**EPPSI**

European Pilot Peer Support Initiative

# Pilot Peer Support Programmes

# The EPPSI Guide

## Vol 1: Design and Implementation

v.8.1 November 2019

# Contents

# Glossary

| | |
|---|---|
| Admin | Administration |
| AIPA | Australian and International Pilots Association |
| ALPA | Airline Pilots Association |
| AMC | Acceptable Means of Compliance |
| AME | Aeromedical Examiner |
| AOC | Air Operator Certificate |
| App | Application |
| AvMed | Aviation Medical |
| BALPA | British Airline Pilots Association |
| BEA | Le Bureau d'Enquêtes et d'Analyses (France) |
| BPS | British Psychological Society |
| CAA | Civil Aviation Authority |
| CAT | Commercial Air Transport |
| CEO | Chief Executive Officer |
| CIRP | Critical Incident Response Program |
| CISM | Critical Incident Stress Management |
| Client | The person contacting the programme. Usually a pilot, but can be a family member |
| CPD | Continual Professional Development |
| CRM | Crew Resource Management |
| EAAP | European Association for Aviation Psychology |
| EAP | Employee Assistance Programme |
| EASA | European Union Aviation Safety Agency |
| ECA | European Cockpit Association |
| EPPSI | European Pilot Peer Support Initiative |
| ESAM | European Society of Aerospace Medicine |
| EU | European Union |
| GDPR | General Data Protection Regulation |
| GEN | General |
| GM | Guidance Material |
| GMC | General Medical Council |
| GP | General Practitioner |
| GWI | Germanwings |
| HIMS | Human Intervention Monitoring System |
| HR | Human Resources |
| IFALPA | International Federation of Air Line Pilots Association |
| IHO | Independent Healthcare Organisation |
| IP-address | Internet Protocol Address |
| IPPAC | International Pilot Peer Assist Coalition |

| | |
|---|---|
| IT | Information Technology |
| LOL | Loss of Licence |
| MED | Medical |
| MHP | Mental Health Professional |
| NAA | National Aviation Authority |
| NHS | National Health Service |
| OC | Oversight/Overview Committee |
| OHA | Occupational Health Advisor |
| Ops | Operations |
| PAN | Pilot Assistance Network |
| PAM | Pilots Assistance Manual |
| PFA | Psychological First Aid |
| PSP | Peer Support Programme or Peer Support Process |
| PPSP | Pilot Peer Support Programme |
| PRO STANS | Professional Standards |
| SIM | Simulator |
| SMS | Safety Management System |
| TOR | Terms of Reference |
| UK | United Kingdom |
| VC | Vereinigung Cockpit e.V. (German ALPA) |

# Note on References

To keep the numerous references to key documents clear, we have used a colour-based system:

*References from the European aviation safety legislation (EU) 965/12 as amended by Regulation (EU) 2018/1042 relevant to this document, the CAT.GEN.MPA.215 (Support Programmes), are highlighted in red boxes*

*All documented references to the Germanwings crash of March 2015 (D-AIPX), specifically the BEA Accident Report and the EASA Taskforce report, are highlighted in blue boxes*

*References, or important headline points, from EPPSI (or other key sources), are highlighted in yellow boxes*

Where there is a reference to an Acceptable Means of Compliance (AMC) or Guidance material (GM) in this Guide, it is assumed that this refers to the EASA ED Decision 2018/012/R and in particular the AMC/GM to CAT.GEN.MPA.215 regulation.

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# Introduction

*"After extensive research and surveys, it has been proved beyond doubt that pilots are, in fact, only human."*

Dr Ries Simons, European Society of Aerospace Medicine

## Overview

Pilots are generally perceived as intelligent and strong characters who are independent problem solvers and set high personal standards. They are accustomed to very high workloads and occupational stress situations, and indeed train regularly in techniques to stay proficient and calm in pressured and unexpected scenarios. Thus, the common narrative is that pilots can and should be able to cope with whatever life throws at them because that is what they are trained to do. [1]

The reality, however, is often very different. Problems and stressors in the flight deck are time-limited (or gravity-limited) and the professional skills, procedures and knowledge pilots use to deal with them do not necessarily work with the stresses that personal life may place on them as normal human beings. Furthermore, those normal coping mechanisms can sometimes be overwhelmed by the traumatic effects of being involved in a flying incident or accident. Pilots are high-achieving professionals used to success, and any perceived failure to cope can have dramatic effects on their mental wellbeing and can negatively impair their professional performance.

Studies have shown that pilots suffer similar levels of mental health issues to the general population [2], yet the take-up of help amongst pilots has traditionally been low.

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[1]  For a more detailed examination of the pilot's professional and personal situation from a psychological perspective, see the British Psychological Society (BPS) position statement on Pilot Mental Health and Wellbeing (2017) http://www.bps.org.uk/news-and-policy/aviation-and-aerospace-psychology-pilot-mental-health-and-wellbeing

[2]  One study (Harvard, 2016) has shown pilots have high levels of incidents of depression (12%) and suicidal thoughts (4%); another shows high levels of burnout and

The occupational health department of one major European carrier reports that the number of pilots coming to them for help with mental wellbeing issues was no more than 0.5% of the pilot population in the years leading up to 2015 [3]. Pilot usage of Employee Assistance Programmes (EAPs) is also low [4]. The reason for this is stigma: the common belief and fear amongst pilots that any mental health or psychological issues, if known to the outside world, will have the immediate consequence of removal of their flying licence or medical certificate, with the consequent possible loss of livelihood.

## Germanwings

EASA then set up a Taskforce to evaluate the BEA report and make practical recommendations based on it. This Taskforce recognised both the value and the challenges of implementing peer support systems in coming to the following conclusion:

The Task Force recommends the implementation of pilot support and reporting systems, linked to the employer Safety Management System within the framework of a non-punitive work environment and without compromising Just Culture principles. Requirements should be adapted to different organisation sizes and maturity levels, and provide provisions that take into account the range of work arrangements and contract types.

(Final Report Recommendation #6, July 2015)

disengagement in British pilots (40%), leading to poorer simulator performance (Demerouti et al., 2019). For comparison: Wittchen et al. (2011) showed that 27% of the adult EU population, ie. those aged between 18 and 65, had suffered at least one mental disorder in the past year. These included anxiety (14%), insomnia (7%) and depression (7%).

[3] Data anonymised for commercial confidentiality

[4] The BEA accident report into the Germanwings D-AIPX crash cited possible reasons for this:

*"EAPs are sometimes underutilized resources for reasons such as these: employees question the confidentiality of the service; they perceive a stigma attached to asking for professional help with personal matters; or, they are unaware of the programme and its capabilities"* (p38)

The European Union subsequently published legislation in July 2018 (Regulation EU 2018/1042), with the AMCs and GMs following in November 2018 by an EASA ED Decision 2018/012/R, which stipulates that European operators under the oversight of an EASA Member State had to implement a Pilot Peer Support Programme (PPSP) by August 2020. Such programmes are designed to encourage pilots to self-refer any mental well-being issues they may have, or to allow others to raise concerns about a pilot's fitness to operate, in a safe and confidential environment whilst knowing that they will be appropriately supported.

The legislation is comprehensive and goes into considerable detail as to what these programmes should be and what they are aimed at achieving. What it cannot do, by its very nature as legislation, is detail the practical implications of turning the theory into reality. This is the purpose of the EPPSI PPSP Guide.

## EPPSI

In 2016, a group was formed to gather together the existing expertise on peer support programmes within Europe. It consisted of pilots (European Cockpit Association - ECA), aviation medical doctors (European Society of Aerospace Medicine - ESAM) and aviation psychologists (European Association for Aviation Psychology - EAAP), together with the Stiftung Mayday Foundation in Germany and elsewhere, and the Pilots Assistance Network programme from British Airways. Given the name EPPSI (European Pilot Peer Support Initiative), its aim was to provide best practice and guidance for operators, regulators and interested stakeholders in the field of Pilot Peer Support Programmes.

This PPSP Guide is part of the efforts of EPPSI and associated organisations to promote effective PPSPs. It has been developed to assist airlines and employee representative organisations in the creation of their programmes. There is a wealth of knowledge globally about PPSPs, with some programmes such as the Qantas / AIPA PAN having been in existence for nearly 30 years and Stiftung Mayday for 25 years. The American Airlines Project Wingman started in 2011 and handles thousands of calls a year, whilst Delta and Southwest Airlines and US-ALPA have also been running successful programmes for a number of years. In 2018, IFALPA published its Pilot Assistance Manual, which covers a wide range of support programmes available to pilots, including Peer Support.

## The PPSP Guide

The task EPPSI set itself was to identify the key elements that successful PPSPs around the world have in common in order to assist European airlines in designing and

implementing programmes which conform to the European requirements. It is clear that there are a number of different ways to structure a PPSP, and a programme should ideally be tailored to the size and geography of the organisation. For example: is it intended to cover a whole country or just one organisation or airline? Is it supporting a large number of pilots or a small number? A group of smaller airlines? It must be remembered that there are over 50 major airlines currently operating in Europe and over 40,000 commercial pilots in a very wide variety of aviation organisations, from the large to the very small. The BEA accident report into D-AIPX noted that: *"these types of [programmes] may pose significant implementation challenges when they are applied to smaller sized organisations that are less mature and have a different cultural background."* (para 4.6)

To deal with the wide variety of requirements operators will have, and rather than provide a "one size fits all" solution, this Guide aims to:

1.    identify the key elements which must be present in any PPSP;
2.    describe generic peer support processes which can be adapted according to the individual organisation requirements; and
3.    identify best practice in the launching and running of a PPSP.

It should be stressed that simply adopting the principles and practices of this Guide without understanding the individual culture and context of a particular airline is unlikely to lead to a successful PPSP. Much care should be taken, along with consultation with relevant stakeholders, to design a programme which will optimise the environment for pilots in that airline to feel comfortable in seeking help. The aim is for every PPSP to be more bespoke than generic, whilst still containing all the key elements.

This is Volume 1 of the EPPSI Guide and is targeted specifically on the initial stages of designing, implementing and launching PPSPs. Volume 2 will focus on development and growth of PPSPs going forwards once they are established.

# Chapter One

# What is a Pilot Peer Support Programme?

## 1.1 Programme Definition and Summary

A Pilot Peer Support Programme (PPSP) can be defined as a structure whereby a pilot can get confidential help with mental wellbeing or life stress issues, either for themselves or for a colleague. The confidentiality of the process is absolute, except for certain clearly defined circumstances which are standard medical practice. At the heart of the programme are Pilot Peers: ordinary line pilots who are trained in basic listening and counselling skills, and who have extensive knowledge of company policies which can assist the pilot in addressing their problems. These Peers are trained, mentored and supported by a suitably qualified Mental Health Professional (MHP), who should ideally be a clinical aviation psychologist. The programmes work best when they are run independently of both management and employee representative organisations by Third Party Healthcare Organisations or Foundations. An Oversight Committee of key stakeholders studies anonymised data from the programme and makes any appropriate recommendations for the company Safety Management Systems as well as for the running of the programme itself. Just Culture principles apply throughout.

The EASA decision provides a useful summary of the purpose of a PPSP in the AMCs (2b):

> *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.*

## 1.2  Philosophy of Pilot Peer Support

The EASA Taskforce Report on Measures Following the Accident of Germanwings Flight 9525 (2015) details the philosophy of pilot peer support:

*Peer support structures provide individuals a place to turn to in order to share their issues with trusted peers in as close to a non-threatening environment as possible, with the knowledge that fellow pilots are likely to help rather than immediately seek to penalise a colleague. The structures also enable organisations to more easily approach individuals that display behavioural or other issues via their peers. As a last resort, reporting systems may be used in case of identified unresolved perceived safety issues. A well organised support system may prevent mental or personal issues from becoming a greater liability to both the individual's career and the organisation's safety performance.*

*Peer support and reporting systems, however, present significant implementation challenges. For these programmes to work, mutual trust between the flight crews and hierarchical structures of the operator is necessary. The crew needs to be assured that mental health issues will not be stigmatised, concerns raised will be handled confidentially and appropriately, and that the pilot will be well supported with the primary aim to allow him/her to return to the flight deck. Organisations must foster the development of these systems by integrating them into the organisation's daily way of working. (P15)*



*Fig.1 Pilot Wellbeing bar chart*

Fig.1 illustrates that the majority of a company's pilot population will be fit and healthy at any given time (the top bar). However, like physical wellbeing, mental wellbeing may fluctuate throughout a pilot's career, perhaps to the point of actual sickness and the requirement for time off work (the bottom bar). Peer Support Programmes (the middle bar) are an important pro-active and preventative method of helping pilots maintain their optimal performance by identifying and supporting mental wellbeing issues at an early a stage as possible.

Experience from existing programmes such as Stiftung Mayday has shown that up to 5% of the pilot population at any given time are likely to require some form of assistance with their mental wellbeing. Of this 5%, around 70-80% of them will get their issues addressed satisfactorily within the programme without the need for further help. The other cases will require signposting to appropriate pathways to help.

## Mental Wellbeing

A pilot's mental wellbeing can be put under pressure by many factors, such as:
• life stresses (eg. divorce, financial pressures)
• training performance issues
• substance abuse and addiction issues
• professional standards
• concern over medical and licence issues

Whilst operators may have internal mechanisms for dealing with these issues, it is recognised that these avenues might not appeal to pilots due to confidentiality issues and fear of potential loss of licence and livelihood. This is where Peer Support comes in. PPSPs represent a safe and confidential method for a pilot to raise concerns in these areas and receive support and help to work through them all within a Safe Zone which is protected by confidentiality. See Chapter Two Section 2.1

Peers are central and essential because experience has shown that a pilot is more likely to 'open up' about their problems and issues to a fellow professional, someone who does the same job and understands first-hand the unique stresses and demands that go with it. The barriers to 'opening up' are both historical and societal, but in the specific case of pilots it is important to note that the ability of a pilot to carry out their job is dependent on the external agencies of the licensing authority and the aviation medical authority. Fear of losing either that licence or Class 1 medical can lead to behaviours which are not commensurate with exercising the privileges of the pilot's licence. It is important to note, however, that evidence shows that in the vast majority of cases pilots will retain their medical and licence after declaring a mental health

issue[5]. The Peer has a significant role in reassuring the pilot that they can seek assistance for their issues in a non-punitive way.

Peers are trained to signpost the pilot towards appropriate help, and by having them operate under the close guidance and support of the Mental Health Professional, this allows the 'best of both worlds': speaking to a Peer who intimately understands the job and its peculiarities whilst still having access to high quality psychological advice via that Peer.

## 1.3 The Legislation

EASA has put considerable effort into producing AMCs and GMs to expand on the European aviation safety requirements. The Binding Legislation is laid down in the implementing rule CAT.GEN.MPA.215 (a) and (b):

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### CAT.GEN.MPA.215 (a)

*The operator shall enable, facilitate and ensure access to a proactive and non-punitive programme that will assist and support flight crew in recognising, coping with, and overcoming any problem which might negatively affect their ability to safely exercise the privileges of their licence. Such access shall be made available to all flight crew.*

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1. **access**
   The important point here is that it is the operator's responsibility to make sure that their pilots have access to a PPSP. If the Authority provides a national programme then the operator must ensure that its pilots can access it. If the national Authority does not provide a PPSP, then the operator must either create their own or source one to join.

2. **pro-active**
   This means that the programme must involve a 2-way exchange between it and the pilots. It will not be sufficient simply to run an education programme,

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[5]   FAA: Dr Mike Berry, IPPAC Conference DFW 29/10/18: denial of medical certificates for mental health issues in 2017 was 0.08% of cases reported.

directing helpful information at the pilot workforce and doing nothing else. There must be the facility for pilots to interact with the programme, and guidance [6] directs that this interaction should primarily be with Peers, namely colleagues doing the same job. An Employee Assistance Programme (EAP) will not be sufficient to satisfy this legislation due to the lack of using Peers.

3. **non-punitive**

Very much a core principle of any peer support programme, this idea of non-punitive is squarely in line with the principles of a Just Culture [7] . A peer support programme cannot and must not be used as a method of identifying and dismissing pilots with mental wellbeing issues. Numerous protections are built into the AMCs, GMs and the legislation itself, specifically the principle of confidentiality. A peer support programme will not function without the trust of the workforce, and if there is even the slightest hint that there might be some form of jeopardy involved with the programme then it is very likely to fail. Hence the Regulation being very specific on this point.

4. **the privileges of their licence**

The ability of a pilot to exercise the privileges of their licence is laid down clearly in other EU legislation [8]. By defining the scope of a PPSP as it does in this CAT.GEN legislation, the European legislation has allowed for support to be provided to pilots over a very wide spectrum of issues. A big factor in the Germanwings accident was the co-pilot's reported fear of losing his licence for medical reasons.

5. **all flight crew**

The EU Regulation is very specific in this point and guidance is given elsewhere on the subject. They have publicly stated [9] that airlines will not be able to abrogate responsibility for giving access to a peer support programme to contracted pilots, and have been very clear that if an airline uses contract pilots then they must give them access to the same peer support scheme as their

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[6]   AMC3(3), GM2(h) and GM8

[7]   The EASA definition of a Just Culture is in EU 376/2014:
'Just culture' means a culture in which front-line operators or other persons are not punished for actions, omissions or decisions taken by them that are commensurate with their experience and training, but in which gross negligence, wilful violations and destructive acts are not tolerated" (Definitions #12). See also Appendix D of this Guide for more thoughts on this subject

[8]   MED.B.055 Psychiatry:
(a) Applicants shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s).

[9]   EASA: EPPSI Workshop Frankfurt 20/6/18

direct hire pilots. The legislation has thus ensured that all professional pilots within the EU will have access to a peer support programme regardless of their employment status.

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## CAT.GEN.MPA.215 (b)

*Without prejudice to applicable national legislation on the protection of individuals with regard to the processing of personal data and on the free movement of such data, the protection of the confidentiality of data shall be a precondition for an effective support programme as it encourages the use of such a programme and ensures its integrity*

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[Chapter One Section 1.6](#) and [Section 2.1](#) of this Guide cover the philosophy of confidentiality and the Safe Zone in regard to designing and running a PPSP. [Chapter Two Section 2.10](#) covers the specifics of data responsibilities.

## 1.4 The Purpose of a Pilot Peer Support Programme

The fundamental purpose of a peer support programme is to enable prevention and early detection of issues, and to provide appropriate advice and support to the concerned pilot, including the facilitation of treatment where needed. The aim is either to keep the pilot flying, or to enable the pilot to return into service as quickly as possible. The EASA ED Decision in this area is:

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## AMC1 CAT.GEN.MPA.215 Support programme

*PRINCIPLES GOVERNING A SUPPORT PROGRAMME*
Access to a support programme should:
a) enable self-declaration or referral in case of a decrease in a flight crew member's medical fitness with an emphasis on prevention and early support;
b) if appropriate, allow the flight crew member to receive temporary relief from flight duties and be referred to professional advice.

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Following on from this, EPPSI has defined four key objectives for a PPSP:

> 1. To make it as easy as possible for a pilot to have a conversation about issues which could potentially affect their safe professional performance

Once this has been achieved, that might be all that is required. Data from existing PPSPs around the world indicate that most cases are dealt with satisfactorily at this stage [10]. The pilot just needs to talk to someone in confidence about their problems and once they have done so that is sufficient and no further assistance is required.

