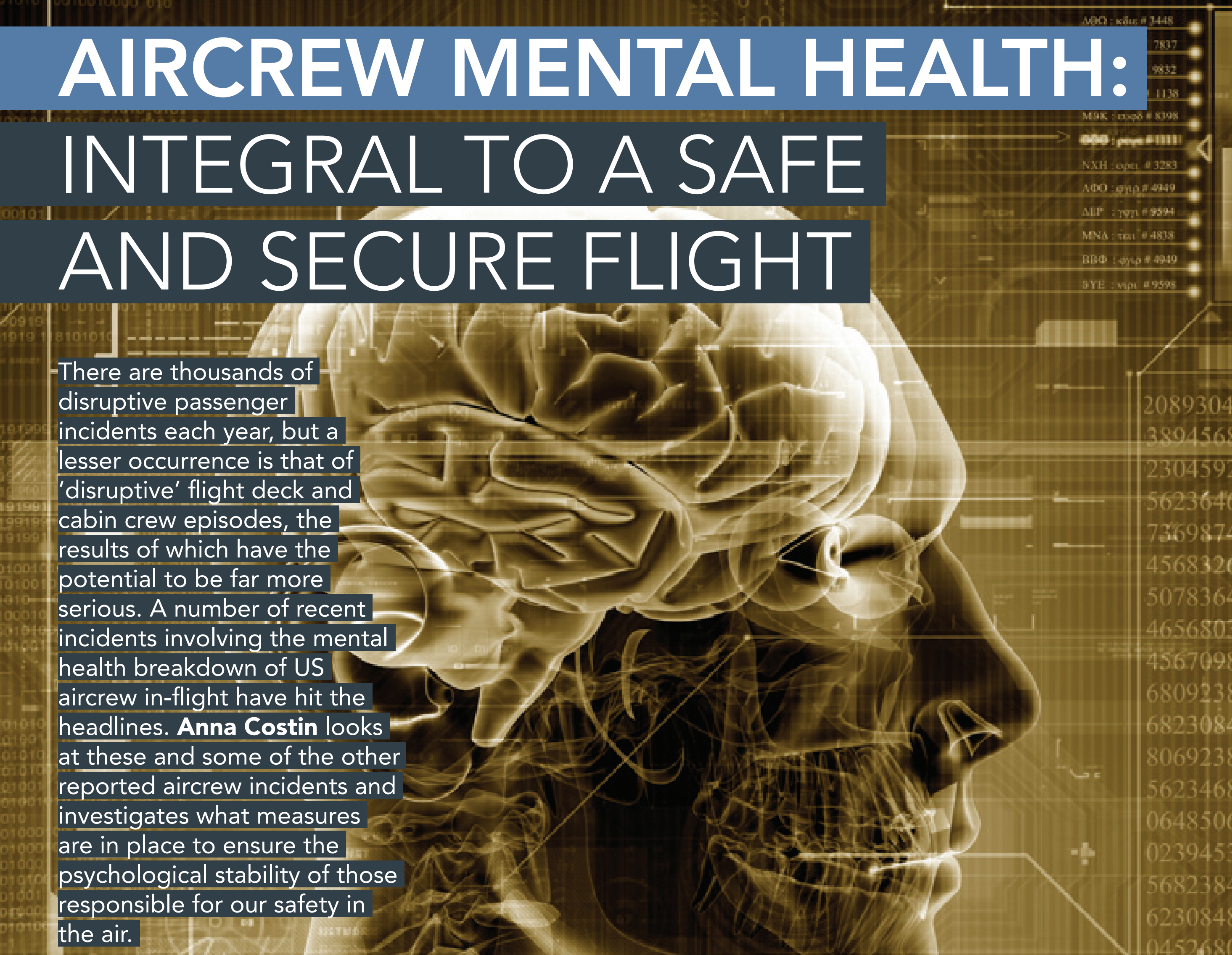
AIRCREW MENTAL HEALTH: INTEGRAL TO A SAFE AND SECURE FLIGHT



There are thousands of disruptive passenger incidents each year, but a lesser occurrence is that of 'disruptive' flight deck and cabin crew episodes, the results of which have the potential to be far more serious. A number of recent incidents involving the mental health breakdown of US aircrew in-flight have hit the headlines. **Anna Costin** looks at these and some of the other reported aircrew incidents and investigates what measures are in place to ensure the psychological stability of those responsible for our safety in the air.

