

PSPs: The Medical Perspective



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Life stress that can form part of any pilot's "carry on luggage"

- work related problems
- financial worries
- health concerns
- bereavement issues
- relationship / family difficulties
- separation from family
- social demands

May lead to impaired performance and to significant mental health problems in some cases

[e.g. Hammen, 2005; Young, 2008]

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The COVID-19 pandemic may be a trigger for mental health problems to emerge or worsen

Mental Health Stigma and Unawareness

- Pilots are reluctant to report Mental / Emotional Issues to AMEs
- Pilots are reluctant to seek help



Stigma of mental problems is widespread in all strata of society

Stigma by the numbers

Percentage of Americans reporting they are definitely or probably unwilling to have a person with mental illness:

Source: Martin, J.K., Pescosolido, B.A., & Tuch, S.A. (2000). *Of fear and loathing: The role of "disturbing behavior," labels, and causal attributions in shaping public attitudes toward people with mental illness.* Journal of Health and Social Behavior, 41, 208-223.



Pilots are often unaware about the impact of their problems on professional performance and health



The Medical Perspective

PSP can help to prevent performance impairment and escalation of mental health problems



A PSP allows us to address issues that we all have conveniently put under the carpet



APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions pages for details.

	YES	NO
118 Psychological trouble of any sort		X
119 Alcohol/drug/substance abuse		X
120 Attempted Suicide		X

(31) Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted.

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The whole point of PSPs is making that step as easy and safe as possible



Comparative Data from Existing Programmes



	Founded	% Peers to population	% of population contacting p.a.	% of cases solved at Level 1
Stiftung Mayday	1994	0.8	5	80
Project Wingman	2011	0.2 <i>(need 0.7)</i>	7	78
NZ PAN	2015	1.0	7	90
BA PAN	2017	0.5 <i>(increasing this year)</i>	3	75

Crew members with psychological problems: only 20% need professional support (referral)



The 'medical' route: MHP keeps an oversight of the initial referral via the Peer



The pilot self-refers to the relevant medical/psychological care, while the MHP will guide this process in the right direction.

The MHP makes the judgement about a pilot's fitness to fly or what constitutes a threat to flight safety in conjunction with the consulting AME or company medical person.

Pilot's name and case protected by medical confidentiality



When a pilot need to be taken off the roster,
Flight Ops will be informed that the pilot is 'sick'.
No details.

Confidentiality is Key Element for PSPs

- Confidential information should not be available for operator's management, NAAs, colleague pilots, family, spouses, clergy, judiciary



Medical confidentiality is protected under EU Regulation 1178/2011

The EASA ED Decision supports confidentiality and protection of data in a dedicated AMC. Explanatory notes to AMC2 CAT.GEN.MPA.215 below:

CONFIDENTIALITY AND PROTECTION OF DATA

(a) The personal data of flight crew who are enrolled in a support programme should be handled in a confidential, non-stigmatising, and safe environment.

(b) A culture of mutual trust and cooperation should be maintained so that the flight crew is less likely to hide a condition and more likely to report and seek help.

(c) Disclosure of data to the operator may only be granted in an anonymised manner such as in the form of aggregated statistical data and only for purposes of safety management so as not to compromise the voluntary participation in a support programme, thereby compromising flight safety.

(d) Notwithstanding the above, an agreement with related procedures should be in place between the operator and the support programme on how to proceed in case of a serious safety concern.



Confidentiality/privacy

European Convention on Human Rights

Article 8 – Right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right **except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.**

Breaching confidentiality

Confidentiality can be disclosed to the Appropriate Authority in case of:

- Imminent and high risk of harm to others
 - Risk of bodily harm
 - Failure to disclose would cause harm
-
- The threshold for breaching confidentiality is high
 - Consent to disclosure is the preferred option
 - Correctness of disclosure can be tested in court

Breaching confidentiality

Breaching confidentiality: If the MHP determines that there is a threat to flight safety, and the pilot refuses to self-report to operational and medical authority.

Every effort shall be made to get consent of the pilot



In the USA, there is a prima facie duty to breach confidentiality and warn an identifiable victim where there is a risk of harm from a patient (Tarassoff v The Regents of the University of California [1976]).

Police, judges, lawyers have no automatic powers to demand disclosure of medical information. A court order is required for this purpose.



Pilot personal information will not be disclosed except when it is subpoenaed by a court or tribunal.

The witness's **right to refuse to testify** under Section 383 of the Code of Civil Procedure is based on a family relationship or **obligation of professional trust**, and is intended to avoid conflicts of interest.