For the remaining cases, the pilot will require signposting towards further help. This leads to the second objective of a PPSP:

> 2. to direct the pilot effectively towards appropriate help

A significant part of the training of the Peers is knowledge of the help mechanisms available to pilots within a company via the various employment policies and also externally via various professional pathways to help, such as medical, psychological, legal, financial, or other support programmes. Peers have an important role to play in guiding pilots towards the appropriate pathways to help, though it should be noted that the pilots should be empowered and encouraged to follow these pathways themselves rather than take away that responsibility. This is an important part of addressing and overcoming problems and possible mental health issues.

It should be noted too that such guidance the peer gives is with the supervision and support of the Mental Health Professional.

> 3. To provide a mechanism whereby a colleague pilot, or family or friend, can raise a concern about a pilot in a safe and non-jeopardy environment, and it will be acted upon if appropriate

This is the area known as Peer Intervention, and whilst such cases will be relatively infrequent, nevertheless this is a crucial part of the programme. It is a sensitive subject

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[10] Programmes in the US, Australia, New Zealand and Europe indicate that between 70% and 80% of cases are classed as not needing further assistance beyond the Peer.

and one which should be handled with care when designing a PPSP, but guidance and philosophy is provided in  Chapter Two Section 2.8  and Chapter Three Section 3.3.6 of this Guide.

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4. To enhance the safety culture within the airline

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It is common sense that a pilot who is suffering from a significant decrease in their mental fitness due to a psychiatric or psychological disorder should not fly. The legislation for this is in Annex I to ED Decision 2019-002-R, the AMC and GM to Part-MED which lists the psychiatric and psychological issues which need evaluating [11]. Fit assessments may be considered after specialist evaluations. The problem is that to some degree a fear or belief exists among pilots that any mental health issue will cause their licence to be revoked permanently. This has led to a number of accidents worldwide because pilots have operated when they were not mentally fit to do so [12].

Any system which encourages pilots to report a mental health worry or issue early and receive assistance or treatment for it must be an enhancement to the flight safety culture within the airline. This applies not only to prevention of incidents, but also prevents the reputational damage an airline can suffer from a pilot who breaks the law on, for example, substance abuse, which is very often a symptom of a mental wellbeing issue.

[11]    PART MED.B.055 Mental Health
[12]    For example:
        Japan Airlines Flight 350 (1982)
        Royal Air Maroc Flight 630 (1994)
        Silk Air Flight 185 (1997)
        EgyptAir Flight 990 (1999)
        Mozambique Airlines Flight 470 (2013)
        Germanwings Flight 4U9525 (2015)

## 1.5 Scope of a PPSP

As well as defining what a PPSP is, it is also worth defining what it is not. Specifically:

> A PPSP should not be an emergency service.

The logic behind this is that there are very few situations in the mental wellbeing arena which would constitute an emergency. Threatened suicide (or 'suicidality') and a complete mental breakdown are probably the only scenarios which require immediate assistance, and separate processes should be put in place to cover them. These would normally include: utilising standard company or union channels; training a small number of Peers to specialise in this area [13]; and having a dedicated emergency telephone hotline routed via an external agency. In these small number of extreme circumstances, confidentiality ceases to become an issue and the priority is the safety of the individual concerned, as well as the safety and integrity of the operation.

Part of the education process of the PPSP to the pilot workforce (see Chapter Two Section 2.9) should include a note that in cases of medical or psychiatric emergencies, the first point of contact should always be an appropriate medical emergency service. What this service is will vary from state to state, but this should not affect how a PPSP is structured. A PPSP primarily acts as a relief and signposting programme rather than offering direct medical, psychiatric or therapeutical assistance, and so in those states where emergency national cover is not available, alternative arrangements within the PPSP should be created.

## 1.6 Confidentiality

Confidentiality is the cornerstone of any PPSP. Of all the Key Elements, it is the most important. The core of the Implementing rule of CAT.OP.MPA 215 legislation only contains two paragraphs, and one of them is devoted to confidentiality as the keystone

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[13]    This should include procedures on how to gain emergency access to psychiatric consultation or care

of a peer support programme 14. This is unsurprising, given the fact that if there is even the slightest possibility of confidential details relevant to a pilot's ability to exercise the privileges of their licence being accessed by management then the programme would be doomed to failure before it even started.

The fundamental principle of confidentiality is that no personal details come out of the programme without the pilot's consent. This should be prominent both in the design and also the communication / promotion of the programme. EPPSI recommends that the best method of achieving a confidential programme is to make it independent. Experience has shown that pilots are far more likely to trust the confidentiality of the PPSP if it is fully independent from any kind of management, pilot representative body or Authority influence in the day to day running of the programme.

A definition of "independent" in this context is the programme being run by a third party who is not part of either the company or pilot representative body, and who is the sole data controller regardless of the funding arrangement of the programme 15.

## 1.6.1 Confidentiality of a support programme
*(AMC2 CAT.GEN.MPA.215 Support programme)*

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

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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.*

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"Handled" in this context refers to two different elements:

1.  the handling (and storing) of the actual personal data (for details of the confidentiality requirements of storing personal data, see Chapter Two Para 2.10); and

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14    It is worth noting that the EASA legislation allows for the differences in data protection laws between member states. A fundamental part of the design of a PPSP must be to take these laws into account when defining the extent of confidentiality within the particular programme.

15    It may be beneficial in promoting trust in the programme's independence to have it accredited, possibly by the country's national health organisation or even government.

2. the way that this data is handled by the Peers and everyone else within the programme (see Chapter Two Section 2.10.3). .

In terms of the second point, it goes without saying that such sensitive data must be handled in a confidential and safe way. The phrase "non-stigmatising" is an interesting one. Presumably, what EASA are referring to in this AMC is the fact that those inside the programme should not be stigmatised for whatever issues they bring forwards.

> *(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.*

This is very much a core value of any PPSP and is referred to frequently throughout this Guide.

> *(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.*

This is dealt with in the section describing the Oversight Committee. It is the Regulatory requirement that the operator has no access to sensitive personal data within the programme.

> *(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.*

This is the justification for an intervention which breaks the confidentiality arrangements of the programme. "Serious safety concern" is the equivalence of threat to self or threat to others, the standard medical justifications for breaching confidentiality (see the section on breaching confidentiality below).

## 1.6.2 Practical implications of confidentiality

In terms of PPSPs, the practical implications of the over-riding requirement for confidentiality are significant for all stakeholders in the programme:

### 1.6.2.1 **Employers / Operators**

There are a number of 'mindsets' with operators which may need to change with these new regulations. The first (and most obvious one) is the fear of the public relations implications of linking their pilots with the issue of mental wellbeing. The public wants its pilots to be well-trained and fit to do the job, and operators are understandably keen to promote this picture. A perceived admission that some of an airline's pilots might be struggling with mental wellbeing issues has historically been viewed as toxic and to be avoided at all costs.

This has in the past led to airlines dismissing pilots who have been identified as having mental wellbeing issues, despite the fact that they still held a Class 1 medical. Whilst this may have allowed the myth of 'all our pilots are perfect' to continue, it inevitably drove the problem underground and the tragic results were all too visible with the Germanwings crash. It has, unfortunately, also left the perception amongst pilots of management being unsympathetic or even hostile towards mental wellbeing issues. This makes it even harder to persuade pilots to open up about any issues they might have and seek help.

The culture of mental wellbeing issues within society is changing, as recognition is growing that every person in every walk of life has the potential to suffer from some form of issue at some time in their lives. Consequently, in many cases, operators may have to change their approach to the subject and accept firstly that they have pilots in their employment flying their aircraft who have mental wellbeing issues - and may even be on medication - yet who are perfectly safe; and secondly that they now do not and cannot have the right to know who those pilots are without the pilot's consent. For some, this is a major philosophical shift which will have to be recognised by both senior management and also employee representatives who are engaged with the design and running of the programme.

### 1.6.2.2 **Employees**

Employees need to know that the programme is totally confidential, otherwise they will neither trust nor use it.

The Guidance Material (GM) of the EASA ED Decision has an entire section devoted to how trust in a PPSP can be best generated (see here). A major component of that trust comes from the pilots' faith in the confidentiality of the programme. Pilots must believe that if they confide in the programme then that information will be kept confidential and not used against them.

The endorsement and active participation of the pilot representative body, where appropriate, is of great importance when generating trust in the programme by the pilot workforce.

### 1.6.2.3 **Oversight Committee**

Whilst confidentiality is mandated by the legislation, the average pilot is unlikely to read the actual wording of the Regulation and accompanying Decision. This means that the PPSP, in the form of the Oversight Committee, must make significant efforts to highlight and promote the confidential aspects of the programme during both the initial launch and subsequent communications with the workforce. Specific areas recommended to publicise are:

1. The independence of the programme from management and pilot representative bodies.
2. The guaranteed confidential nature of the safe zone, except in rare and clearly defined circumstances of imminent danger (see below for these exceptions).
3. The confidentiality of the Peers, who sign a confidentiality agreement and will not discuss cases outside of the programme [16].

Experience has shown that marketing efforts put in at this stage mean that pilots will be less likely to be concerned about confidentiality when they engage with the programme.

See Chapter Two Section 2.9 of this Guide for further details and recommendations of the education process of PPSPs.

### 1.6.2.4 **Regulator/ Authority**

The NAA has oversight responsibility for the operator and in that context needs to understand and support the principles of PPSPs. They enforce and monitor compliance with the regulations. As such, it is vital that they have sufficient expertise in order to judge the proper functioning and effectiveness of the operator's PSP without being involved in the day to day running of the programme.

To carry out this function, the NAA should be provided with similar statistical and de-identified data as the operator's SMS. This comes from the Oversight Committee. Additionally, the NAA may find it beneficial to attend periodically the Oversight Committee in order to appreciate the types of issues facing the programmes and the pilots that go through them.

When setting up the programme, the Design Committee (see Chapter Five Section 5.2) should endeavour to include the NAA into the information flow as early as possible. This should allow them to have an input into the design of the programme should they wish to.

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[16]   See Appendix C for an example of a Peer Confidentiality Agreement

### 1.6.2.5 **Medical**

Medical confidentiality is protected under EU Regulation 1178/2011:

> *MED.A.015 Medical confidentiality*
> *All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.*

## 1.6.3 Circumstances where it is permissible to breach confidentiality

There are certain rare circumstances whereby it is permissible to break the confidentiality of the safe zone. These are clearly defined and follow standard General Medical Council guidelines. These refer to a "public interest in disclosing information to protect individuals or society from risks of serious harm" [17]. These circumstances can be translated into aviation terms as:

1. **Threat to self**
   In practice, this is most likely to be indications of a likely attempt at suicide.

2. **Threat to safety of others**
   This is perhaps the most relevant area in terms of PPSP. If we substitute the words "safety of others" with "flight safety", then the significance becomes clear. This exception is the objective justification firstly for storing and sharing confidential personal data without the express consent of the pilot; and secondly for breaching the confidentiality of the safe zone in intervention cases.

   It is important to note that the judgement to link 'threat of safety to others' to flight safety, leading to temporary removal from the roster, is not a managerial one. Nor is it solely that of the Mental Health Professional, as they might not have the relevant aviation expertise. This decision should only be made in collaboration with the medical provider for the operator. See Chapter Three Section 3.3.6 for details of a suggested Peer Intervention process. The key point is that any decision to breach confidentiality is still protected by medical confidentiality and the reason for the pilot being removed from the roster is not disclosed to management.

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[17]   GMC Guidance on Confidentiality 2017 para 63

3.  **Legal reasons**

    These are situations where a Peer becomes aware that a criminal act has occurred, or is likely to occur. Responsibility for disclosing this to the relevant authorities does not lie with the Peer, however, but with the Mental Health Professional, who will follow professional guidelines when doing so.

# Chapter Two

# Key Elements of a PPSP

EPPSI has spent a long time studying and analysing the many PPSPs already in existence around the world, along with the Regulation CAT.OP. MPA.215 legislation and associated AMCs and GMs. We have identified a number of key elements which make up a PPSP that should satisfy the European requirements. There will always be local variations and specific requirements for a PPSP, but these key elements must be present within the programme. They are:

i)      Confidential Safe Zone
ii)     Trained Peers
iii)    Suitably qualified Mental Health Professional
iv)     Programme Lead / Co-ordinator
v)      Easy accessibility to the programme
vi)     Clearly defined pathways to help
vii)    Oversight Committee
viii)   Peer Intervention mechanism
ix)     Education regarding mental health issues
x)      Data responsibilities

## 2.1 Confidential Safe Zone

This is the term used to describe the heart of the PPSP, where only the pilot asking for help and the personnel involved in the programme (Peers, Mental Health Professional and the Programme Lead / Co-ordinator) can go.

The key principle of the Safe Zone is:

> *Except in the exceptional circumstances detailed in Chapter One Para 1.6.3 , no details of any conversations will go outside the safe zone without the pilot's consent.*

What this means in practice is:

1.      The only data either management or pilot representative bodies receive is via the Oversight Committee and is anonymised and aggregated.

2. Similarly, the NAA has no right of access to the data other than via the Oversight Committee, should they be part of it.

3. Peers will not discuss any cases outside of the programme, and specifically not down route nor in the flight deck. It is recommended that Peers sign a Confidentiality Agreement (example in Appendix C ), as this defines clearly the expectations of the Peers in terms of confidentiality. Peers should incorporate a short statement reaffirming the confidential nature of their conversations with pilots during the first verbal interaction they have with the person contacting the programme (the Client).
As part of the Continual Professional Development Peer training days, it is allowable (and indeed recommended) to discuss case details without names, as this encourages sharing of best practice.

4. If an airline has a medical department, then the only data they have access to is anonymised via the Oversight Committee, unless the pilot decides to waive anonymity and self-refer. The only exception to this is the Peer Intervention process as detailed in Chapter Two Section 2.8 and Chapter Three Section 3.3.6

## 2.2 Trained Peers.

### 2.2.1 Definition and Role

GM(8) of the CAT.GEN.MPA.215 is where the Regulation defines what a 'Peer' is, as references are made elsewhere in the legislation to the term but no definition is given:

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MEANING OF THE TERM 'PEER'

*(a) In the context of a support programme, a 'peer' is a trained person who shares a common professional qualifications and experience, and has encountered similar situations, problems or conditions with the person seeking assistance from a support programme. This may or may not be a person working in the same organisation as the person seeking assistance from the support programme.*

*(b) A peer's involvement in a support programme can be beneficial due to similar professional backgrounds between the peer and the person seeking support. However, a mental health professional should support the peer when required, e.g. in cases where intervention is required to prevent endangering safety.*

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These two definitions speak for themselves and require no elaboration. Note the repeated recommendation that the Peers are supported by a Mental Health Professional, and specifically mentions the intervention scenario. These are the two key features which differentiate a PPSP from an Employee Assistance Programme or other support mechanisms available.

As far as possible, Peers should do the same job as the pilot contacting the programme. There will need to be some latitude in this, particularly when dealing with a large scale Foundation PPSP model or a small-scale model with multiple companies (see Chapter Four Section 4.2) but provided care is taken with the design of the programme and the Peer cohorts, this should not pose too many difficulties when satisfying the European requirements above.

It is important that Peers hold no managerial nor pilot representative body position. This is because there should be no perceived authority gradient between the pilot contacting the programme and the Peer, something particularly important during Peer Intervention cases. They must just be a colleague, no more. The status of training appointment holders in this regard will depend on the culture of the individual airline and should be clarified in the Terms of Reference.

The role of the Peer in a PPSP is central and a demanding one. They are key to the programme and are the interface between the line pilots and the help mechanisms available. Accordingly, they must be recruited with care, then trained, supported and managed appropriately. The bulk of this responsibility lies with the Mental Health Professional, though guidance of the Overview Committee, particularly in the recruitment phase, is very important (see Chapter Five Section 5.4).

Primarily, Peers must be good listeners. They must do so in a non-judgemental fashion, and crucially should not offer solutions, as the desired outcome of any conversation in this field must be for the pilot themselves to come up with solutions to their own problems. This quality can be hard to find in pilots, as they are by nature independent problem solvers, trained and used to coming up with solutions to issues and difficulties. Peers will need curb this natural pilot instinct when dealing with cases, and should be trained accordingly.

## 2.2.2 Recruitment and Training

Given the specialised nature of the Peer job, once suitable Peers have been recruited it is appropriate that they receive not only intense initial training but also Continual Professional Development (CPD) training to enhance and broaden their experience and knowledge.

Initial training should be 3-4 days, done in groups of no more than 10 Peers. Effectively, Peers should be fully trained by the time the programme launches: all cases from that moment will build experience and confidence. The MHP (or Co-ordinator) should be available for assistance during, and debriefing after, each case to assist in

this process. It is natural that this MHP / Co-ordinator input becomes less frequent as the Peers become more experienced.

The amount and frequency of CPD will depend on the type of Peer: those who cover a wide range of mental wellbeing issues will benefit from CPD three or more times a year, whereas those Peers in larger Foundation-type models who specialise in Critical Incident Response are only likely to need such training every two years. This training should take place in a plenary for maximum benefit in sharing experiences and knowledge.

For information and guidance on recruitment and training of Peers see Chapter Five Section 5.4.

## 2.2.3 Remuneration

The type of character that is attracted to Peer work is unlikely to do the job for financial remuneration. Typically, Peers are highly empathetic individuals with a strong passion for helping others, and feedback suggests that what continues to motivate and reward them is the job itself. Conversely, what de-motivates them is not having the time to do that job.

It will be a matter for each individual programme to decide on how to remunerate its Peers, but the evidence from existing programmes is that what they value most is time. This can be very difficult to quantify in terms of what is required for casework, as some cases are closed in a single telephone call whilst others can go on for considerable lengths of time. On the other hand, training days are identifiable and are easy to roster and quantify in terms of flying credit.

Therefore, EPPSI recommends that a hybrid model is used when remunerating Peers. Training receives credit towards the monthly flying requirement, whereas casework is done on a voluntary basis. This has the added benefit of ensuring that Peers do the job for the 'right' reasons, as opposed to doing it primarily to fly less and control their roster.

Depending on the size and resources available to a programme, it is also possible for Peers to be given some time off in lieu for casework. This should be written in as part of the Terms of Reference. Some existing programmes also allow for time off in lieu to be granted on a discretionary basis, for example during periods of high case workload or after a major incident.

The Oversight Committee should monitor the motivation levels of the Peers, with the help of the Mental Health Professional, for signs of caseload fatigue. This should be apparent from any drop off in the rate of cases being picked up. If this is detected then appropriate motivation strategies should be employed.

## 2.2.4 Welfare

The job of being a Peer can be a difficult one, with exposure to sometimes extremely traumatic and stressful situations. It is important, therefore, to give due consideration to the welfare of the Peers. This is best done in two ways: firstly, case workload should be kept to manageable levels, normally by the Co-ordinator. Experience from existing programmes has shown that a Peer should be handling no more than three to four active cases concurrently. Secondly, the Mental Health Professional must maintain a close working relationship with the Peer and act as a mentor and counsellor to them, having regular debriefs on their cases and potential personal impact. This is standard counselling practice.

Initial Peer training should include a module on self-care and how to manage casework, case load and boundaries.