Many a Hollywood movie has depicted scenes of aircraft that continue to fly on auto-pilot when their flight deck crews have been incapacitated due to an act of terrorism or aggression onboard, often leaving it to an heroic flight attendant or passenger to land the plane. Films such as 'Airplane' and 'Turbulence' spring to mind, and the recent film Flight depicts a substance abusing captain. Disaster movie, drama or comedy, the images play on our fear of flying and cause us to question "what if…" those in whom we place our faith and entrust our lives are not in control. However in such thoughts we tend to think of the incapacitation being the result of a terrorist or criminal act or technical failure. Rarely, as members of the public, do we consider whether the crew themselves are mentally stable. The industry, however, in assessing risk, must make such evaluations and monitor the health, both physical and mental, of its flight attendants and pilots.

Flight Attendants

In March 2012, an American Airlines flight attendant had to be restrained by passengers on an aircraft at Dallas Fort Worth airport. She had used the intercom to tell passengers that the plane was returning to the gate due to mechanical problems and she then started ranting that she was not going to be responsible for crashing the plane. A colleague attempted to remove her from the PA system and some of the passengers then intervened when the unidentified flight attendant, who is reported to have had 23 years experience, began kicking and screaming at her colleague. Fortunately, the flight was still on the ground and a statement by American Airlines insisted that passengers had not been in any danger.

In 2010, JetBlue was in the news after flight attendant Stephen Slater, apparently fed up with 'rude' passengers, made a spectacular exit as his flight taxied to the gate at JFK; he activated the emergency chute and jumped from the plane. He was later ordered by a court to undergo counselling and substance abuse treatment and was sentenced to one year's probation. Slater, who had no criminal history, claimed he cracked under pressure because of his recently deceased father, terminally ill mother and his own health problems, including HIV. A mental-health evaluation following the incident found he had a clinical disorder and alcohol-abuse problems.

These incidents have highlighted the fact that the US' airline regulator, the Federal Aviation Administration (FAA), does not require medical screening for flight attendants. Unlike pilots, flight attendants in the US do not undergo a medical examination, and airlines are not permitted to ask about mental health conditions. Flight attendants are certified by the FAA after completing a rigorous training programme that focuses on emergency situation skills. If flight attendants seek mental health

In 2010, JetBlue flight attendant Stephen Slater opted to deploy the slide and exit the aircraft as he was supposedly fed up with what he called 'rude' passengers

treatment their FAA certification will not be compromised. In the UK, cabin crew must meet the medical requirements of the Civil Aviation Authority, but this is a basic health check, which is carried out at least once every five years and does not include any mental health screening.

Corey Caldwell, spokesperson for the Association of Flight Attendants (AFA), the US cabin crew union, says that selection, training and a probationary period provide many opportunities to identify crew members who might have debilitating mental health conditions that could be triggered by tense situations. Such a period, common to airlines globally, also provides the opportunity for airlines to identify individuals who may not have a mental health condition but who may not have the right personality type to cope with the demands of the rôle (lack of routine, working away from home frequently, a stressful environment, fatigue) and who could crack in spectacular fashion mid-air, if the pressure was high enough. However, the two flight attendants in the above incidents were industry veterans. Caldwell says that union members have increasingly reported that the stress of their job is increasing. With the increased focus on security threats and fatigue from tighter schedules, Caldwell says the rôle now takes a greater emotional toll than in previous years.

Flight Deck Crew

Another serious incident, which could have had catastrophic consequences, occurred in the US in March 2012; JetBlue Captain Clayton Osbon (who was flying as a First Officer on the flight in question) had a breakdown en route from New York JFK to Las Vegas. According to court documents he turned off the radios and dimmed the monitors in the cockpit. He said aloud that "things just don't matter" and encouraged his fellow pilot to take a leap of faith. He then started walking through the cabin rambling about al-Qaeda, a bomb and threats from Iraq and shouted "they're going to take us down". Passengers and crew tackled him to the floor as he tried to re-enter the flight deck; the only injury was bruising to a flight attendant's ribs. An off-duty airline Captain, who was a passenger on the flight, helped land the plane in Amarillo, Texas. At least 10 passengers have sued JetBlue over the episode. Osbon, who had been charged with interference with a flight crew, was released from a prison medical facility after seven months. He was found not guilty by reason of insanity after a forensic neuropsychologist testified that Osbon had a brief psychotic disorder brought on by lack of sleep. Reports on Osbon's psychiatric evaluations over the past several months have been sealed. Osbon is not allowed on board any flight without permission from the judge in his court case or his probation officer and he must forego his pilot's license. He must also participate in a treatment programme for alcohol, drug and narcotic dependency.

