

Piloting aviation mental healthcare

25 October 2017, by Sarah Haurin



Air travel remains one of the safest forms of transportation, but are there things we can do to make it safer? Credit: Duke University

With more than 100,000 flights taking off per day, the safety of air travel is a far-reaching issue.

While [air travel](#) is by far the safest method of transportation—you are more likely to die from a car crash or even a shark attack than from an airplane crash—accidents do happen and can result in highly publicized fatalities.

Auckland Hospital internist and psychiatrist Chris Kenedi, MD, MPH, is working with the International Civil Aviation Organization (ICAO) to improve safety of air travel by focusing on an issue that is usually only questioned in instances of tragedy: the [mental health](#) of pilots.

While screening procedures do currently exist, they are not enough for the extent of risk factors that are present in the pilot population.

Being a pilot is a high-stress job. It involves long hours, separation from family, and irregular sleep schedules, all of which can contribute to or exacerbate mental conditions.

Many pilots experiencing symptoms are unwilling to ask for help, because admitting [mental illness](#) can lead to a pilot's license being revoked, which would not only affect financial circumstances but also be felt as a loss of identity.

Although data regarding aviation mental health is sparse, what is available suggests mental health issues are among the greatest contributing factors to suicide and homicide-suicide incidents of plane accidents.

When Kenedi completed a systematic review of all data on the mental health of pilots and the current standard procedures, he found a deeply flawed system. Case studies of crashes caused by suicidal pilots showed that psychiatrists cleared them for flight even after episodes indicating a much deeper psychological imbalance.

One pilot who drove his car into a barrier, attempted to steal the car of a woman trying to help him, and slit his wrists so deeply that he required two years of rehabilitation before regaining all of his mobility, was diagnosed with a general anxiety disorder and cleared to fly without proper treatment.

In order to prevent further grave oversights, Kenedi suggests requiring the psychiatrist who assesses a pilot's ability to fly to be separate from the treating psychiatrist. This separation prevents the assessing [psychiatrist](#) from having his or her judgement confounded by a relationship with the patient and thus becoming an advocate rather than an impartial assessor.

Kenedi said that alcohol and substance abuse treatments for pilots have been effective, however. Rather than relying on random drug and alcohol tests to disqualify impaired pilots, the system provides non-judgmental treatment and an opportunity to return to piloting.

Kenedi recommends a shift to treating mental illness in pilots in a similar way, so that individuals are not afraid to step forward and ask for help.

Educating mental healthcare providers is also important, so that pilots are receiving the best care possible.

With proper resources and treatment, pilots with mental health concerns should be able to maintain their identity as pilots while gaining renewed resilience and support through the mental health system. This shift would hopefully help to prevent some of the small amount of air travel accidents that occur because of pilot issues.

Provided by Duke University

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