## 2.2.5 Protection of Standards

It is an unlikely scenario, particularly if the Peers are selected carefully, but the Design Group should consider a mechanism for what to do when the standards of service a Peer demonstrates fall short of what is deemed appropriate. This is most likely to be detected by the Mental Health Professional, who should be the first method of correction. This mechanism should also deal with a complaint scenario. It is recommended that this forms part of the programme Terms of Reference.

## 2.2.6 Numbers of Peers

Experience from existing programmes globally has shown that an appropriate number of Peers is between 0.5% and 1% of the pilot population served by the programme. The exact numbers will always be a balance between:

1. the case workload, which is likely to be light in the early stages of the programme's existence until trust in it grows amongst the population and more pilots utilise it; and
2. having a minimum number of Peers available to ensure efficient training numbers and coverage. Initial training of fewer than 6 Peers is unlikely to be beneficial.

Another consideration in deciding the numbers of Peers to recruit is the size and nature of the airline. Larger airlines are more likely to have a stable pilot population in terms of turnover, and therefore are less likely to lose Peers as they leave the company. Smaller airlines whose pilots tend to stay at the company for shorter periods will need to recruit more Peers to allow for natural turnover.

It is the responsibility of the Oversight Committee to monitor the number of Peers and to ensure that there are enough to cover the workload. It is natural to assume that

a small number of Peers will drop out of the role with time if they find that the job does not suit them.

## 2.3  Suitably qualified Mental Health Professional

<div style="background-color:#f7cac9; padding:1em;">

### AMC3 CAT.GEN.MPA.215 Support programme

*(2) assistance provided by professionals, including mental and psychological health professionals with relevant knowledge of the aviation environment*

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### 2.3.1 Definition

Ideally, this role should be filled by a psychologist with a mental health background, such as a clinical, counselling or therapeutic psychologist. Some aviation psychologists may also have mental health experience, but it is recognised that this is not a universal qualification. Therefore, programmes should look to recruit psychologists who have a specialisation and experience in the aviation field and in mental health as there will be occasions where clinical judgments and decisions about flight crew may need to be made and this must always be done with the highest level of professionalism and within the limits of the competence of the Mental Health Professional. Guidance on this can be found though the local psychologists' associations and advice is also available from the European Association for Aviation Psychology (www.eaap.net).

### 2.3.2  Function within the PPSP

The key feature which marks a PPSP out from other forms of support programmes such as EAPs is the presence of a suitably trained Mental Health Professional at the heart of the programme, and the close relationship between them and the Peers. One of the basic problems a pilot has when seeking help with a mental health problem is whether to speak to a fellow pilot (Peer) who understands the job but is not a mental health expert, or a mental health expert who is not a pilot. By structuring the PPSP along the lines detailed in this Guide, a system can be created which satisfies both requirements: the pilot gets to speak to a Peer who is trained and mentored by an aviation mental health expert. This is known as 'duality'.

AMC3(2) refers to: *"assistance provided by professionals, including mental and psychological health professionals with relevant knowledge of the aviation environment."* Experience from existing PPSPs has shown that the success of a programme is closely linked to an effective working relationship between the Peers and the MHP. The extent of the "assistance" the MHP provides will vary from programme to programme, and also with the experience of the Peers. In the early days of a new programme, the Peers will need the support of the MHP more than when they build up a level of experience. Whatever the structure of the PPSP, however, the MHP will always be available to the Peers for advice on an individual case (see para 2.3.3 below for more details on contact between the Client and the MHP). In addition, the MHP will conduct training, act as a mentor to the Peers, and be involved in the collation / review of all cases for presentation to the Oversight Committee.

## 2.3.3 Contact between the Client and the MHP

Whether or not the person contacting the PPSP (the Client) ever speaks directly to the MHP will depend on the structure of the programme.

In a larger scale Foundation-type PPSP (see Chapter Four Para 4.2.1), the programme may be large enough to employ its own MHPs without contracting the service out to a third party provider. In which case, the Peer may refer the Client to a MHP (not the one mentoring the Peer) for treatment via the Clinical Director.

In a smaller scale / single company model (see Chapter Four Para 4.2.2), the MHP is most likely to be a third-party contractor and so care must be taken to avoid a conflict of interest. It should be considered unethical for a MHP to recommend via a Peer that the Client is referred to their own practice. An operator may, of course, use the MHP's practice as a resource to refer cases to, but this must be done via standard airline protocols and not via the PPSP. In this model, the Client will have no contact with the MHP, except in a Peer Intervention case (see Chapter Three Para 3.3.6)

## 2.3.4 Summary of the roles and responsibilities of the Mental Health Professional

- interview and recruit the Peers
- conduct the initial and continuous training of the Peers
- mentor the Peers on individual cases
- counsel and support the Peers with regard to their personal wellbeing within the programme
- monitor case notes to identify trends and multiple reports about the same individual
- collate and de-identify case details (in conjunction with the Programme Lead / Co-ordinator) for presentation at the Oversight Committee

## 2.4 Programme Lead / Co-ordinator

Given that PPSPs should ideally be independently run programmes, they will require someone to administer them. A Mental Health Professional may have the skills to do this, but it is more likely that this will be a separate person. This preferably will be someone with psychological and administrative experience. However, it may be beneficial in certain cultures for this role to be taken by a pilot, as it allows the programme to be promoted as 'run by pilots for pilots' [18]. It is a significant role to take on, and the pilot should not have a management position nor be from a pilot representative body.

### 2.4.1 Roles and Responsibilities

- the day to day running of the programme
- maintaining and monitoring the contact mechanism for the programme
- ensuring the reporting person (the Client) is allocated a suitable Peer
- monitoring Peer case workload
- collating anonymised data to present to the Oversight Committee
- in some circumstances, assuming liability for the programme
- in larger Foundation-type programmes, the Co-ordinator may be responsible for assisting the Peer to source an appropriate Pathway to Help within an airline served by the Foundation.

### 2.4.2 Single person or split role?

This will depend on the size of the programme.

For smaller scale programmes where the expected numbers going through the programme are relatively low, then all of these functions can be performed by one person. For larger scale structures which cover a large number of pilots, possibly alongside other groups such as Air Traffic Controllers or Flight Attendants, the situation becomes more complex. A request for help will need careful co-ordination to ensure that an appropriate Peer is assigned to the case and appropriate help given. This may create a workload which is too much for one individual to manage in addition to the other responsibilities, so it may be necessary to split the role and create a small team of Co-ordinators who work directly under and report to the Programme Lead. Their job

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[18]   This is in accordance with the IFALPA position on Peer Support Programmes

would also include the monitoring and distribution of case workload amongst the Peers, as well as gathering the anonymised data back from the Mental Health Professionals and/or Peers and assembling it for the Programme Lead.

The role of the Programme Lead would then become: assuming overall responsibility for the running of the programme, managing the teams within it (Co-ordinators and medical / psychological, if the programme is large enough), as well as collating and presenting the anonymised data to the Oversight Committee. It may also be that the Programme Lead assumes liability for the programme as a whole.

Stiftung Mayday provide supervision and training for their Co-ordinators three times a year for three days each.

## 2.5  Easy Accessibility to the Programme

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**GM1 CAT.GEN.MPA.215 Support programme**

*(b) The support programme should be easily accessible for crew members, and should provide adequate means of support at the earliest stages.*

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**EPPSI PPSP Objective #1:**
*To make it as easy as possible for a pilot to have a conversation about issues which could potentially affect their safe professional performance*

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Practically, this means that the programme should have easy access via a point (or points [19]) of entry that is not solely accessible on company premises and on company equipment. Operators have an implied responsibility to make the programme as open and easy to access as possible. Culturally, it is a very significant step for anybody, let alone high-achieving professionals such as pilots, to recognise that they need help. It would not take many barriers faced when asking for that help for that

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[19]    It is perfectly possible to have multiple points of access to the programme (eg website/ App/ telephone) provided that they are co-ordinated.

person to give up, thus defeating the whole philosophy of a PPSP. For an operator not to make the programme as easily accessible as possible would send out an extremely negative message about that operator's commitment to the purposes of the programme.

## 2.5.1 Confidentiality and access

Issues of accessibility to the programme are also linked with those of confidentiality. If a programme is perceived as difficult to access then the reasoning may be that the company either does not want the pilot to be in the programme or that they have put some ability in there to detect who is contacting the programme. Such a perception can be mitigated by keeping accessibility away from company mechanisms. It is recommended that access to the programme is through independent channels: either a telephone hotline that is not via the company switchboard, or by a website (or App) that is not hosted on the company server or only accessible via company laptops or iPads.

## 2.5.2 Accessibility for concerned family, colleagues and friends

Often those closest to people suffering from mental health issues are the ones who are best placed to seek help for that individual. Mature PPSPs around the world clearly demonstrate that granting access to the programme to concerned family, colleagues and friends of pilots can be enormously beneficial.

Whilst it opens the possibility of someone contacting the programme who wishes to harm rather than help, this should be filtered out quickly during the first conversation with a Peer. The same applies to someone contacting the programme who is not entitled to use its services (such as someone from another airline or someone posing as a pilot).

Interestingly, the Regulation does not mention the concept of families or friends contacting the PPSP. It was, however, a recommendation from the BEA accident report into D-AIPX that:

> *EASA ensure that European operators promote the implementation of peer support groups to provide a process for pilots, their families and peers to report and discuss personal and mental health issues. (para 4.6)*

Some NAAs have written it into their guidance material. The UK CAA, for example, makes reference to the facility for wider access to the PPSP than just pilots in its guidance document for operators on PPSPs, stating that programmes should have the:

In summary: EPPSI strongly recommends that the PPSP is made accessible to family members and friends of pilots, as well as pilots themselves.

### 2.5.3  Methods of accessing a PPSP

There are two common ways by which a pilot can access a PPSP:

1.    A telephone hotline
2.    A dedicated website (and possibly an App)

The details, pros and cons of each method are explained in Chapter Three Section 3.1. It goes without saying in the modern world that any PPSP must have a website, so if a programme uses a telephone access service then it must also create a dynamic website which contains resources and assistance in self-diagnosis and help.

*EPPSI PPSP Objective #2:*
*To direct the pilot effectively towards appropriate help*

## 2.6  Pathways to Help

The Safe Zone setup of a PPSP has been demonstrated to help the majority of pilots contacting the programme, without the need for external assistance. Simply talking to a colleague, with the expert backup of a Mental Health Professional, is often the only help a pilot requires.

For the other cases, however, clear pathways must be identified towards appropriate help. It is one of the functions of the Design Group when setting up the PPSP to ensure that such pathways are available to the operator's pilots. This will be particularly relevant where an operator does not have an aeromedical professional either employed or contracted to the airline.

Experience from existing programmes has shown that the external help pilots require falls into three categories, and the Design Group should ensure that all three pathways are covered for their organisation when designing the programme. The exact nature of the pathways will, of course, be determined by the nature of the organisation and the country involved. It makes a significant difference if a national health service is available, for example, or if private health insurance is required and / or available.

The Peers have a crucial role in this area, as they are the ones advising the pilot as to the options available for help. As such, it is strongly recommended that the training for the Peers includes relationship-building with appropriate Fleet / HR Managers and medical personnel (see below) [20].

The three pathways are:

1. **Time off work to deal with immediate problems.**
   This is generally an HR or Fleet Admin function
2. **Medical / Psychological**
   This pathway includes support programmes such as HIMS (drugs and alcohol disorder issues), CIRP (Critical Incidents), Professional Standards etc.
3. **Other**
   This pathway covers everything else, such as mediation, relationship counselling, financial advice, help with gambling addiction etc.

The details of these pathways are in the [Chapter Three Section 3.3](#)

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[20]  More applicable to the smaller-scale models. In the larger scale Foundation models, there are too many companies for the Peers to have an accurate working knowledge of the appropriate pathways, so this role falls to the Co-ordinator to have this knowledge and to advise the Peer accordingly.

## 2.7  Oversight Committee

> **AMC3(b) CAT.GEN.MPA.215:**
> *A support programme should be linked to the management system of the operator, provided that data is used for purposes of safety management and is anonymised and aggregated to ensure confidentiality.*

This requirement is best achieved by creating an Oversight Committee for the programme, comprising of representatives from key stakeholders. These must include:

- senior flight ops management
- pilot representative groups
- Mental Health Professional
- Programme Lead/ Co-ordinator
- airline medical department (if applicable - contracted AME or Occupational Health Advisor if not)
- Peers

Depending on the structure of the programme, it may also include representatives from:

- NAA
- Government
- Charitable bodies

It is recommended that the constitution of the Oversight Committee, along with the relative seniority requirements of the attendees, be written into the Terms of Reference.

### 2.7.1 Role

The primary function of the Oversight Committee is to review "anonymised and aggregated" data from the programme provided by the Programme Lead / MHP. This is to identify any trends which may have relevance to flight safety and to make recommendations as appropriate to the wider corporate body via the company Safety Management System (SMS).

### 2.7.2 Link to Safety Management Systems

The Oversight Committee satisfies the requirement of AMC3(b) of linking the PPSP to the operator's SMS. The theory is that a responsible operator needs to identify the possible hazards related to mental wellbeing issues and potential substance abuse issues amongst its pilots and manage the associated risks appropriately from a corporate perspective. Next to education and raising awareness, PPSPs should be considered the main tool to address this.

The SMS needs to be provided with the necessary data in order to confirm the adequate working of the PPSP. This comes from the de-identified and statistical data provided to the Oversight Committee by the Programme Lead and/or Mental Health Professional.

Such data should typically include: number and types of cases dealt with by the programme; number of successful returns to flying status; how many calls each case took, etc. Generic workflow procedure information may also be part of the information forwarded to the SMS (entry into programme, diagnosis [21], treatment decision and follow-up) to ensure that the process of directing pilots down the appropriate pathways to help is working properly.

Under NO circumstances should identifiable individual cases and information be revealed to the Oversight Committee.

### 2.7.3 Additional functions of the Oversight Committee

Other functions of the Oversight Committee should include monitoring the footfall into the programme and increasing the awareness and education of the pilot workforce if the numbers start to drop, or are slow to rise in the early phases of the programme. Conversely, if the numbers are proving large and the Peers report that they are struggling to cope, then the Committee can authorise the recruitment and training of more Peers.

The EASA ED Decision Guidance Material talks about *"an efficient communication system that promotes the benefits of the support programme, such as its positive impacts, temporary relief from duties without fear of dismissal, management of risks resulting from fear of loss of licence."* (GM2(j)). Such a system is the responsibility of the Oversight Committee. This can be linked with the education requirement of the PPSP, which is detailed in Chapter Two Section 2.9.

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[21]    The caveat about having an official diagnosis of a case within a PPSP is that some states have particular laws surrounding diagnoses and confidentiality. Legal advice should be sought in this area when designing the programme.

### 2.7.4 Meeting Frequency

It is recommended that the Oversight Committee meets regularly and on demand. In the early stages of a programme, it should meet up to four times a year to guide the programme through the initial challenges. This frequency may be relaxed as the programme becomes more established.

## 2.8  Peer Intervention

### 2.8.1 Definition

In standard medical and psycho-therapeutic terminology, an intervention is any advice or treatment (such as medication) given to a patient or client. In the context of a PPSP, this Guide uses the term 'Peer Intervention", which can be defined as:

> *A process whereby an individual (family, colleague or friend) can raise a concern about a pilot and that concern is then evaluated by the MHP. If the concern is considered sufficiently serious, the pilot is then contacted and persuaded to self-refer for help. If the pilot refuses to do so, then the programme has the ability to remove that pilot from the roster for further investigation. Medical confidentiality applies throughout.*

This section of the Guide deals with the philosophy and key principles of Peer Intervention. Chapter Three Section 3.3.6 details how Peer Intervention can work in practice.

### 2.8.2 Justification

Peer Intervention is not an easy subject. Reaching out to someone who may have a serious problem is difficult, and requires much care, experience and training. There may well be cultural and societal barriers as well. However, these should not prevent a PPSP building in an intervention mechanism for cases where serious flight safety concerns are raised.

The BEA accident report into D-AIPX states that:

> *Management of a decrease in medical fitness can be optimized by including the intervention of peers and/or family members. (para 4.6)*

The EASA ED Decision translated this into three areas in the CAT.GEN.MPA.215:

**AMC (3)** which states the minimum requirements for a PPSP must include:

*a referral system to an aero-medical examiner in clearly defined cases raising serious safety concerns*

**AMC2(d):**

*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.*

**GM(3**), which talks about Mental Health Professionals needing to be trained on how to handle:

*cases where information should be disclosed due to an immediate and evident safety threat and in the interest of public safety.*

From an EPPSI perspective, Peer Intervention is one of the key objectives of a PPSP:

EPPSI PPSP Objective #3:

*To provide a mechanism whereby a colleague pilot, or family or friend, can raise a concern about a pilot in a safe and non-jeopardy environment, and it will be acted upon if appropriate*

In terms of numbers passing through a PPSP, Peer Intervention cases form a low percentage. However, it is of vital importance that the programme can deal effectively with such cases and the issue must not be shied away from. Not only is flight safety at risk, but also the reputation and standing of the airline and also the aviation industry whenever a pilot is caught attempting to fly whilst under the influence of alcohol or drugs, or when not mentally fit to exercise the privileges of their licence.

An effective PPSP which has the trust of the workforce should enable such cases to be intercepted a long way from the aircraft. The advantage to the operator, apart from avoiding the reputational damage detailed above, is that pilots with substance

abuse issues (for example) are much more likely to be rehabilitated and remain in productive employment if their problems are identified and treated earlier. If these problems are left unaddressed, the most likely outcome for the pilot is disciplinary action and dismissal, which is clearly undesirable for both the pilot and the operator.

Clear communication of this point, and of the Peer Intervention process as a whole, should form an important part of the education campaign by the Oversight Committee when it comes to explaining the programme to the workforce (see Chapter Two Para 2.9.1).

### 2.8.3 Professional Standards vs welfare-related

Essentially, Peer Intervention cases can be divided into those which are welfare related, namely those which are characterised by deteriorating mental wellbeing and consequent behavioural slides, and those which are long term or 'Professional Standards'. The precise definition of and distinction between the two can sometimes be difficult, and will rely on the judgement of the MHP. However, as a general rule, welfare-related Peer Intervention cases are those where circumstances in a pilot's life have changed for the worse and behavioural changes are noticed by those around them to the point where flight safety becomes an issue. Longer term or Professional Standards Peer Intervention cases are those involving pilots with CRM (Crew Resource Management) issues, such as low emotional intelligence or poor social skills, which cause interaction problems with colleagues. The results are often a series of complaints to management about that pilot, or colleagues actively avoiding flying with them. Their reputations at work are poor, with the subsequent potential risks of the breakdown of CRM.

The majority of airlines in Europe do not have systems or processes to cope with the small number of these rare cases. In America and Australia in particular, there are Professional Standards groups (PRO-STANS) which are manned by senior and very well respected pilots who deal with such problematic individuals in a confidential environment where no records are kept [22].

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[22]     A useful definition of PRO-STANS is in the BEA accident report into D-AIPX:
"Professional standards programmes (ProStans) are volunteer, peer, conflict/behaviour-resolution programmes. The programme's purpose is to promote and maintain the highest degree of professional conduct among crew members. It enhances the margin of safety in daily flight operations, and protects and enhances the standing of the airline pilot profession, among other benefits. The airline/union ProStans Committee addresses problems of a professional or ethical nature involving crew members. Peer volunteers resolve allegations of misconduct, or conflicts between crew members, that may affect flight safety and/or professionalism. ProStans also addresses conflicts arising from conduct perceived as unfavourable to the aviation profession." (P39)

PPSPs offer an opportunity for European airlines to create a system which can offer appropriate help to such individuals without triggering any formal performance process. Whether this is by a separate and distinct group from the Peers, or by training up specialist Peers, will be a local decision. The Peer Intervention strategies will be slightly different from welfare-related cases because the causes of the concerns are different, as well as the differing threat to flight safety. The role of the MHP is important in differentiating between the two and advising the Peers accordingly as to the most appropriate course of action.