Neuropsychologist Robert E.H. Johnson testified that Osbon's psychotic disorder at the time of the flight lasted for a further week. He determined Osbon suffered from a brief psychotic disorder and delusions secondary to sleep deprivation. According to Johnson, those symptoms made Osbon incapable of understanding why his actions on the flight were wrong.

A 2007 report by the Research Institute for Sport and Exercise Science at Liverpool John Moores University in the UK found that aircrew working long haul routes were prone to suffering serious jet lag-related health effects, including increases in psychotic and major affective disorders. The research found that individuals did not get used to jet lag and that it was essential for crew to allow recovery time and to help the body to adjust to the new time zone by deliberately seeking or avoiding light as appropriate.

In 2008, an Air Canada first officer was forcibly removed from the flight deck of a Toronto to London flight, restrained and sedated after having a mental breakdown mid-way across the Atlantic. A flight attendant with flying experience helped the Captain make an emergency diversion to Shannon Airport, Ireland. The co-pilot remained in a psychiatric hospital in Ireland for 11 days before returning to Canada.

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There have been fatal incidents too. In 1994, Royal Air Maroc flight 630 crashed ten minutes after take-off from Agadir, killing all on board. The investigation found that 32-year-old Captain Younes Khayati had disengaged the auto pilot and intentionally crashed the plane in an act of suicide. An examination of the aircraft's flight recorders found the co-pilot shouting 'help, the captain is...' before she was cut off. It was speculated that Khayati was suicidal over a failed love affair.

On 31 October 1999, notably Halloween, an Egyptair flight en route from New York to Cairo crashed into the sea. There has been much speculation as

As we featured on the front cover of our April 2012 issue, JetBlue Captain Clayton Osbon had to be locked outside the flight deck due to his behaviour in-flight

Relief First Officer Gameel el-Batouti is considered by many to have intentionally crashed an Egyptair flight in October 1999

to the cause, with the Egyptian authorities repeatedly refuting suggestions that it may have been an act of pilot suicide. However, most official reports, including that produced by the National Transportation Safety Board (NTSB), have concluded that the crash occurred as a result of the deliberate actions of the Relief First Officer, Gameel al-Batouti. The cockpit voice recorder shows clear evidence that the Captain left the flight deck to use the toilets and that, shortly thereafter, al-Batouti was heard to be repeatedly saying, "I rely on God" in Arabic. The Captain rushed back to the flight deck and the conversation between the two pilots supports the NTSBs view as to the cause. That said, nobody seems sure why al-Batouti may have been suicidal in the first place.

Following the December 1997 crash of SilkAir flight 185, there was also speculation and controversy over the cause, including suicide/homicide on the part of the pilot, Captain Tsu. This speculation stemmed from a number of circumstances including a life insurance policy he took out with effect from the day of the crash, recent disciplinary matters and financial problems. However the Singapore Police Force, investigating whether there was any criminal interference in the crash, found no evidence that any of the crew had suicidal tendencies and caused the crash. It would appear extremely rare that a pilot with suicidal intent would also commit mass-murder by taking everyone on board his craft with him/her. Homicide-suicides are more common in families, when one person, often a parent, kills their partner and children before killing themselves.

The FAA stipulates that airline pilots have a medical certificate, which must be renewed annually or every six months if the pilot is over 40. A psychological assessment is not part of the medical evaluation, but the physician can order testing if necessary. Pilots are responsible for disclosing all existing physical and psychological conditions and may have their certificate revoked if they withhold that information. The FAA grounds pilots who state that they are being treated for depression or request treatment. Pilots must be stable for 12 months before returning to the flight deck. A pilot having treatment for depression has to provide a psychiatrist's report detailing the diagnosis, treatment and possible side effects of medication. Pilots also have to undergo psychological testing and prepare a written statement describing their use of antidepressants. The FAA can make an exception for pilots taking one of four antidepressants approved by the agency as safe to use for treating mild-to-moderate depression. Following the Osbon episode, NBC news prepared a report which stated that 27 out of the US' 120,000 commercial pilots have taken advantage of the FAA's anti-depressant policy which was implemented in 2010. The FAA states that depression may make pilots unable to focus.

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Dr. David Ballard, an expert on mental health policies in the workplace at the American Psychological Association, says requiring employees to disclose mental health disorders can prevent them from seeking treatment in the first place. When addressed, a mental health disorder can be very treatable. "Just because someone has a mental health disorder, that doesn't mean they won't be able to do their job well", states Ballard.