Trust is Key Element of PSPs

- Independence
- Confidentiality
- Expertise /Competence
- Integrity
- Care
- Reliability
- Training of All Stakeholders





<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>



The British
Psychological Society



Code of Ethics and Conduct

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20%28Update%20July%202018%29.pdf>



Stiftung Mayday

CISM

Critical Incident
Stress Management

Confidentiality Declaration

In fulfilling my role as a member of Stiftung Mayday CISM Team I hereby declare that I will keep all information and content of private conversations which have or will come up during support measures or internal trainings strictly confidential.

This pledge is subject to legal provisions which may require me to provide information to authorities. It is also secondary to requirements to protect human life in the fulfillment of my CISM duties (e.g. threat to take own or another's life).

Professional confidentiality, which is generated by one's profession (medical doctor, psychologist, priest etc.) also apply during fulfillment of CISM functions for Stiftung Mayday.

Seeheim-Jugenheim, ____ . ____ . ____

Name: _____

Signature: _____

A PSP offers a “safe harbour zone” where pilots can be open without fear of retribution or endangering their pilot career and livelihood



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Many aviation personnel will need long-term psychological care due to the effects of the current pandemic

[Rogers et al., 2020; Sher, 2020]

SARS-CoV-2 Pandemic



Infected Aircrew



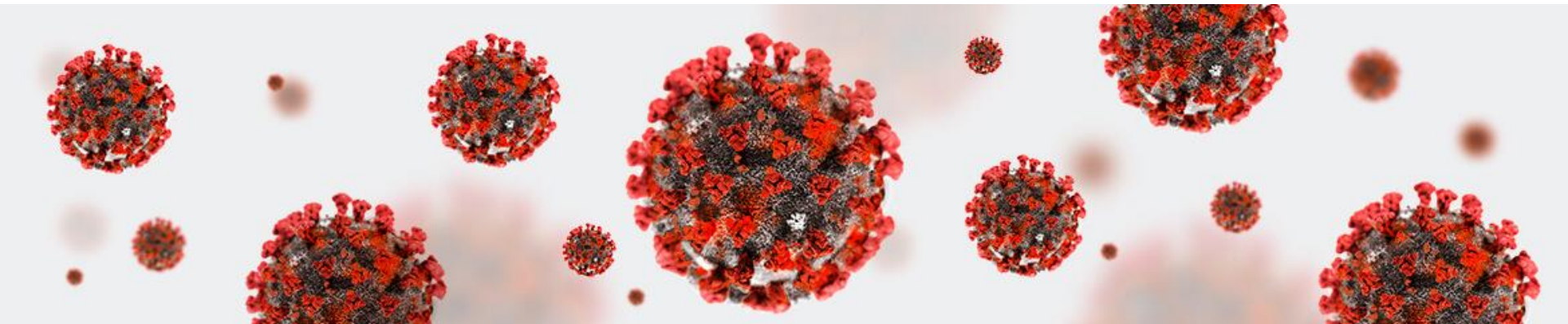
Effects of social and economic impact on aircrew



Long Term outcomes in 10% of recovered COVID-19 patients

- after 4-6 months:
 - severe fatigue
 - new-onset depression,
 - anxiety disorders,
 - PTSD,
 - neuro-cognitive impairment

[Rogers et al., 2020; Moreno et al., 2020]



1500 Long Haulers: symptoms 4-6 months post-infection

- **Severe fatigue**
- **Difficulty concentrating**
- **Neurocognitive difficulties**
- **Depression and other mental health conditions**
- Muscle or body aches, chest pain
- Shortness of breath or difficulty breathing
- Headaches
- Gastrointestinal problems
- Skin rashes
- Metabolic disruption
- Thromboembolic conditions



Aircrew who were not infected but who have suffered from the social and economic consequences of COVID-19




Impact on Flight Safety

Impact on Mental Wellbeing

Reduced performance of staff and increased risk in the system

- Anxiety
- Uncertainty about the situation and future
- Depressed mood / Depression
- Increased stress
- Increased pressures
- Distraction
- Fatigue
- Psychological problems / family / substance abuse

PSPs: Much needed in times of the Corona pandemic

 European Union Aviation Safety Agency	Safety Information Bulletin Aerodromes – Operations SIB No.: 2020-xx Issued: xx July 2020
Subject:	Staff wellbeing and fitness - Operational Recommendations

- Operators should ensure access to their employees performing safety critical tasks to support programs and/or counselling
- Support programs should be developed in coordination with appropriate specialist (e.g. aviation psychologists, AMEs) and should refer the hazardous cases to the appropriate specialists and AMEs for assessment of fitness.

PROBLEMS

- Peer support programmes not yet available in many EASA member states

- Who cares for aviation personnel who lost their jobs?



More information?

www.eppsi.eu



Pilot Peer Support
Programmes

The EPPSI Guide

Vol 1: Design and Implementation

2nd Edition – October 2020

Thank You !



www.esam.aero

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