## 2.8.4  Key Strategies of Peer Intervention

With it being such a sensitive area, the Peer Intervention process within a PPSP should follow a series of escalating steps which provide checks, balances and safeguards. These are necessary to provide reassurance to the pilot workforce that the process is not a 'trapdoor' whereby a single report will result in the reported pilot being removed from the roster. Multiple steps should also prevent malicious reports having an impact on the pilot.

Peer Intervention is an area where cultural differences within organisations and countries will dictate the exact nature of the process. Some nations will have no problem with the concept of pilots raising concerns about a colleague with an official programme. To other nations this might present a great deal of difficulty. What is important is that the Design Group addresses the issue when creating the Terms of Reference of the programme. Whilst it might be tempting to 'park' it because it is too difficult, the European regulation does clearly require a Peer Intervention process of some sort to be part of the PPSP. Chapter Three Section 3.3.5 details suggested Peer Intervention steps which have been proven to work in existing programmes, and which should provide a basis for a bespoke process.

Any PPSP Peer Intervention process should incorporate the following key strategies:

1. **The Threat to Safety must be clear**
   The EU regulations refer to "clearly defined cases" and "evident safety threat" when it comes to Peer Intervention. Within a PPSP, someone must decide which cases are a clear and evident threat to safety, and make the judgement call as to whether to intervene with a pilot or wait for further reports to confirm the potential problem.
   The MHP supporting the team of peers plays a central role here, and is the one best qualified to evaluate and judge all information received as to its validity. They must take an objective and critical attitude and consider all personal and safety interests. They will do so in close contact with the Peer involved and with the reporting person if needed. When selecting the MHP, the Design Group must ensure that this person has the appropriate

qualifications and training, as referred to in the AMCs Chapter Six Para 6.2.4. The MHP also monitors all the cases coming through the programme and notes are kept in order to watch for multiple reports regarding the same pilot 23. In large programmes which use a website as the contact mechanism, this function can be automated and then alerts sent to the Co-ordinator and Mental Health Professional.

2.  **Define boundaries, responsibilities and liability**

    When setting out the Terms of Reference, the Design Group should clearly establish where the boundaries of responsibility and potential liability lie. Whilst the Peers definitely have a role in the Peer Intervention process, they are not qualified to make a judgement about a pilot's fitness to fly or what constitutes a threat to flight safety. They must pass on the relevant information to the Mental Health Professional to make that judgement in conjunction with the company medical person or department 24.

    It must be emphasised that neither the Peers nor the MHP should have the authority to remove a pilot from the roster for medical reasons. The only bodies able to do that are either: the in-house medical department of an airline; the pilot's AME; or the NAA. Removing a pilot from the roster on medical (safety) grounds will be an existing process in all airlines, and PPSPs should respect that in the Peer Intervention process. Operators do have a Right to Manage, and it is highly unlikely that they will agree to a programme which removes a pilot from their rosters without them either knowing about it or it falling under an approved or current policy.

3.  **Protect confidentiality**

    Part of the education programme the Oversight Committee must run to promote the programme should include details of the Peer Intervention process. This should stress that even though a colleague can alert the programme to a potential problem with a fellow pilot, this will not be fed back to management and that there are processes in place which will protect that pilot's confidentiality, as well as the confidentiality of the Client. The reported pilot's name is protected by medical confidentiality, and any pilot removed from the roster for whatever reason under a PPSP should be shown as 'sick' with no further details.

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23  Retention of notes is a contentious issue worldwide, and a number of PPSPs globally deliberately do not keep notes on cases. EPPSI, however, believes that the EASA legislation effectively requires notes to be kept in order to monitor problem cases which develop over time. See Para 5 of this section for more on the legal aspects of retaining notes, as well as Chapter Two Section 2.10 Data Responsibilities

24  Note the findings of the BEA accident report into D-AIPX in this regard (para 4.5)

4. **Try Peer to Peer to Peer intervention first**

Experience has shown that it can be highly effective to encourage the pilot (or friend or family member) who first approached the programme with a concern about a colleague to perform the intervention. In order to contact the PPSP with such a concern does require courage, as well as a high degree of care and compassion. They clearly already have some sort of bond with the reported pilot, so it makes sense to give them tools and techniques in order for them to go back to that pilot and air their concerns with confidence.

This approach has been demonstrated to work very well in Peer Intervention cases such as behavioural problems in the flight deck. It is recognised that approaching a pilot over a potential alcohol or drugs problem is a lot more significant, but that does not automatically mean that such an approach will not work and should always be the first step of a Peer Intervention process.

5. **Take care with the legal justification for data storage**

Since a PPSP Peer Intervention mechanism cannot be a 'trap door', this necessitates the retaining of sensitive personal information about an individual without their knowledge in order to track behaviour over time and cross reference a potential problem.

This may have implications on data protection in certain countries. Legal advice should be sought, but the objective justification for such retention of data is threat of safety to others, one of the three standard justifications for breaching confidentiality (see Chapter One Para 1.6.3).

The Design Group should pay particular attention to this subject, especially when it comes to the specifics of where any potential legal liability lies. It is recommended that legal advice is sought at the design phase to ensure that the programme is compliant with relevant legislation in the host country.

## 2.8.5 Training

Peers should be trained in techniques firstly in how to gather appropriate information from those contacting the programme with concerns about a pilot, and secondly how to 'cold call' a pilot to raise issues of concern (if required[25]). This latter point is perhaps the hardest aspect of the Peer's role, and the training should reflect that.

Considerations should include: timing of the call (eg at the start of a block of days off), possible reactions from the recipient, how to protect the identity of the Clients making the initial contact(s) with the programme, and how to frame the information

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[25] The design of a specific programme may mean that this 'cold call' is performed by the MHP rather than a Peer

appropriately to encourage the pilot to acknowledge the concerns rather than put up denial barriers.

It is unlikely that such Peer Interventions will be required in the early period of a PPSP, so such training can be performed at refresher / CPD training rather than at initial training.

## 2.8.6  Communication of the Peer Intervention process

The issue which will need the greatest care when publishing communications and education about the programme will be Peer Intervention.

This is an extremely sensitive subject and one the workforce will be very wary of. Historically, pilots have been reluctant to report a colleague with issues because of a belief that such a report may lead to the colleague's loss of licence or employment. The fact that PPSPs are now in existence and actively encourage such reporting on safety grounds is progress, but the Oversight Committee will need to take specific measures to communicate the Peer Intervention process properly. The primary aim must be to reassure the workforce that this is not an automatic route to the pilot being suspended and/or dismissed, and that there are sufficient checks and balances in the process to prevent malicious claims resulting in the pilot being removed erroneously from the roster.

The central message in any communications on the subject must be that contacting the programme over concerns about a pilot should no longer be seen as informing on or "grassing up" a colleague. In fact, it could potentially save their careers or even their lives. Laws and society have changed, and the reality is that a colleague or friend is more likely to jeopardise a pilot's career by not saying anything. A PPSP represents a method by which a pilot can receive help in a confidential and supportive way with is designed to safeguard their career as far as possible. The alternative is stark.

## 2.9  Education

Education about mental health issues forms a definite part of EASA's response to the Germanwings accident. Indeed, the first of their key elements of what constitutes a PPSP in the EASA ED Decision is:

> *procedures including education of flight crew regarding self-awareness and facilitation of self-referral*
>     AMC3(a) CAT.GEN.MPA.215

This falls directly under the mandate of the Oversight Committee, as they are responsible (in the form of the Design Group) for the design and roll-out of the programme. They also meet regularly to monitor the efficacy of the programme as a whole.

The de-stigmatising of mental health issues is prominent in today's society, and there are plenty of excellent resources the Oversight Committee can draw on to promote the self-awareness aspect of mental wellbeing. These will naturally be country-specific. The logical place to put links to suitable external resources is on the programme website. Many airlines have detailed resources surrounding physical wellbeing and healthy lifestyles. These often include advice on diet, exercise and sleep techniques. Existing PPSPs have demonstrated that their websites receive a large amount of traffic, so it makes sense to incorporate links to these healthy living resources.

In terms of education surrounding the ease of self-referral, there are a variety of options available. An extensive launch campaign detailing the programme and how it works is an obvious start (see Chapter Five Section 5.6 and 5.7 ), along with regular notices and newsletter articles not just from the Oversight Committee but also backed up by articles from Flight Ops management and pilot representative bodies. Politics plays no part in the Peer Support world, and the more information and education on the subject of pilot mental wellbeing the better.

Operators can also use pilot ground training days to promote mental wellbeing, using videos, computer modules and presentations. Some excellent resources are available through the many programmes worldwide, and it is hoped that through organisations such as EPPSI and IPPAC (International Pilot Peer Assist Coalition), such resources can be made freely available.

Wherever possible, anonymous testimonials from pilots who have suffered mental health issues of varying types and got through them and back to line flying should be used. These have been demonstrated to be extremely powerful in engaging the pilot workforce and persuading those with similar problems to self-refer and seek help.

## 2.10  Data Responsibilities

Irrespective of the system of contact that is used, personal data is collected in one format or another and there is likely to be a supply chain of providers who handle this data. For example, in the instances of telephone access programmes, there will be a log of the phone numbers kept by the call handling agent and the way in which caller information is transmitted to a peer will create an electronic trail. In the instances of web-based access programmes, how the user requests support also creates an electronic trail that needs to be mapped out and appropriately secure.

It is therefore important that data is handled in accordance with GDPR (General Data Protection Regulation) principles that came into effect in 2018 across the EU. Each programme needs to be able to demonstrate compliance with the GDPR. Outside of the EU, each country will have its own data protection legislation that will need to be adhered to.

Whilst this is not an overly complex issue, EPPSI nevertheless recommends that specialist advice is sought to ensure a programme is GDPR compliant and data is adequately protected.

There are four main aspects which need to be addressed:

### 2.10.1  A data protection policy

This should be clear, visible, and adapted to the particular programme. It should spell out the rights, responsibilities, protections, security, who has access to what data, how long it is kept for and when and how it is disposed of. The data controller needs to be clearly identified and registered with the local data protection regulator and is accountable for the safe handling of data. If the data controller is different from the 'host' airline then care should be taken with the responsibilities associated with a branded website.

### 2.10.2  Ability to access individual data

As users have the right to access any personal data that is held on them, how they might access this data needs to be easily available to them (as well as the internal processes to manage this request, if it ever came about).

### 2.10.3  Protocols for handling personal data

All peers need to understand and agree their responsibilities with regards to handling personal data. Any record, paper and electronic (even telephone numbers and text messages) is subject to data protection legislation and needs to be stored and protected accordingly. Equally, if email addresses are to be used, they need to be specific to the individual and to the programme, and administered by the programme. In other words, using company and/or personal emails that may be used for other purposes, or shared with family members is not acceptable as it poses a significant data breach risk. Transmitting, identifiable, personal data via SMS/text is equally fraught with data breach risks. While it may be unavoidable, a clear protocol needs to be agreed on how this is managed, using the least amount of information available.

### 2.10.4  Security and transmission of personal data

All data (including notes) needs to be kept to a minimum and be secure, using current industry data protection encryption technology, protocols and standards. The

transmission of any personal data via electronic means needs to be kept to a minimum and only done so when absolutely necessary. In these instances, all transmission needs to be password protected according to a specific standard and protocol.

# Chapter Three

## The Peer Support Process

Having identified the key elements to a PPSP, EPPSI then studied different existing programmes to see how the different processes compared. The same basic process model was found to be common across most programmes:

**INPUT ⟹ CORE SUPPORT PROCESS ⟹ OUTPUT**

In more detail:

1) **Input**

- self-referral; or
- family or friends raising concerns; or
- colleagues raising concerns

2) **Core Support Process**

- gathering of information
- clarification and definition of the problem

- helping the pilot come to a solution or solutions

3) **Output (Pathways to Help)**

- pilot's issues resolved satisfactorily through conversations with Peer; or
- signposting the pilot towards appropriate help, and pilot receiving that help via defined pathways; or
- pilot receiving support via Peer Intervention

This section represents a generic model of the Peer Support Process based on the above. It should form the basis of whatever programme is created and can be adapted to suit the individual requirements and capabilities of the organisation. Note that all the Key Elements described in Chapter Two must be present for the programme to be successful. The three stages are expanded on below:

## 3.1 Input

As detailed in the Key Principles chapter (Chapter Two Section 2.5), accessibility to the PPSP should be as easy and straightforward as possible. This is achieved by two methods:

1. A telephone hotline
2. A dedicated website (and possibly an App)

Both methods are viable, and there are elements to both which are inevitably similar. However, each method will produce a very different type of programme, and the Design Group must decide at the creation stage of the programme which one it wants it to be. The details, pros and cons of each method are explained below.

### 3.1.1 Telephone Hotline

This is the traditional method of contacting a PPSP. A single number is published and widely promoted which a pilot can call and get connected to a Peer directly. The initial call is handled by an agency, which will contact the Peers (usually by text) whilst the caller is waiting [26].

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[26]   It is not recommended that a list of Peers with their numbers is published. Not only does the name at the top of the list receive a disproportionate number of calls, if Peers are unavailable and messages left with several of them, then it is possible for the pilot contacting the programme then to have multiple Peers phoning them back about the same case. This is highly inefficient, could lead to confusion and conflicting advice, and is also not an optimal way of dealing with what are very sensitive personal issues. The possibility of a caller being asked to leave a message but then panic, hang up and not contact the programme again is a significant risk.

The big advantage of having access to the PPSP via telephone is that it offers instant access to a Peer. This is certainly an attractive aspect to a support programme, and should ensure healthy numbers contacting it, but using an agency adds a cost element to the programme 27, as well as introducing another party into the Safe Zone of confidentiality. The 'instant access' character of the programme also has significant workload issues for the Peers. The Design Group must therefore decide when creating the programme:

1. if all Peers are contactable, or if a roster is required (which is resource-heavy to produce); and
2. whether the programme is 24/7 or is limited to certain hours.

This last point is a fundamental one regarding the type of programme offered. A 24/7 service has advantages but also consequences:

- the expectation of pilots will be that they can contact the programme at any time for any reason and, given human nature, are likely to do so. This runs the risk of the programme being contacted in emergency situations - which a PPSP specifically does not handle (see Chapter One Section 1.5) - and the Peer being placed in situations they are not trained to cover.
- to cover night-times will require a roster, which is a time-consuming process and puts a large strain on the Peers themselves. Aside from the strains of being 'on call' throughout the night, modern airline scheduling is increasingly working pilots to maximum duty limits. To have Peers on standby for some of their nights off could run into flight time limitation issues, as a night 'on call' for PPSP work is unlikely to be classed as rest under the European FTL Regulation.

### 3.1.1.1 Hybrid Model

One solution to the above problems is to offer a hybrid system whereby the telephone is only answered within published hours, and there is an answerphone facility for out of hours calls. The agency will then respond to any messages left overnight the next morning. This will require the Peer who wishes to take the case to contact the agency for details, which is something that will have to be factored into the contract with the agency.

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27 The agency will be required to provide data on numbers of calls, times of calls, time to respond by Peers etc. to the Programme Lead. This data will be necessary for the Programme Lead to present as part of the anonymised data report to the Oversight Committee.

### 3.1.2 Website / App

Contact with a PPSP via a website is a feature of the newer programmes such as the British Airways PAN programme. It takes advantage of technology that was not available to 'first generation' PPSPs and offers many advantages over a telephone-based service, specifically cost. The same contact philosophy can also be extended to an App, which allows for another medium by which pilots can ask for help and one which particularly the younger generation of pilots may feel more comfortable with.

### 3.1.2.1 The Website Contact Process

The person wanting to contact the programme visits the website / App and requests contact with a Peer. The website / App will then automatically send out a text and / or e-mail to all the Peers saying that a case has come in. If a Peer feels that they are in a good place, with the capacity to deal with the case, they go into the Peer portal area of the website and take the case. A message is then automatically sent out to the other Peers saying that the case has been covered. The Co-ordinator, as an administrator of the website, has overall view of the process.

The Peer then makes contact with the pilot by text, arranging a mutually convenient time to call. The standard Peer-Pilot interaction then takes place, and the Peer writes notes up which are stored on the website portal.

### 3.1.2.2 Advantages of a website service

- this system is comparatively very cheap. The website can be bought 'off the shelf' and adapted to the organisation, and thereafter it is just an annual maintenance fee.
- the automation means that no case will ever be missed. If a case does not get picked up within a certain time frame (recommended 1-3 hours) then the system can be programmed to send out a reminder and keep sending one out until the case is picked up.
- because the Peers self-select to pick up a case, there is no requirement for a duty roster.
- in the opposite psychology of picking up a phone and wanting to speak to someone immediately, in modern society we are used to posting something on the internet or by text and then waiting for a response. A web-based PPSP utilises this delay to get a Peer to pick up the case without 'losing the moment' of a pilot asking for help. In line with the philosophy of a PPSP not being an emergency service, the website page or App where the pilot asks to talk to a Peer should offer a range of time frames they wish to be contacted in to indicate

the general urgency of the case. The actual number published are symbolic [28], as in reality cases are picked up very quickly by the Peers, usually within an hour or two. It is recommended that the minimum advertised time for response is 8-12 hours to allow for a contact to be made late at night and a response the following morning.

- it is recommended that the website / App does have an 'Emergency' button or tab which directs the user towards the designated emergency channels such as company duty operational managers, pilot representative body emergency numbers, or national emergency services.
- because the website automatically records the caseload allocation to the Peers, this makes the Co-ordinator's job of workload management of the Peers much easier.
- having one centralised entry point to the programme that is easily trackable makes for straightforward gathering of footfall data.
- Google Analytics allows for anonymised mining of data of visits to the website / App, which gives a greater depth of understanding of issues that matter to line pilots. A website that is rich in resources will naturally return better quality of data in this regard [29]

### 3.1.2.3  Challenges of a website service

- not all pilots are sufficiently comfortable with - or trusting of - technology to want to ask for help via a website or App.
- the website is the repository for extremely sensitive data. This will necessitate very strong firewalls to protect it, and thus retain the trust of the workforce. This is very much an IT speciality: one recommendation is to keep the case notes and the identification in separate encrypted files, with only the Co-ordinator/ Programme Lead and the MHP having the ability to link the two. (See Chapter Two Section 2.10 for more details on data protection and responsibilities).
- the idea of Peers self-allocating the cases can lead to extremely keen Peers taking the lion's share of the contact requests. This will mean that the Co-ordinator will have to intervene to allow others to have a fair share of case workload. Note that the current caseload data for each Peer is instantly available to the Co-ordinator as an administrator of the website. A further enhancement of the system to mitigate this issue automatically is for the website to be programmed to track the annual workload of individual Peers and send the text

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[28]  For example, the British Airways Speedbird Pan uses 12, 24 and 48 hours

[29]  There are no data protection issues with this concept because the device IP address is just a number and is not linked to a name

requests out in reverse caseload order, perhaps in 15 minute intervals. This allows the Peers who have taken the fewest cases the first access to a new case coming in 30.