The International Federation of Airline Pilots Associations (IFALPA) is less rigid than the FAA and considers that psychological evaluation or testing is unacceptable for routine licence renewal/revalidation purposes, though may comprise part of a clinically indicated psychiatric or neurological assessment. However, IFALPA supports flexibility regarding mental disorders of a temporary and/or treatable nature. Any medical history taken into account should be supported by a current clinical diagnosis. Their official position paper states that a pilot may voluntarily undertake a psychiatric or neurological mental condition assessment, which could include a psychological evaluation but such an assessment should only be considered after continuous consultation involving the pilot association and appropriate medical authorities, and where the individual concerned has exhibited long term problems in the course of line duties, or when undergoing normal recurrent/training checks that, in the judgement of the local Pilot Advisory Group, could have an adverse effect on flight safety; or where the individual is known to be under serious stress because of life-crisis type phenomena (e.g. relationship or financial problems, etc.) which can be shown to have a serious effect on performance. IFALPA states that an assessment should be performed by an unbiased accredited expert familiar with the aviation environment and chosen and agreed upon by the two above-mentioned parties. The results should be absolutely confidential and never be used as a reason for automatic refusal, revocation or non-renewal of licence. IFALPA strongly supports behavioural assistance and job integration in conjunction with follow-up programmes in this context.

According to Nico Voorbach, President of the European Cockpit Association, which follows IFALPA guidelines, psychological issues affecting pilots are not a big problem in terms of aviation security. "Pilots are thoroughly checked before starting to fly. This includes a full psychological test. Furthermore every pilot undergoes training at least five times a year where their stability to react to unforeseen circumstances is checked. When there is doubt about the stability of the pilot this will most certainly be shown during those checks. Above this every pilot undergoes an annual full medical check. Any problems in blood pressure or stress can be found here."

Robert Bor, a clinical psychologist and consultant to the airline industry says that general psychological screening (not to be confused with psychometrics for crew selection purposes) is discouraged and not liked by pilots and probably has no predictive value. Professor Bor's findings into a report on pilot mental health screening following the Osbon incident were that doctors who carry out the regular standard medical check-up should pay more attention to mental health aspects but that there was no case for testing. Indeed, Captain Osbon's most recent check-up prior to the incident had been four months earlier and he had a clean record.

Mental Health Support & Counselling

Depending on the size and culture of the airline, there may be in-house mental health staff, such as psychologists and

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counsellors (often the case with larger, international airlines), or professionals who consult to the company when needed. In some airlines not only do these individuals provide counselling and treatment for common problems of mild to moderate severity, but also conduct assessments of cabin and flight crew. Following an incident such as an air disaster or traumatic experience, most airlines provide access to counselling services for their personnel and encourage them to take this up.

The AFA offers its members access to an employee assistance programme (EAP), which provides mental health resources on request. Members can also report concerns they may have over the conduct or well-being of fellow attendants and, if needed, the AFA will get that individual help without involving airline management. JetBlue and American Airlines crew members do not belong to the AFA, though JetBlue, like most airlines, has stated it does offer an EAP, and that crewmembers are also able, and expected, to call a safety time-out should they need it, and will be supported fully by the company.

Pilots may also seek counselling through their airline's EAP, although may be reluctant to involve the airline in an issue which could affect their flying career. Pilots may seek counselling

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privately although, according to pilot forums, and in the US in particular, many may be concerned that insurance forms may reflect a more serious condition than actually exists. Some insurance companies reimburse for counselling services for specific conditions. However, insurance company records are not releasable to either the FAA or to employers, including airlines. Further, FAA physicians who review mental health records understand there may be inconsistencies between the diagnosis for insurance purposes and the condition actually treated.

Summary

The rôles of flight and cabin crew, although distinct, are both critical for the safety and security of a flight. Both rôles can at times be pressurised and stressful. The crucial difference between pressure in these rôles and in many other professions, which may be more stressful, is that an acute breakdown of mental health, such as a psychotic episode, in-flight, could potentially have catastrophic consequences. Although the majority of incidents outlined in this article were contained without loss of life or serious injury, such occurrences are not good for the airline's reputation or necessarily for staff morale.

Airline employees with mental health conditions, or dealing with acute life stressors, should not be stereotyped, stigmatised or discriminated against. Having such a condition does not mean they are not fit to fly and will endanger the aircraft. Incidents of crew breakdown are thankfully extremely rare, and in the cases illustrated, there was no prior warning of such behaviour and it appears unlikely it would have been picked up by screening. Pilots' associations and unions, and airlines and regulators do not value such screening for either flight or cabin crew, citing little predictive value and the rarity of the problem. In an increasingly stressful profession, with tighter schedules and a greater security threat to the industry, it is essential that airlines make available to their staff adequate confidential counselling and access to treatment, in a culture where accessing such help is encouraged.

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