## 3.2  Core Support Process

The majority of cases (up to 80%, from data gathered globally) are dealt with at the first stage. GM1(b) talks about *"adequate means of support at the earliest stages"*, which foresees the following process:



*Fig. 2 Basic Peer Support process*
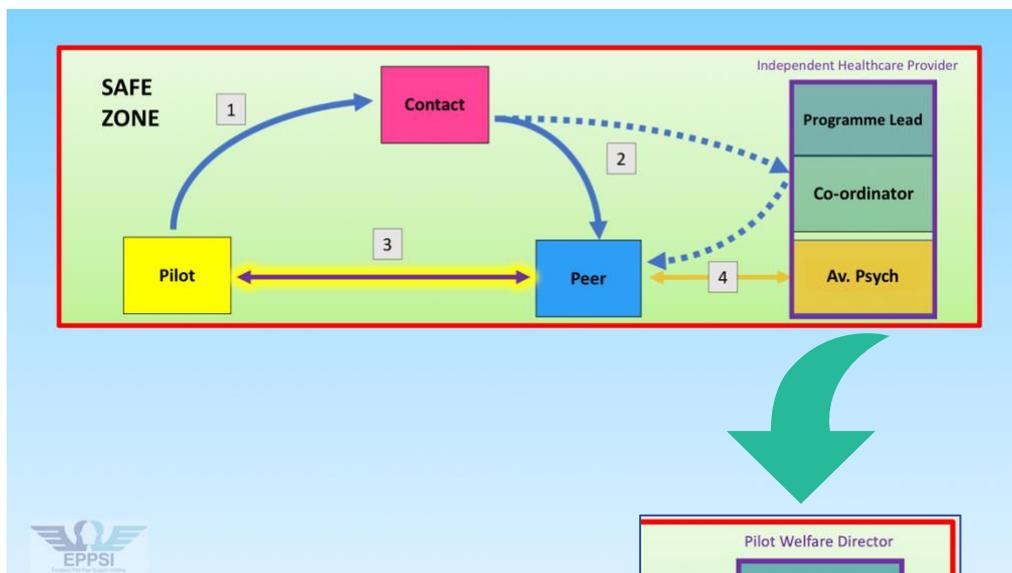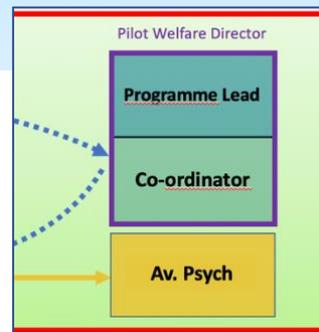
*Fig 3. Alternative version with Pilot Welfare Director as Programme Lead / Co-ordinator*

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30    The same challenge applies to a telephone-based service which sends a text out inviting a Peer to take up the case. The only remedy for that system is a manual intervention by the Co-ordinator to the over-keen Peer to ask them to hang back and let others take the cases for a while.

Within a confidential Safe Zone, the Client makes contact with the programme (1). A Peer is then allocated to the case either manually by the Programme Lead / Co-ordinator or automatically by the website or app, depending on which method of contact is used (2). The Peer then texts 31 the Client to arrange a mutually convenient time to talk, and the first of possibly a series of conversations is held (3).

The overall purpose of these conversations is to gather the relevant information from the Client and, assuming that they are a pilot 32, work with them to get them to define and then quantify the nature and extent of their situation and problems. Then the Peer continues to work with the pilot to help them come up with potential solutions to their own issues. Note that the Peer should avoid if at all possible coming up with solutions themselves and suggesting that they are followed. Pilots are by nature controlling characters, so generally speaking if they are suffering from mental health issues they will have lost control of large parts of their life and are being driven by events rather than leading them. It is important, therefore, to encourage the pilot to take control of their issues and seek help themselves - appropriately guided and directed - rather than having solutions suggested or even imposed upon them, however well-meaning.

## 3.2.1 Support for the Peers

Throughout the whole process, the Peer is mentored and supported by the Mental Health Professional, who is always on the end of a phone to guide the Peer as required through the case ((4), in Fig.2 above). This support will be a combination of advice on individual cases and also overall wellbeing of the Peer. This is particularly important whenever the cases become intense to the point of traumatic. Given that the Peers will be acting within the programme as employees of the airline, such support demonstrates the employer exercising suitable duty of care 33.

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31    Text is recommended as there is no pressure of an immediate conversation. The pilot contacting the programme can choose when they reply to the text and indeed what words they use. This sense of control is a small but important part of the pilot starting to take control over their issues

32    If they are not a pilot, or a pilot contacting the programme regarding another pilot, then this falls under the Peer Intervention process detailed later in this Section.

33    In the larger Foundation-type models, the Peer is acting on behalf of the programme rather than as an airline employee. The same principle still applies, however, with the Foundation providing support to the Peer and thus exercising duty of care.

## 3.3 Output (Pathways to Help)

Once the Peer has assisted the pilot in arriving at possible solutions, this may be sufficient for the pilot who can then go away and do what needs to be done by themselves. However, a minority of cases will require further support than the Peer / MHP combination can offer (Fig.3 below) and will need to be directed towards external pathways to help.
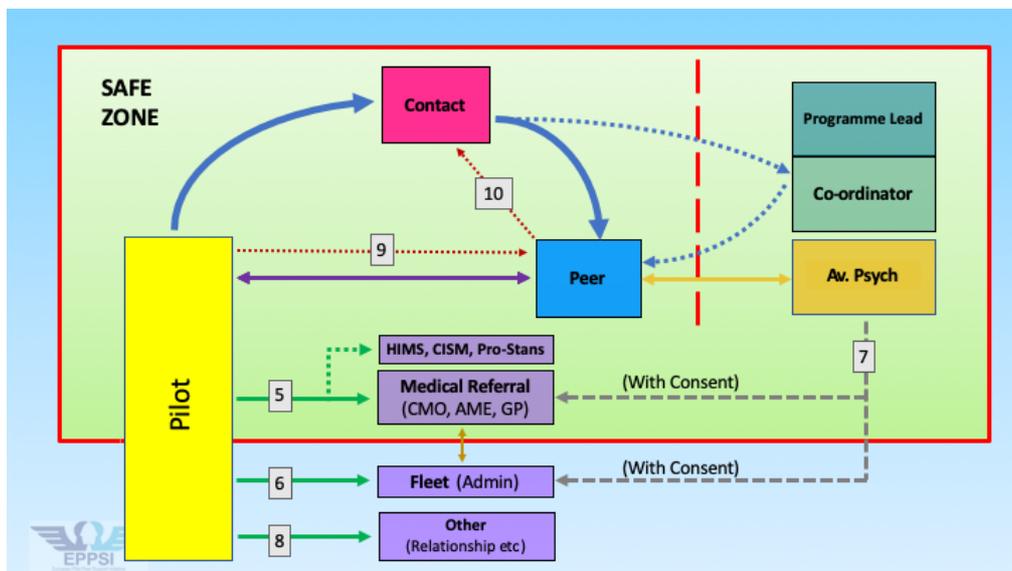


*Fig. 4 Further Support process*

This help will be along one of three pathways:
- a. Medical / Psychological
- b. Time off work to deal with immediate problems
- c. Other

If the required pathway is medical, then the Peer works with the pilot to help them ask for professional help (5). Note that medical confidentiality is retained, and any dealings between the pilot and the medical department of the airline (or medical contractor) remain within a now expanded Safe Zone [34]. If the pilot requires time off from work to address their problems then, with the support of the Peer, they will come

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[34] The extent of this confidentiality will depend on an individual state's requirements for disclosure of medical conditions. Ideally, it should be at a level which does not discourage pilots coming forward with a medical issue (see the BEA accident report into D-AIPX *passim*), but this may involve an understanding with the NAA going forwards if the PPSP is to succeed.

out of the Safe Zone with confidence and approach the Fleet / HR team (6). Depending on the design and size of the programme, it may require the MHP to validate the pilot's requirements (7) and liaise with the medical department and/or Fleet office. This will only be done with the pilot's consent. The third pathway to help (Other) is also outside the Safe Zone (8), but is also with the guidance and support of the Peer, who retains overview of the case (9) and records basic notes in whatever system the programme uses (10) for statistical purposes.

This process is described in more detail below:

### 3.3.1 Medical / Psychological

The UK CAA guidance material for Support Programmes summarises this issue well:

> *"It is essential that pilots have an easily accessible route for seeking assistance when under pressure or when symptoms of ill-health first present, so that they can be supported or referred for treatment without fear of reprisal"*
> (CAP 1695 1.2)

EPPSI recommends that particular care is taken when designing a PPSP to clarify how a pilot who needs specialist medical / psychological help can get it in as straightforward a manner as possible. It can be a complicated area, and the exact pathways will vary significantly according to the medical setup in a particular country or company.

It is likely that a pilot who requires specialist psychological treatment will need an **assessment** as well as a **referral**. The various agencies which can do this include the pilot's AME, GP doctor, the company aeromedical person, or even the NAA. The Terms of Reference for the programme should give guidance on how to direct the pilot towards appropriate medical help, and Peers should be trained so that they can give accurate advice. Note that the programme MHP and/or Co-ordinator will have a significant role in supporting the Peer in these circumstances. Liaison with the company medical personnel or Occupation Health Advisor will be equally important, and the programme structure should reflect this.

### 3.3.1.1 EU Regulation requirements

Two sections of AMC3(a) CAT.GEN.MPA.215 are relevant here:

> *(5) monitoring and support of the process of returning to work;*

If the medical pathway issues are addressed with an appropriate structure as detailed above, then this should satisfy this point. Many airlines already have such

processes in place, so this should not be an issue for them. Smaller airlines will have to create a suitable system.

<div style="border:1px solid; background-color:#f9d5d5; padding:8px;">

*(6) management of risks resulting from fear of loss of licence*

</div>

The specific requirement of mitigating a pilot's fear of losing their licence is likely to be new to most airlines and comes about as a direct result of the circumstances of the Germanwings accident. The exact nature of how this can be done is left to individual operators, but EPPSI recommends that this complicated subject will be most effective if done in collaboration with pilot representative organisations, as it is likely to be a costly item if the airline does not already have some form of Loss of Licence insurance scheme.

Experience from around the world suggests that NAAs can also be a resource in this area, as they are often keen to promote the notion that they will do everything possible to support a pilot with mental health problems and allow them to retain their licence and medical. Statistics demonstrate that in most mature authorities, the percentage of pilots reporting mental health issues who permanently lose their licence is extremely low, generally less than the 1% mark. Education of the pilot workforce with facts like these will be extremely beneficial in de-stigmatising the perception of mental health issues.

### 3.3.1.2 HIMS, CIRP, PRO-STANS

These are well-established programmes across the world dealing with alcohol and drug issues, critical incident response, and below-standard professionalism. They may already form part of an airline's support structure for its pilots. If this is the case, it is recommended that some thought is put in to the relationship between a PPSP and these programmes. Centralising the referrals to them can prevent duplication and ensure that cases never 'slip between the cracks' of different programmes. It will also allow the data to be tracked more easily.

The fundamental process point is for Peers to refer pilots as appropriate into these programmes as part of the 'medical' pathway. They represent an excellent resource for Peers to signpost pilots towards. Peers will need to have a good working knowledge of them, and this should be reflected in their training. It is stressed that a PPSP is not a substitute for these programmes where they are available; rather it is a portal into them:

**HIMS** (Human Intervention Monitoring System) is a specialised drug and alcohol rehabilitation programme. It has been demonstrated to be extremely effective in these addiction areas, but it was not designed for use in the mental health arena. There is some debate as to whether some mental health problems are the result of drug or alcohol addiction, or vice versa. The two areas are linked, but they are separate and as such the handling of such cases should be clearly thought through by the Oversight Committee.

Critical Incident Stress Management (CISM) requires a different and specialised form of peer support, as the stresses and reactions that are generated tend to come from a single traumatic incident. These can be very different reactions from those generated by 'life stressors', which usually build up over a period of time. CISM will need specific training and ideally qualifications. Depending on the size of the PPSP and organisation, CISM can be offered by the same PPSP or can be a separate programme.

Professional Standards (PRO STANS) is a form of intervention which focusses on professionalism within the pilot role. Members of PRO STANS groups are usually highly respected pilots who have confidential conversations with fellow pilots whose standards have been reported as not optimal. The reasons for the report may or may not fall into the sphere of a PPSP, but if such a facility exists within a country or a pilot representative body, then it makes sense for there to be a relationship between it and the PPSP. Alternatively, as the PPSP matures then it could train up such expertise within its own Peers [35].

Further information on the various programmes can be found at:

HIMS            - www.himsprogram.com
CISM            - www.icisf.org
Pro Standards   -
http://safetyforum.alpa.org/LinkClick.aspx?fileticket=KxihZ4H6XXg=&tabid=2275

## 3.3.2 Time off work to deal with immediate problems

This is an HR / Fleet Admin function, and is the most common help pathway required by pilots. A shorter 'firebreak' earlier on to deal with issues can often prevent longer periods of time off work being needed downstream.

It is important to note that a PPSP is not creating any new employment policies. All European airlines covered by the EASA legislation will have a range of employment policies designed to assist employees. These are likely to include Time Off for Dependants, Special Leave, Compassionate Leave etc. Experience has shown, however, that a large number of pilots are unaware of the help available from their companies, specifically for temporary relief from duty. A PPSP, in the shape of the Peers, is an excellent method of getting that information across and directing pilots towards existing company policies.

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[35]   For more details on the PRO-STANS when it comes to Peer Intervention, see Chapter Two Para 2.8.3

Quite how that is done will depend on the structure of the PPSP. In a smaller scale model, the relatively small numbers of Peers allows for a close relationship between them and the Fleet Admin Team (or equivalent). It is recommended that at both the initial training of the Peers and the Continual Professional Development training, a member of the Fleet Team spends some time with the Peers outlining what help is available in the company, in what circumstances, and the best method of getting it. The Peers can then advise accordingly.

In larger Foundation-type models, the large number of Peers and different companies covered by the programme mean that the Co-ordinator acts as the link between individual company policies and the Peers. The Co-ordinator will get the relevant information from the programme intranet, which is kept up to date by designated company reps.

### 3.3.3 Other (financial, relationship counselling etc.)

This is the (fairly obvious) category of every pathway to help that isn't medical or time off duty. They tend to form a minority of cases passing through a PPSP, but nevertheless Peers should be aware of what additional avenues of help are available to pilots. These typically include:

- marriage guidance services
- general counselling
- pilot-specific counselling (sometimes offered by pilot representative bodies)
- financial advice (again, often offered by pilot representative bodies as a benefit of membership)
- anger management
- gambling addiction treatment
- bullying and harassment (many companies have established bullying & harassment policies and procedures, and it makes sense to train the Peers in a basic understanding of them)

### 3.3.4  Oversight of the Output Process

When a pilot is referred down a pathway to help, it is important that there is some form of overview of the pilot's progress so that they do not get 'lost' within the system.

If a pilot goes down the medical route, the MHP will usually keep an oversight of the initial referral via the Peer. Whilst it will always be the pilot who self-refers to the relevant medical personnel, nevertheless the MHP will guide this process in the right direction. To do this, it may occasionally be necessary for the MHP to come out of the Safe Zone and liaise with the operator's medical personnel or Fleet / HR managers to provide confirmation of the pilot's requirements. This will very much depend on the structure and size of the programme, but will **always** be with the consent of the pilot.

Notice that the Peer stays away from directly helping the Pilot seek external assistance. They will, however, retain an overview of the case, whichever pathway the pilot goes down, and will stay in regular contact with the pilot as they seek help. The Peer will write the case notes up for storage and review by the Programme Lead / Co-ordinator and MHP. The point of these notes is that the Programme Lead can collate anonymised programme data for reporting back to the Oversight Committee, and the MHP can monitor individuals over a longer period of time [36]

The notes are of a basic form, with the least amount of information necessary. GDPR legislation allows anyone to see any data held on them, and Peers must be aware of this when they write up notes. It is strongly recommended that training is given in this aspect of Peer work during initial training.

More information on notes and data protection is in Chapter Two Section 2.10.

### 3.3.5 Self-Referral vs Peer Intervention
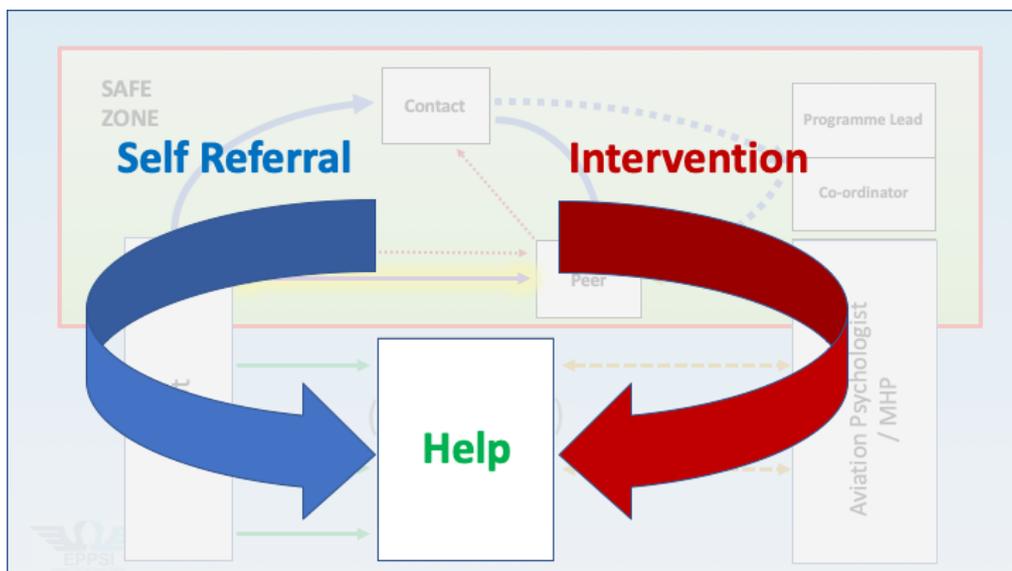


*Fig. 5 Self-referal versus intervention, both leading to help*

The ideal scenario if a pilot has a problem is for them to self-refer towards help, as per the blue arrow above. However, a PPSP must allow for the possibility that the pilot

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[36] This becomes particularly important in the case of Peer Intervention. See Chapter Three Section 3.3.6

does not admit that they have a problem which could be relevant to flight safety and action, in the form of a Peer Intervention, is required to get that pilot help (the red arrow).

For more on the philosophy behind Peer Intervention, see Chapter Two Section 2.8

### 3.3.6  Model Peer Intervention Process

The following is a suggested model. The exact mechanisms will need to be varied according to the type of programme structure chosen, as well as the availability of in-house medical provision.

**Step One - Contact with the programme from a concerned colleague or family / friend**

The concerned person makes contact with the programme in the standard fashion as detailed elsewhere. The only difference is that the contact is not about themselves (a self-referral) but about another pilot. Threat level at this stage is low.

**Step Two - First (Peer-to-Peer-to-Peer) intervention.**

The person who contacts the PPSP is the Client and the focus should be on them initially. The reasons for them contacting the programme about another pilot should be explored in detail, and appropriate support given to them. However, every encouragement should be given for them to go back to the reported pilot themselves to voice their concerns. It is likely that there is already some bond between the two of them, and the Client will have contacted the programme out of care and concern for the pilot.

The Peer can offer the Client advice on how to approach and conduct what will not be an easy conversation, along with likely reactions and how to deal with them. If the Client agrees, then this has been shown to be a highly effective form of intervention. Note that the MHP may be required to have a conversation with the Client to offer additional expert advice.

**Step Three - Escalation**

The Client may, however, not be willing to have that conversation with the reported pilot, particularly if the subject matter is of a serious nature such as substance abuse. This is entirely understandable, so the PPSP should have provision for intervention which does not involve the Client, and indeed protects the Client's anonymity when dealing with the reported pilot.

In this situation, the Peer will report the details of the conversation with the Client to the MHP, who will then make a judgement based on the report. This is an accordance with GM(3), which states that the MHP must make judgements in *"cases where information should be disclosed due to an immediate and evident safety threat and in the interest of public safety"*

The choice is whether to wait for further reports about the same individual or to take action. If the MHP decides to wait for further reports to confirm the possibility of an issue, then the case is effectively 'parked' but is not closed. This illustrates the requirement to maintain records within the PPSP in order to track cases such as these.

## Step Four - Second (Peer) intervention

If the MHP does decide to take action, then the potential threat level is raised and a Peer then makes a 'cold call' to the reported pilot. The logic behind using a Peer is that a pilot is likely to feel less threatened and more inclined to open up to a peer rather than the MHP. This is particularly the case if the pilot does not understand the PPSP properly and believes that the MHP is somehow connected with management. Additionally, using a Peer at this stage allows for the process to be escalated to the MHP level within the programme, which may be useful in breaking through the 'denial barriers' which are typical of these cases. Using the MHP for this initial 'cold call' remains an option however, especially in the early days of the programme when the Peers may lack the confidence and experience to make such a call.

Should the PPSP structure that a Peer should be used for this initial call, then they can either be:

1) the original Peer; or
2) a second Peer.

The advantage of using the original Peer is that they will already have a deep knowledge of the details of the case. If there is a concern that there could be some form of bias (tending to believe the first version of the story) then use a second Peer with a fresh pair of eyes. Whichever Peer is used, they must be fully briefed on all the facts of the original case by the MHP, along with suggestions as to how to approach the call given the circumstances of the case.

Depending on those circumstances, the Peer may make discreet inquiries amongst people the reported pilot has recently flown with, known friends etc. to build up a more complete picture of the individual before making the intervention call.

This is the hardest call a Peer is likely ever to have to make, and the support of the MHP will be vital to a successful conclusion. A variety of responses can be expected from the reported pilot, and the Peer must be briefed and trained to deal with them. The call should begin with emphasising firstly that the Peer is just a colleague (hence Peers not being either managers or pilot representative body reps) and secondly that the conversation they are having is completely confidential: no-one in the company knows that the call is taking place.

The Peer will explore the potential issue with the pilot, taking care to protect the anonymity of the Client (it is a natural reaction of a reported pilot to want the details of who has raised concerns about them). The outcome of the conversation will be one of three possibilities:

a) the pilot has a rational response to the concerns raised and the Peer is satisfied that there is no issue at play. The Peer should confirm this outcome with the MHP. The case will then be closed, but details still kept on file [37]; or

b) the pilot agrees that there is an issue and effectively self-refers into the programme. The case will then be treated as a 'normal' case as detailed above; or

c) the pilot denies that there is a problem but does not provide a rational explanation as to why their colleagues have contacted the programme. In which case, the Peer goes back to the MHP with a report of the conversation for them to make a decision whether to intervene further or to await further reports to clarify an ambiguous situation. Note that the involvement of the Peer ceases at this point [38].

## Step Four - Third (MHP) intervention

If, having talked to the Peer, the MHP judges that the threat level warrants further investigation then they will contact the pilot themselves. The theory behind this second call to the reported pilot is that Peers are not specifically trained to spot substance abuse denial, for example, but a suitably trained MHP will be. In other words, a pilot may fool a colleague over their issues, but they are unlikely to fool a professional [39]. Again, the purpose of the conversation is to ascertain if there really is a problem and if so to persuade the pilot to self-refer, as per the Step Three. If the pilot refuses, however, and the MHP determines that they represent a possible threat to flight safety, then they are justified in breaching confidentiality, immediately coming out of the Safe Zone, and escalating the process. This fulfils the requirements of the EASA regulations

If the process reaches this stage, it is considered good ethical practice for the MHP to inform the pilot that there is a possibility of their being removed from the roster and the reasons for doing so. They should also inform the pilot of the process which will be followed from that point.

## Final Step - Removal from roster

Having made the decision to come out of the Safe Zone, the MHP will consult with either the medical department of the airline or the NAA (as appropriate to the design of

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[37] This is another contentious point, but the rationale is that someone with a substance abuse issue in particular is often very good at deflecting attention and denying that there is a problem. They may convince a Peer that all is well, but a subsequent report downstream may reveal a different story.

[38] But see the example of the final attempt to persuade the pilot to self-refer as one last step. This is best done by a Peer.

[39] Some PPSPs may wish to go straight to this step rather than use Peers for the initial call.

the programme). This discussion constitutes the final check and balance to the Peer Intervention process.

It is important to remember that at this stage, the only interaction with the reported pilot has been by telephone. Clinically, this is an unsatisfactory method of diagnosis, and a face-to-face meeting may be required before the pilot is removed from the roster for further investigation. The programme should specify who carries out this meeting (if required) - it would normally be the company medical doctor or advisor, but could also be the MHP. It is recommended that a protocol is agreed between the programme and the company medical division or advisor according to the individual size and structure of the programme[40].

If it is agreed that the pilot should be called in for a face-to-face meeting before being allowed to fly again, or is likely to be removed from the roster for further investigation of a potential issue, then it is recommended that the Peer is brought back into the process and contacts the pilot to inform them of what is about to happen. This would be one last attempt to persuade the pilot to self-refer for help.

If, after all this process, it is decided that the pilot should be removed from the roster, then this will be carried out in accordance with existing airline policy. The operator is notified, usually in the form of Fleet management, that the pilot is sick until further notice. Note that medical confidentiality still applies and the reasons for the removal from the roster are not disclosed to management.

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[40]  This is in accordance with AMC (3) which states that a PPSP must have *"a referral system to an aero-medical examiner in clearly defined cases raising serious safety concerns"*.

# Chapter Four

# Ownership and Structures

## 4.1 Finance, Control and Liability

The EASA legislation states specifically that *"the operator shall enable, facilitate and ensure access"* 41 to the PPSP. What it does not state is who pays for the programme. The issue of ownership and control is a complex one, and there are no right or wrong answers. PPSPs in the USA tend to be financed and run by the pilot representative bodies; in Australia the programmes are typically jointly financed by the pilot representative bodies and the Operators and run independently of both; the Stiftung Mayday Foundation in Germany takes its funding from a variety of sources and is run as an independent Foundation; and in the UK the programmes are typically funded by the Operators and run as an independent bubble within the Flight Ops structure.

The exact funding structure will depend on the individual country or organisation and the political situation that goes with it. The important point is that all parties are comfortable with the funding arrangement and issues of ownership and control do not interfere with the trust between the workforce and the programme. When launching the PPSP, it is vital to communicate to the workforce the message that ownership does not give the right of control over the running of the programme nor access to the programme data. Stressing the independent nature of the programme reinforces this idea.

### 4.1.1 Liability

When designing a PPSP, the other issue which follows on from the question of ownership is that of liability. When drawing up the Terms of Reference for the programme, the Design Group must make it clear where the legal liability lies for the advice given and actions taken by the programme. It cannot lie with the Peers, and it must be emphasised that when they carry out their duties as part of the PPSP they are doing so either as airline employees or as part of a separate Foundation-type organisation, depending on the structure of the programme. The situation is complicated by the fact that in cases where the operator owns the programme by funding it, they are not the data controller and so are not in a position to make the day

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41 CAT.GEN.MPA.215 (a)

to day decisions required by the programme. In many PPSPs, the legal liability resulting from those decisions is taken by the MHP, as they have the clinical expertise and often the insurance. Given that the legal, and indeed insurance, implications of whatever model of PPSP is chosen will differ from nation to nation, they should be thoroughly checked during the design of the programme.

Therefore, it is strongly recommended that the Design Group seek clear legal advice when designing a PPSP and state clearly in the Terms of Reference where the liability does and does not lie. This advice should be sought early in the process, as depending on state laws this may significantly affect the design of the programme.

## 4.2  Basic PPSP Structural Models

Whilst a PPSP must contain a number of key elements (listed and explained in Chapter Two), the actual shape and design of the programme can and will vary considerably depending on the environment in which the programme will operate.

No one size will fit all, but experience of existing programmes has shown that whilst the details of individual programmes will differ, sometimes significantly, nevertheless PPSPs tend to fall into one of two basic structures:

a) A **large scale (Foundation) model** which is usually best suited for covering larger numbers of pilots, for example in a whole country, or covering a larger number of smaller airlines pooling resources.

b) A **single company or small scale model** which is best suited to an individual organisation of sufficient size and resource to run a programme by itself, or a small group of organisations which are of similar size and type, collected together within the same programme.

Given the ideal ratio of Peers to pilots served (0.5% - 1%) for training and coverage purposes, one programme should aim to serve a minimum of 200-300 pilots. Smaller operators should decide whether to join a larger Foundation type model if there is one available, or to collaborate with airlines of a similar size and operation to form their own programme. Whichever model they choose, every operator will be expected to contribute Peers to it in the form of roster release for training and potentially time off task for Peer work. They are also expected to fund the programme as appropriate and provide senior management representation on the Oversight Committee, as this will be the EASA-required link from the programme back to the operator's SMS.

A more detailed explanation of each model is below. Contacts for further information on each model can be found in Appendix A

## 4.2.1 Large Scale or Foundation model

This is generally a larger set-up with a more complex structure. Because of the number of pilots covered, roles which can be combined in smaller programmes need to be split, which in turn requires co-ordination. The larger numbers involved can allow for in-house medical professionals to be employed, as opposed to using outside agencies.

The best example of this model is the Stiftung Mayday Foundation founded in Germany in 1994. It was originally designed to cover pilots and their next-of-kin in all wellbeing areas. Substance Abuse cases are covered by company owned programs or are referred to specialised therapists and clinics who are part of the Foundation's network. CISM was implemented in 1998 and the Foundation has included flight attendants since 2004.

Since then, wellbeing and CISM have expanded to cover 9.000+ pilots from all sectors of aviation and 27.000+ flight attendants from around 12 different airlines (as of 2019). Similar models operate in France, Italy, Austria, South Africa and the USA.
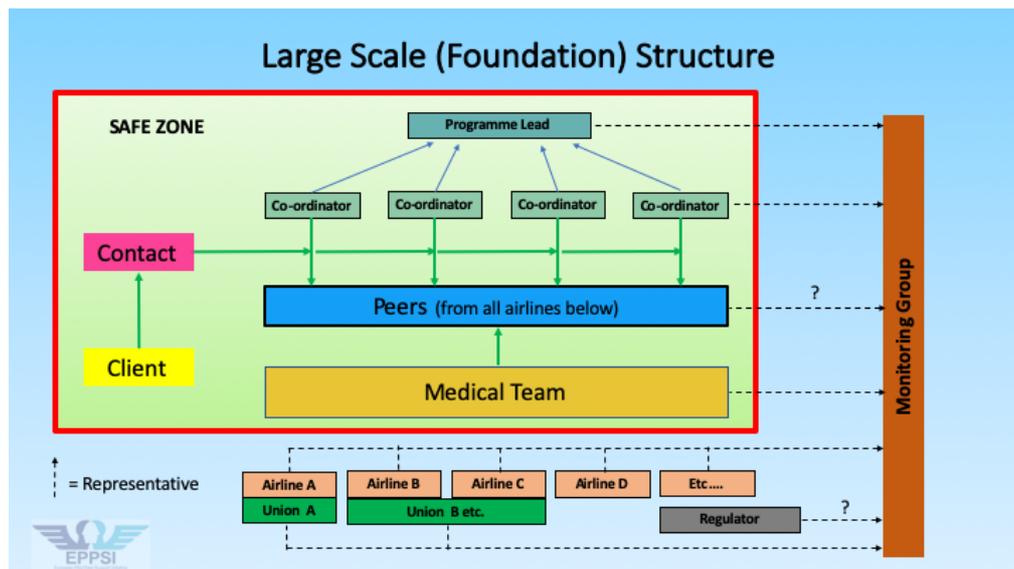
### 4.2.1.1. Key Elements of a Foundation Model



*Fig.6 Large Scale (Foundation) Model Structure*

**Programme Lead / Co-ordinator**

These roles are split due to the size and range of the programme.

**In-house psychological / AvMed provision**

The size of programmes such as Stiftung Mayday can allow for in-house provision for psychological and/or AvMed help without having to go through external agencies. This clearly expedites the process of diagnosing and providing suitable treatment, and it may even be possible to work with the NAA to allow some limited recertification of medicals in-house. Again, the role of the Co-ordinator is key here: matching up the help required to the resources available to the programme.

**Oversight Committee**

Being a Foundation, such a programme allows for multiple agencies to be part of the Oversight Committee. These typically include the airline(s), the pilot representative organisations, the Regulator, and even government if that is applicable. It is also possible to include external bodies such as the church and professional help organisations such as the Samaritans. Airline membership of the Foundation's programmes requires funding for direct programme costs only.

**Local Oversight Committee**

It is a requirement of the legislation (AMC3(b) - A support programme should be linked to the management system of the operator) that there is a direct link between the PPSP and the operator. Given the 'umbrella' nature of the Foundation model, it will be necessary if operators join such a programme to create a local Oversight Committee which analyses the (anonymised) data provided to it by the Foundation for that specific operator. The exact composition of this Committee will depend on the local stakeholders of the programme.

**Peers**

Due to the larger number of cases, a larger number of Peers is required in this model. This brings advantages but also challenges:

Advantages
- a wide variety of experience and backgrounds can be recruited, which allows for specialisation and training in fields such as critical incident and substance abuse, which provides high-quality support in these areas.

Challenges
- ensuring the Peers receive the close support of a psychologist / MHP. This is best done by organising the Peers into smaller cohorts who are trained and mentored by the same psychologist / MHP.

- co-ordinating the workload to ensure no one Peer is either under or over-used.
- harder to co-ordinate training and de-rostering.
- a Foundation model usually covers a number of organisations and bases. Since one of the fundamental principles of a PPSP is to deliver a pilot wherever possible into existing company policies to receive help, the Peer may not have that local knowledge. The programme will have to ensure that there is a system whereby the Peer can signpost the pilot to that relevant local knowledge. This role is normally undertaken by the Co-ordinator.

### 4.2.1.2 Advantages of a large scale / Foundation model

1. Easily expandable. The same central organisations structure can take on a wide variety of companies, bases, and even professions (such as cabin crew, ATC etc). The workload is harder when setting up the programme, but once that is done, future expansion is much easier.
2. Being a larger organisation, it is truly independent of any one airline which makes the job of generating trust in the programme that much easier. The anonymity of a larger programme is attractive to a pilot worried about their details getting back to their management and affecting their employment.
3. Consequently, the funding / ownership issue is more straightforward, as the programme embraces multiple agencies who in turn contribute financially. This entitles their employees to be covered by the programme and also allows them a place on the Oversight Committee.
4. The size of the programme allows for the possibility of in-house psychological and / or medical provision, thus speeding up a pilot's return to flying.
5. With multiple companies being part of the programme, the anonymised and aggregated data is spread over larger numbers. This means that the data is truly anonymous when it is reported back to the Oversight Committee and thus there are no issues of commercial confidentiality of data between companies. Note that where a Local Oversight Committee is in place, the Foundation will supply data specific to that operator that remains anonymous and impossible to identify individuals.
6. The model is long established and thus easy to replicate in a new arena.

### 4.2.1.3 Challenges of a large scale / Foundation model

1. It is large and complex, and thus harder to design and more complicated to run and administer.
2. The balance must be struck between offering the economies of scale of a national-sized programme versus the requirement for very localised help.

These programmes need careful organisation to ensure that requests for help are channelled effectively into the right places.

3. The EASA Guidance Material (GM8(a)) defines a Peer as *"a trained person who shares common professional qualifications and experience, and has encountered similar situations, problems or conditions with the person seeking assistance from a support programme. This may or may not be a person working in the same organisation as the person seeking assistance from the support programme."* In a larger programme which covers many disciplines and companies, this will be harder to achieve. Care must be taken in the design of the programme and particularly the recruitment and organisation of Peer cohorts to ensure that when someone requests help and a conversation with a Peer then that Peer fits the EASA recommendations, otherwise the effectiveness of the programme may be significantly reduced.

## 4.2.2 Single Company or Small Scale model

This type of programme is best suited for a single firm which is large enough to have sufficient resources to run its own programme. It is also suitable for a small number of similar airlines, perhaps in an airline group, who combine to share resources.

Such programmes have simpler structures than Foundation programmes. They are compact, and can be tailored specifically to the idiosyncrasies of the particular airline. The Peers and the MHP work as a close team.

It is also possible to combine the roles of Programme Lead, Co-ordinator and MHP if the programme is small enough and the case numbers low enough to be manageable by one person.

This programme model was developed by BALPA and British Airways and was launched in 2017.

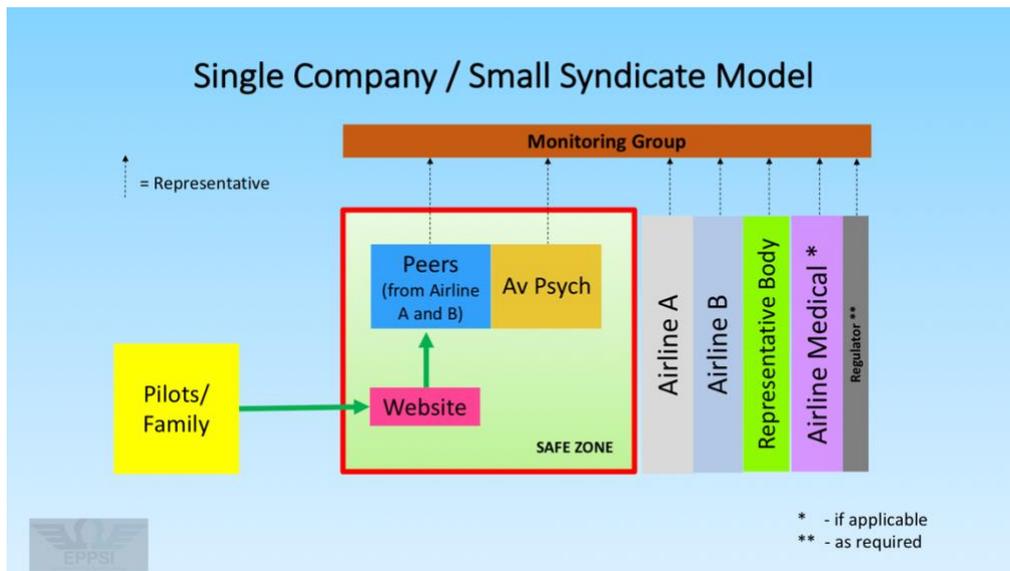### 4.2.2.1. Key Elements of a Single Company / Small Scale model



*Fig.7 Single Company / Small Scale model structure*

**Mental Health Professional**

In this PPSP model, the programme is very much run by the above, who is ideally an aviation psychologist. Once recruited by the Oversight Committee, they organise the recruitment, selection and training of the Peers and run the programme on a day to day basis. They mentor the Peers throughout their contact with pilots on individual cases, carry out Continual Professional Development training for the Peers ideally at least three times a year and monitor the data and reports to identify 'problem' individuals causing concerns. It will be they who make the decision as to whether to intervene or not (see Chapter Three Section 3.3.6) and as such will usually assume the legal liability for the programme.

They will also be responsible for collating the anonymised and aggregated data from the programme and presenting it to the Oversight Committee.

**Programme Lead/ Co-ordinator**

An MHP may not have the necessary managerial or administrative skills to run a programme. In which case, a separate Programme Lead / Co-ordinator can be used. They will often be part of the same company which tenders for the work from the airline.

**Oversight Committee**

Because the programme is more straightforward in construction, the Oversight Committee is easier to define and is smaller. There should be representatives from the

operator(s), pilot representative body, Peers, the MHP and Programme Lead (if applicable), as well as from the company health department if one exists.

**Technology**

This type of programme was developed relatively recently and so uses website and even App technology as the portal to entry into the programme. See Chapter Three Section 3.1.2 for details.

## 4.2.2.2. Advantages of a Single Company or Small Scale model

1. They are relatively easy to set up. The template remains broadly similar from company to company, and so can almost be bought 'off the shelf'
2. Being single company or group specific, the training of the Peers can be very targeted. A strong relationship can be built between the Peers and both the Fleet Admin (HR) department and the Medical department, if one exists. A large percentage of pilots are unaware of the help available to them via company policies, and the nature of this model allows the Peers to direct pilots very effectively towards existing help mechanisms and individual managers if appropriate.
3. Being a smaller programme, the relationship between the Peers and the MHP is very close. Thus the Peer can access expert advice rapidly via this close relationship with the MHP [42]. It is important to clarify in the design of any programme using this model that the Client does not speak to the MHP directly. If professional help is required then it is procured via existing company procedures (see Chapter Three Section 3.3.2).
4. Smaller airlines can combine to form a small group and thus provide a critical mass of Peers who can act as a cohort in an identical way to a large company. Peers from one company are able to talk to any pilot from any company within the group, as the working environment should be broadly similar. They will train together, and so will get to know the Peers from other companies and can then direct them towards that local expertise as required. If this set-up is used, whatever contact method is employed should offer the Client the option of talking to either a Peer from their own company or specifically NOT from their own company. This is of particular importance for smaller companies, as a pilot contacting the programme might not feel comfortable talking about sensitive personal issues with someone they probably already know.

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[42] Note: in a larger Foundation-type model, that advice tends to come in the first instance from the Co-ordinator. The MHP provides more specialised advice as required.

5. All the marketing and SMS recommendations from the Oversight Committee are very specific to the company or companies, because the data only comes from those sources.

### 4.2.2.3 Challenges of a Single Company or Small Scale model

1. This model of programme only works if the airline is of sufficient size to be able to provide sufficient Peers to make a viable cohort. This is usually a minimum of 5 or 6 and so using the rough formula of one Peer per 0.5% - 1% of the pilot numbers within a company, the company will need to have a minimum of around 200-300 pilots to make this model viable for a single company. It would not be as suitable, for example, in the case of a single country deciding to have one programme covering all its pilots.

2. The model does work well for a group of a small number of similar companies who can combine to provide enough Peers to create a cohort. This does introduce a degree of complexity in the design and running of the programme, however, which should be borne in mind. Release of Peers for training will need to be co-ordinated, for example [43].

3. This also raises the issue of commercial confidentiality. There will inevitably be a sharing of what could be construed as commercially sensitive information at both the Peer to pilot level and also the Oversight Committee, as there will be representatives from each of the operators on that body. This will naturally cause some nervousness amongst the operators, and so it is vital that the boundaries of confidentiality of such information are clearly laid out in the Terms of Reference.

4. As the programme is more closely attached to a single company or group of companies, the Oversight Committee will have to work harder to overcome the perception amongst the workforce that the PPSP is a "company" programme and not truly independent

[43] Which is also true for Foundation-type models.

# Chapter Five

# How to Set Up a PPSP

This is a suggested step-by-step guide as to the practical measures needed to get a PPSP designed and launched. It has been used successfully in other programmes, but is by no means the only method and it is expected that operators will adapt the process to suit their own situation.

The key element is collaborative working, and this is highlighted in the EASA regulations:

*A support programme is a proactive programme applying the principles of 'just culture' as defined in Regulation (EU) No 376/2014, whereby senior management of the operator, mental health professionals, trained peers, where available, and in many cases representative organisations of crew members work together to enable self-declaration, referral, advice, counselling and/or treatment , where necessary, in case of a decrease in medical fitness.*

GM1(a) CAT.GEN.MPA.215

EPPSI stresses that whilst the above does not mandate the involvement of pilot representative bodies in the design and running of PPSPs, there are two reasons why we believe their involvement is vital: firstly, the wording above throws the onus on an operator to explain why they are not involving the pilot representative bodies if they are available; and secondly the successful uptake of the programme will depend on the trust it is held in by the workforce. If they perceive that their representatives are being shut out of the process then they will naturally be suspicious as to why. Established and successful programmes in Australia and America are often union owned and run in collaboration with employers. Whilst it is a different regulatory environment in Europe, nevertheless the evidence from programmes already operating in Europe points to a strong correlation between efficacy (in terms of the numbers contacting the programme) and the active involvement of the representative organisations.

## 5.1 The Steps to Designing and launching a PPSP

These are:

I. Create a Design Group of key stakeholders. Set a fixed timeline to agree the design of the programme and agree the actual Terms of Reference
II. Recruit the MHP(s) and Programme Leads / Co-ordinators
III. Recruit and train the Peers (plus designing the contact interface)
IV. Establish the Oversight Committee
V. Initiate a 'soft' launch
VI. Once the idea is established with the workforce, initiate a 'hard' launch
VII. Set in place a timetable for regular CPD of the Peers

These steps are expanded on below:

## 5.2  Design Group

This will be comprised of most of the key stakeholders in the PPSP. It will be similar in composition to the eventual Oversight Committee, but with a few differences highlighted below.

### 5.2.1 Objective and Role

The objective of the Group is to agree on the design of the programme and how it should be run, capturing this within Terms of Reference. Once they are agreed, the Group will:

- recruit the MHP and independent firm, in the form of a Programme Lead, to run the programme on a day to day basis,
- agree the constitution of the Oversight Committee; and
- approve the final list of Peers presented by the MHP.

The Group should also come up with a name for the programme!

### 5.2.2  Composition

The Design Group should be made up of representatives from:

- senior Flight Ops Management
- airline medical personnel (if appropriate)
- pilot representative bodies
- HR and / or Fleet Admin
- Legal (as required)

HR, Admin and Legal are unlikely to be part of the Oversight Committee, but their input is necessary at the design stage to ensure that firstly the pathway to administrative help (eg. temporary time off to deal with issues) is clearly laid out and understood by all parties; and secondly that the legal aspects of the programme are clearly defined. These specifically revolve around ownership, liability and responsibility, and their exact nature will depend on the legal climate of the country involved.

### 5.2.3 Timeframe

The Design Group should aim to do its work within a fixed and as short a timeframe as possible, with a maximum 6 months. It should meet regularly, allowing time between meetings for specific issues to be resolved within the company structure.

### 5.2.4  Draft Terms of Reference

Model Terms of Reference documents can be found in Appendix B

### 5.2.5  Note on Disciplinary Action

What happens if a pilot contacts the programme and admits to having done something which would constitute a disciplinary offence?

This issue should be discussed and agreed as part of the Terms of Reference, as standard corporate practice is often to refer any such incident that comes to light in the normal course of events to disciplinary action. This cannot happen within the Safe Zone PPSP structure. Trust in the programme will evaporate if it became known that any past 'offence' talked about with a Peer results in disciplinary action. Conversations with Peers must remain confidential and that confidentiality can only be breached in certain clearly defined circumstances (see Chapter One Section 1.6.3). Any offence which was not reported to the company at the time must remain in the past.

Having said that, it is worth considering a form of words which does not allow contact with the programme to be a 'get out of jail free' card if an offence is committed and the pilot immediately contacts the programme.

## 5.3 Recruiting the Mental Health Professional and Programme Lead / Co-ordinator(s)

Quite how the Terms of Reference Group goes about recruiting the above will depend very much on the type of structure chosen to suit the particular setup. For a larger Foundation type programme, these roles will probably be separate but may be part of a single Independent Healthcare Provider. In smaller programmes, one person may fulfil all of these roles.

In terms of recruiting the administrative side of the programme, the Group should look for someone who has experience of running some form of assist programme, who preferably has a psychological background and who has proven abilities firstly in handling sensitive personal information and secondly preparing and analysing data for presentation to the Oversight Committee.

For details of the requirements for the MHP see Chapter Two Section 2.3, and for the Programme Lead / Co-ordinator see Chapter Two Section 2.4.

## 5.4  Recruiting and Training Suitable Peers (plus developing the contact interface)

Given that the MHP will be running the team of Peers, they should take the lead in recruiting the Peers. This should, however, be done in conjunction with the Design Group as a 'sense check', as detailed below.

Peers are the visible interface between pilots and the programme, and it is vital that the best possible people are chosen for the role. Indeed, the success or failure of the programme can depend on the quality of Peer and their reputation within the pilot community.

Accordingly, this section goes into some detail as to recommended methods of recruiting and training Peers:

I.      Competencies required in a Peer
II.     Possible methods of advertising and selection
III.    Potential pitfalls to avoid when recruiting Peers
IV.     Minimum syllabus for initial Peer training

It will realistically take up to 6 months to complete the recruitment and training section of this process, depending on the time of year. The Programme Lead can use this time to develop the contact mechanism for the programme.

### 5.4.1 Competencies required in Peers

Qualities which should be looked for when recruiting Peers are:
- care for / desire to help colleagues;
- the ability to be a confidante and a friendly ear to those who reach out for help;
- empathy, compassion;
- highly discreet and respectful of confidentiality;
- good listening and interviewing skills (listening encouraging, questioning, paraphrasing, summarizing, etc.);
- an ability not to accept something on face value; a wish to understand others;

- the ability to differentiate between a denial and a genuine explanation;
- the ability to piece together a clear picture from different bits of information, about the client's situation, problem and motives; about their fitness to operate; about the safety of the operation;
- being non-judgemental ethically;
- the ability to tolerate, understand and cope with emotions of others (frustration, anxiety, anger, sadness, etc.);
- the ability to accept an adverse reaction to a conversation and understand rather than reacting to it; not take things personally;
- knowing their own limitations and asking for help where necessary; a willingness to consult where there is doubt;
- being prepared to pursue cases in their own time;
- a desire to learn and improve by reading round the subject and sharing experiences with fellow Peers.

This list is for guidance only. The culture of the country and company are very likely to be factors in the type of Peer recruited.

The job is a challenging one, and Peers will be expected to take an interest in the subject and read widely to expand their knowledge of the subject, under the guidance of the MHP. Expertise will take some time to develop, thus it is expected that once selected and successfully trained, the Peers will stay in post for the long term. This should be made clear in the recruitment material.

## 5.4.2 Possible Methods of advertising and selection

As the MHP will be leading this, they will inevitably have their own methods of recruitment. It is strongly recommended, however, that the senior Flight Ops management and pilot representatives of the Design Group assist in the interviewing process and preparing of the 'short list' for presentation to the Group. This should prevent any of the 'known names' making it through the selection process (see also C) below.

A typical recruitment method is to place a job advertisement in the usual company channels which invites applicants to submit short essays on relevant topics. Examples might include:

- What are the qualities you think you will bring to the Peer job?
- Have you ever assisted someone through a major crisis in their lives? What exactly did you do?
- What do you think are the potential benefits and threats of a PPSP?
- Have you ever suffered a significant trauma in your life and how did you deal with it?

Depending on the number of applicants, an interview short list should be drawn up. The MHP will then conduct the interviews and make their final recommendations to the Design Group.

One very interesting alternative recruitment method was used successfully at CargoLux in Luxembourg. A poll was issued amongst their pilots describing the Peer job and asking for nominations for who amongst the community they would wish to see doing such a job. The Design Group had decided on the size of the interview short list and allocated 50% of those places to those pilots topping the poll (if they wished to be considered). The other 50% were filled from the standard recruitment method above, and then all candidates were interviewed equally for the final positions.

This method is most likely to work in relatively smaller airlines where most pilots know each other, but if this is the case then EPPSI recommends it because of the sense of involvement of the pilot community in the programme from an early stage.

### 5.4.3  Potential pitfalls to avoid when recruiting Peers

Experience has shown that there are a small number of candidates that should be avoided when recruiting Peers:

1.  poor reputation on the line. Every airline will have pilots who appear to be well qualified on paper but who have a poor reputation amongst fellow pilots for various reasons. The MHP is unlikely to know who these characters are, hence the Design Group having an important role to play in the recruitment process, both advising the MHP on applications, assisting in the recruitment process, and also in approving the final shortlist of applicants. The general rule in this area is that if the pilot's reputation is "there is no way I'd tell him / her anything" then they are probably the wrong person for the role.

2.  the perception of being too close to management. Along the same lines, certain individuals may be perceived on the line as very close to management and thus the suspicion is that anything told to them 'in confidence' will end up getting back to management. This will almost certainly not be the case in reality - and confidentiality will always be maintained according to the guidelines of the programme - but the perception could be damaging to the reputation and take-up of the programme.

3.  pilots recovering from their own issues. Pilots on the road to recovery from their own mental health issues are often tempted to apply for the role of Peer as part of their own recovery. Whilst this may be appropriate in some circumstances, care should be taken when recruiting such individuals as they

may not have the mental resilience to be able to deal with the wide range of issues a Peer is expected to face[44].

4. pilots seeking to control their rosters via PPSP work. Such individuals would be doing the work for the wrong reasons. One solution to this is to make the Peer role voluntary, except for training (see Chapter Two Para 2.2.4).

5. pilots with a negative personal record within the airline or operator. Clearly, this must be open to some degree of interpretation. For example, a pilot who has struggled with performance issues but has overcome them could be construed as having a negative personal file, yet they could make an outstanding Peer. The general rule is that Peers must be respected pilots within the community, and anything on their record which diminishes that respect should be taken into account during selection.

### 5.4.4 Minimum Syllabus for Initial Peer Training

All training is organised and conducted by the MHP. Peers must be derostered for such activity, and should be credited for it.

In terms of the initial training, this is a specialised and rapidly-developing area. Guidance can be sought from EPPSI (www.eppsi.eu), EAAP (www.eaap.net) and Stiftung Mayday (Stiftung-Mayday.de/en). This training should be for a minimum of three days and should cover as a minimum:

- an overview of the most common psychological issues amongst pilots
- the difference between psychology and psychiatry
- basic listening and counselling skills
- how to deal with people who are in crisis (note: national characteristics are very important in this area)
- how to structure a peer support call, specifically how to start and end it
- confidentiality (including signing the Peer Confidentiality Agreement)
- boundaries (practical as well as emotional - how to look after yourself)
- how the relationship with the programme MHP and Co-ordinator works in practice
- external pathways to help for the airline(s) covered [45]

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[44]   Note that this is a different philosophy from the HIMS drug and alcohol programme.

[45]   As one of the primary roles of the Peer is to signpost the pilot contacting the programme towards appropriate help, it is desirable wherever possible that Peers are trained in the various pathways to help and programmes available within the companies they serve. It may be helpful for representatives from these departments / programmes being part of both the initial and CPD training (see Chapter Two Para 2.2.2 for CPD training) where appropriate.

- the difficulties of offering support over the phone with no visual clues as to behaviour or state of mind
- role playing in order to practice call techniques
- how to conclude a case

For larger Foundation-type structures, this will be more complicated as the programme can potentially serve a number of airlines or bases, each with personnel who can change regularly. This is where the Co-ordinator comes into play, as the Peer should liaise with them once the appropriate Pathway to Help has been established. One of the roles of the Co-ordinator is to maintain a contact list of key personnel within the airlines / bases served by the programme, so part of the Peer training should be how to access that information.

## 5.5  Establish the Oversight Committee

This is a relatively easy step, given that the core of this committee should already have been functioning for some time as the Design Group.

By this stage, the MHP and Programme Lead, as well as the Peers, should have been recruited and so can be added to the constitution of the Oversight Committee. This should now have representatives from:

- senior Flight Ops management
- pilot representative organisations
- airline medical department (or contracted-out service)
- the Mental Health Professional
- Programme Lead/ Co-ordinator
- the Peer Group (this can be a permanent role or rotating)

It is also possible to invite representatives from the NAA to attend periodically to keep them informed as to activity within the programme. Other possible occasional attendees may include a representative from the Diversity Department, if the airline has one, and the airline Press Office who can market stories highlighting the work of the programme to the wider airline. This will greatly assist in raising awareness of the programme and promoting it.

The Oversight Committee should arrange to meet quarterly, or at least three times a year.

## 5.6  Soft launch

As soon as all the various elements are in place and the Peers have completed their initial training, the Oversight Committee should launch the programme.

In the best traditions of under-promising and over-delivering, it is recommended that this soft launch in very understated, perhaps simply a notice from Flight Ops backed up by a newsletter article from the pilot representative organisation(s). This is very much a 'proof of concept' phase, and the reaction of the workforce, positive or negative, should be noted by the Oversight Committee and the 'hard' launch modified accordingly.

It is also recommended that the Oversight Committee use this period to run an education programme about the PPSP amongst the various departments in the airline (and employee representative organisations, if applicable) who need to know about it. These would typically include the full Fleet Admin team, Operational Managers, Safety Department, and the Training Department.

The latter is definitely recommended, as training pilots are often those who pick up on deteriorating mental wellbeing during simulator training and are an excellent signpost into the programme. However, whilst there is no doubt that poor mental wellbeing leads to poor performance in the sim, identifying the difference between this scenario and poor performance because of poor ability is not always straightforward. This is a 'live' issue in the peer support world and one that is very worthy of debate within any airline. Experience from other programmes has shown that operators will benefit from a robust discussion between the Oversight Committee, Training department and pilot representative bodies regarding the relationship between poor performance and mental wellbeing, and how to handle it.

## 5.7  Hard launch

After a suitable period of time - usually around 6 months - the Oversight Committee should formally 'hard' launch the programme.

Each operator will have its own methods of communicating new initiatives, and the Oversight Committee will naturally key into those. However, the launch of a PPSP is a major event which needs to attract attention. Suggested methods for doing so are:

- physically write to all pilots. Virtually all communications from companies to pilots are now done by e-mail, so there is already a 'difference' factor in receiving a letter through the post with the company logo on it. That in itself should help get it noticed.
- the letter could include a joint document of support co-signed by senior management and representative body officials; a description of the programme

and its purpose; perhaps photographs of the Peers (to show the human face behind the programme); credit card-sized inserts for wallets, or fridge magnets; and if at all possible, an anonymous testimony from a pilot in the company who has suffered from mental wellbeing issues and come through them.

- a short road show campaign in crew rooms, possibly with marketing material with the contact number of website address on pens, flyers, etc.
- if the organisation has sufficient resources, an explanatory video with endorsements from the CEO downwards has proved to be very effective. These are placed on the programme website with links promulgated widely. Good examples of such videos can be found at:
- www.speedbirdpan.com (British Airways)
- www.youtube.com/watch?v=-xKxlCplgyk&feature=youtu.be(American Airlines Project Wingman)
- www.youtube.com/watch?v=F5VDQIR4Sts for the ALPA-I Pilot Peer Support Programme.

## 5.8  Establishing Continual Professional Development (CPD) for Peers

The Oversight Committee should set up a regular timetable for CPD training for the Peers. This is a vital part of their development and ideally should happen at least once a year, for which the Peers are derostered. It is recommended by EASA (GM3(c)). This training is again run by the MHP and is a method firstly of sharing experiences and best practice from the cases Peers have dealt with since the last meeting, and also expanding the Peers' knowledge of other avenues of help available to pilots. It is also an opportunity for continuing the relationship between the Peers and the Fleet Admin managers [46], who can keep the Peers up to date on the latest employment law changes and policies available within the airline, as well as with aviation / airline medical personnel.

## 5.9  Note on Potential Barriers to a Successful Introduction

The EASA Taskforce report notes that many airlines and organisations have set up successful PPSPs. It does, however, note a number of barriers to the successful introduction of a PPSP:

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[46]    If appropriate to the structure of the programme

- There must be mutual trust in the programme from pilots and also management
- Pilots need to be assured that mental wellbeing issues will not be stigmatised
- Pilot concerns must be handled confidentially and appropriately
- Pilots raising concerns about their mental wellbeing must be well-supported with the primary aim of returning them to the flight deck as soon as possible
- Organisations must work to integrate these programmes into their daily ways of operating.

This list may be useful to the Oversight Committee when they are determining their marketing strategy for the hard launch of the programme.

# Chapter Six

## The European Legislation and Notes

The purpose of this section of the Guide, is twofold:

1.  be a reference to the actual EASA wording
2.  provide explanatory notes and references to the relevant sections in the Guide in order to provide suggested practical applications of the EASA intent.

Many of the AMCs and GMs have already been quoted and referenced as part of this Guide. Where this is the case, the reference to the Guide section is included.

Within the CAT.GEN.MPA 215 there are a number of topics which are repeated in different places (such as the requirement for robust data protection procedures) but there are a few clauses hidden away which have potentially significant implications for operators and for the Oversight Committee of the programme. One example would be the EASA recommendation for operators to "pay attention" to a number of items including extending loss of licence insurance. These clauses are <mark>highlighted</mark>.

## 6.1 The Legislation

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### CAT.GEN.MPA.215 (a)

*The operator shall enable, facilitate and ensure access to a proactive and non-punitive programme that will assist and support flight crew in recognising, coping with, and overcoming any problem which might negatively affect their ability to safely exercise the privileges of their licence. Such access shall be made available to all flight crew.*

### CAT.GEN.MPA.215 (b)

*Without prejudice to applicable national legislation on the protection of individuals with regard to the processing of personal data and on the free movement of such data, the protection of the confidentiality of data shall be a precondition for an effective support programme as it encourages the use of such a programme and ensures its integrity.*

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See Chapter One Section 1.3.

## 6.2  The AMCs

### 6.2.1. AMC1 CAT.GEN.MPA.215 Support programme

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PRINCIPLES GOVERNING A SUPPORT PROGRAMME
*Access to a support programme should:*
*a) enable self-declaration or referral in case of a decrease in a flight crew member's medical fitness with an emphasis on prevention and early support;*
*b) if appropriate, allow the flight crew member to receive temporary relief from flight duties and be referred to professional advice.*

</div>

These principles are examined in Chapter Two Section 2.5.

## 6.2.2 AMC2 CAT.GEN.MPA.215 Support programme

> CONFIDENTIALITY AND PROTECTION OF DATA
>
> *(a) Personal data of flight crew who are enrolled in a support programme should be handled in a confidential, non-stigmatising, and safe environment.*

See Chapter Two Section 2.10 on data responsibilities.

> *(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.*

This is very much a core value of any PPSP and is referred to frequently throughout this Guide

> *(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.*

This is dealt with in the section describing the Oversight Committee. It is the Regulatory requirement for the operator to have no access to sensitive personal data within the programme.

> *(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.*

This is the justification for the Peer Intervention process which breaks the confidentiality arrangements laid out in Chapter Two Para 2.8.2. "Serious safety concern" is the equivalence of threat to self or threat to others, the standard medical justifications for breaching confidentiality.

## 6.2.3  AMC3 CAT.GEN.MPA.215 Support programme

ELEMENTS OF A SUPPORT PROGRAMME

(a)   A support programme should contain as a minimum the following elements:

*(1) procedures including education of flight crew regarding self-awareness and facilitation of self-referral;*

This is dealt with under the section dealing with the roles and responsibilities of the Oversight Committee.

*(2) assistance provided by professionals, including mental and psychological health professionals with relevant knowledge of the aviation environment*

This is the medical pathway to help described in  Chapter Three Section 3.3.

*(3) the involvement of trained peers, where trained peers are available*

See Chapter Two Section 2.2  for a description and the role of Peers.

*(4) monitoring of the efficiency of the programme;*

As above, this is a responsibility of the Oversight Committee.

*(5) monitoring and support of the process of returning to work;*

This is actually one of the roles of the Peer, acting under the guidance of the psychologist /MHP (see Chapter Three Section 3.3.4). The Peer maintains an overview of an individual case through regular contact with the pilot. Note that this is their only access to information about a case, which preserves the principles of confidentiality.

*(6) management of risks resulting from fear of loss of licence;*

On a personal level concerning an individual pilot, this is primarily a responsibility of the operator's medical personnel or contracted service, though the handling Peer will have a part to play in mitigating anxiety about loss of licence.
On a wider programme level, the Oversight Committee has the role of addressing the fear of loss of licence amongst the pilot workforce as part of its education programme.

> *(7) a referral system to an aero-medical examiner in clearly defined cases raising serious safety concerns*

This is Peer Intervention, as described in Chapter Two Section 2.8  and  Chapter Three Section 3.3.5.

> b) A support programme should be linked to the management system of the operator, provided that data is used for purposes of safety management and is anonymised and aggregated to ensure confidentiality.

This is the Oversight Committee.

## 6.2.4. AMC4 CAT.GEN.MPA.215 Support programme

> TRAINING AND AWARENESS
> *(a) The operator should promote access to the support programme for all flight crew members.*

See Chapter Two Section 2.9.

> *(b) Professionals, including mental health professionals, as well as peers, where trained peers are available, that are involved in the support programme, should receive initial and recurrent training related to their role and function within the support programme.*

See Chapter Five Section 5.4 for training of the Peers. Training of Mental Health Professionals is an interesting area with much work currently being done to address the shortage of suitably qualified psychologists and MHPs in the field of aviation psychology. It is recommended that advice is sought in this area from EPPSI and or EAAP (www.eaap.net).

## 6.3 The GMs

### 6.3.1  GM1 CAT.GEN.MPA.215 Support programme

**SUPPORT PROGRAMME**

> *(a) A support programme is a proactive programme applying the principles of 'just culture' as defined in Regulation (EU) No 376/2014, whereby senior management of the operator, mental health professionals, trained peers, where available, and in many cases representative organisations of crew members work together to enable self-declaration, referral, advice, counselling and/or treatment , where necessary, in case of a decrease in medical fitness.*

This is the part of the regulation which refers firstly to the principles of Just Culture being applied to PPSPs, and secondly encouraging a collaborative approach to the design and running of the programme. The reference here to "representative organisations of crew members" means in the most part pilot trade union associations, but it can also mean other forms of pilot representative bodies. The key point is that whatever the arrangement for pilot representation in an organisation then that body should be involved in the PPSP.

Note that the phrase "a decrease in medical fitness" mirrors the phrase used in the actual legislation: "the ability to safely exercise the privileges of their licence".

> *b) The support programme should be easily accessible for crew members, and should provide adequate means of support at the earliest stages.*

These requirements are covered in Chapter Two Section 2.5 and Chapter Three Section 3.3.

### 6.3.2.   GM2 CAT.GEN.MPA.215 Support programme

**FACILITATION OF TRUST IN THE SUPPORT PROGRAMME**

This is the longest section of the AMCs and GMs, which demonstrates the importance EASA places on the subject. In itself, this GM represents a comprehensive description of what a PPSP is, and if an operator addresses each of the points listed below then they will be well on the way to having a successful programme. Conversely, is any of these elements are not present then the chances of success are proportionally diminished.

> Essential trust between management and crew is the foundation for a successful support programme. This trust can be facilitated by:
>
> *(a) establishing a platform for multi-stakeholder participation and partnership in the governance process, involving flight crew representatives from one or more operator, representatives of the relevant operator and, possibly, representatives of the competent authority;*

This refers to the Oversight Committee structure (Chapter Five Section 5.5). Note that the multi-airline structure is catered for here.

> *(b) participation of the representatives of those personnel covered by the support programme in the design, implementation and operation of the support programme;*

Echoing GM1(a) in strongly recommending the participation of pilot representative bodies in the design and implementation of the PPSP. Note, however, that EASA explicitly allows for the PPSP to be run by the representative organisation. There are clear advantages in this approach, and indeed this is the PPSP model commonly followed in the USA. The workforce are more likely to trust the programme if they feel that the representative body is running it. There are, however, potential legal difficulties with a representative body involved with the operation of the programme on a daily basis (see Chapter Four Section 4.1). Safer territory is to interpret "operation" as the functioning of the Oversight Committee.

> *(c) a formal agreement between management and crew, identifying the procedures for the use of data, its protection and confidentiality;*

It is not immediately obvious how such an agreement could be achieved in practice. The only place for a formal agreement between "management and crew" is the Terms of Reference document, which is the first step in creating a PPSP. It would be logical to include a section on data protection in this document. Such an agreement would also formalise that management (and pilot representative bodies) have no access to individual data, something which can be marketed to the workforce to increase confidence in the independence of the programme.

For more detail on data responsibilities, see Chapter Two Section 2.10

> *(d) clear and unambiguous provisions on data protection;*

See above.

> *(e) senior management's demonstrated commitment to promote a proactive safety*

It is to be hoped that every European airline covered by this legislation would have a demonstrated commitment to a proactive safety culture. It is an interesting argument as to whether a successful PPSP can encourage a proactive safety culture within an airline if one doesn't exist.

> *(f) a non-punitive operator policy that also covers the support programme;*

An airline's SMS should outline the principles of being non-punitive. Again, if it doesn't then a PPSP can be used as a living example of how beneficial a non-punitive approach can be.

> *(g) support programme management by staff either established within the operator or under the authority of a separate independent organisation;*

Although EASA are allowing for the possibility of the PPSP being managed on a daily basis by airline personnel, EPPSI recommends that this is done by the 'separate independent organisation', as this is more likely to engender trust in the programme.

> *(h) involvement of persons with appropriate expertise when advising crews (for example, pilot peers with similar cultural backgrounds and professional staff with appropriate medical training in e.g. psychology, etc.);*

This is another statement of the requirement to use Peers and a suitably qualified psychologist or MHP.

> *(i) a well-structured system to protect the confidentiality of personal data; and*
> *This should be written into the Terms of Reference (see above)*
> *(j) an efficient communication system that promotes the benefits of the support programme, such as its positive impacts, temporary relief from duties without fear of dismissal, management of risks resulting from fear of loss of licence.*

This falls under the communications responsibilities of the Oversight Committee (see Chapter Two Section 2.7)

### 6.3.3  GM3 CAT.GEN.MPA.215 Support programme

**TRAINING AND AWARENESS**

This GM is split into three sections, and references are given where appropriate.

(a) When promoting the benefits of the support programme, the operator should stress at least the following elements of the programme:

(1) positive impacts of a support programme;

(2) awareness of job stressors and life stressors — mental fitness and mental health;

(3) coping strategies;

(4) potential effects of psychoactive substances and their use or misuse;

(5) medication use (prescribed and over-the-counter medication) to ensure the safe exercise of the privileges of the licence whilst taking medication;

(6) early recognition of mental unfitness;

(7) principles and availability of a support programme; and

(8) data protection and confidentiality principles.

All of these points should form the basis of the regular communication cycle from the Oversight Committee to the workforce. This actually represents a useful checklist for the Oversight Committee to work through over time.

(b) Mental health professionals involved in the support programme should be trained on:

(1) psychological first aid;

(2) applicable legal requirements regarding data protection; and

(3) cases where information should be disclosed due to an immediate and evident safety threat and in the interest of public safety.

This section sets out the minimum qualifications for MHPs involved in PPSPs. Note the specific requirement for there to be some form of training on how an Peer Intervention case should be handled. There is no definitive guidance on how to train point (3) above, but it is recommended that operators use Chapter Four Point 7 (Peer Intervention) along with country-specific examples from the medical profession on guidance on confidentiality and when (and how) it is permissible to breach it.

This lays down the EASA recommendation that Peers are suitably trained in a minimum of Psychological First Aid, but also that they receive Continual Professional Development (see Chapter Five Section 5.8)

### 6.3.4 GM4 CAT.GEN.MPA.215 Support programme

**ADDITIONAL ELEMENTS CONTRIBUTING TO A SUPPORT PROGRAMME**

Another reference to data protection procedures (which should be in the programme Terms of Reference)

See Chapter Five Section 5.4

This is an interesting recommendation buried deep within the legislation. The first point to make is that it is extremely unlikely that a pilot who seeks help for mental health problems will lose their licence permanently. What data there is worldwide indicates that this happens to fewer than 1% of pilots who have their licences temporary removed for mental health reasons.

The second point is a wider one around what Loss of Licence provisions an airline has. The implications of loss of licence cover are expanded in para (d) below, but this paragraph deals with the possibility of a suitable ground-based alternative employment for a pilot who loses their medical. Most European airlines will (or should) already have some sort of provision for this in their employment policies, so a link into those policies

*(d) limitation of the financial consequences of a loss of licence, for example through extending loss of licence coverage.*

The clear implication of this clause is that a discussion should be had, presumably between management and representative bodies, concerning levels of loss of licence coverage provided by the operator. This is potentially a very big industrial issue, and both sides should be prepared for the consequences of this clause.

### 6.3.5  GM5 CAT.GEN.MPA.215 Support programme

**POSSIBILITY TO CONTRACT THE ESTABLISHMENT OF A SUPPORT PROGRAMME TO A THIRD PARTY**

*The operator may contract the establishment of a support programme to a third party. For a smaller-sized operator, the synergies created by a third-party support programme can be beneficial and in some cases may provide the only feasible option to ensure access to a support programme or to ensure availability of trained peers.*

It should be clear from this Guide that EPPSI recommends every PPSP is run by a third party.

EASA here is making provision for smaller operators (who actually make up the majority of AOC holders within Europe) who do not have the size or resources to establish a programme of their own. This Guide offers options to cover this scenario in the section on possible structural models for PPSPs (Chapter Four Section 4.2).

### 6.3.6. GM6 CAT.GEN.MPA.215 Support programme

**OBLIGATION TO SEEK AERO-MEDICAL ADVICE IN CASE OF A DECREASE IN MEDICAL FITNESS**

> *Joining a support programme does not remove the flight crew member's obligation to seek aero-medical advice in case of a decrease in medical fitness in accordance with MED.A.020 of Regulation (EU) No 1178/2011.*

This may seem a statement of the obvious, but it is EASA covering off the possibility of a pilot 'hiding' inside a PPSP and still flying when they should not be. It is a useful reminder throughout the discussion on pilot mental health and treatment and rehabilitation, that responsibility for whether a pilot is fit to operate or not does not move from the pilot themselves.

If, as part of the PPSP process, the peer or psychologist suspect that this rule is being violated, then they should discuss it and intervene appropriately. Not doing so it would break the trust of the operator and NAA in the programme.

### 6.3.7. GM7 CAT.GEN.MPA.215 Support programme

**SCOPE OF THE SUPPORT PROGRAMME**

> *Nothing should prevent an operator from extending the scope of the support programme to include, apart from flight crew, other safety-sensitive categories personnel, e.g. cabin crew or maintenance, as well.*

It is anticipated that EASA will, in the fullness of time, extend the provisions of CAT.GEN.MPA.215 to all safety-sensitive aviation personnel. This GM allows for operators to do this ahead of time. They may even be benefits of size if other safety-sensitive personnel are included in the programme, and make it financially viable for one company to run its own programme. Such an arrangement will need some careful organisation with regard to Peers and routing of a contact request, but this is relatively straightforward.

## 6.3.8. GM8 CAT.GEN.MPA.215 Support programme

**MEANING OF THE TERM 'PEER'**

This is the section where EASA define what a 'Peer' is, as references are made elsewhere in the legislation to the term but no definition given:

*(a) In the context of a support programme, a 'peer' is a trained person who shares a common professional qualifications and experience, and has encountered similar situations, problems or conditions with the person seeking assistance from a support programme. This may or may not be a person working in the same organisation as the person seeking assistance from the support programme.*

*(b) A peer's involvement in a support programme can be beneficial due to similar professional backgrounds between the peer and the person seeking support. However, a mental health professional should support the peer when required, e.g. in cases where intervention is required to prevent endangering safety.*

These two definitions speak for themselves and require no elaboration. Note the repeated recommendation that the Peers are supported by a mental health professional, and specifically mentions the intervention scenario. These are the two key features which differentiate a PPSP from an Employee Assistance Programme or other support mechanisms available.

# Chapter Seven

# Appendices

## Appendix A

## Contact Details for the Two Structural Models

### 1) Foundation/ Large-Scale Model

For more information contact:
Captain Dr Gerhard Fahhnenbruck -
Gerhard.Fahnenbruck@human-factor.biz
Captain Hans Rahmann -
HansRahmann@onlinehome.de

### 2) Single Company/ Smaller-Scale Model

For more information contact:
Captain Dave Fielding -
davefielding@balpa.org

# Appendix B

## Template Terms of Reference
### (Single Company / Small Scale Model)

Objective

1. To establish an independent and confidential Pilot Peer Support Programme (PPSP) named AAAAA to promote mental wellbeing for all AIRLINE aircrew.
2. This programme will be an initial point of reference for pilots with personal concerns about either their own wellbeing OR concerns they may have about colleagues.
3. AAAAA will provide a measured and confidential method to remove pilots who potentially pose a safety risk to AIRLINE from the roster and securing them appropriate treatment in order for them to return to flying duties as soon as possible.
4. The programme will be an initiative promoted by AIRLINE and PILOT REPRESENTATIVE BODY (IES). It will be an independent service to promote the highest levels of confidentiality.
5. The programme will follow the legislative requirements and recommendations of the EASA CAT.GEN.MPA.215 legislation.

Structure and Overview

1. AAAAA will be a stand-alone programme run by an Independent Healthcare Organisation (IHO).
2. The IHO will include a psychologist with aviation specialisation or Mental Health Professional with appropriate training.
3. This psychologist or MHP will train, organise and support a group of pilot Peers.
4. These Peers will act as the interface between the programme and the pilot workforce, and will hold the initial conversations with a line pilot seeking help for their issues. If the pilot requires further help, then the Peer will be able to signpost them. The psychologist or MHP will provide expert advice to the Peers.
5. Governance of the programme will be provided by an Oversight Committee
6. The Programme will be financed by AIRLINE but AIRLINE will have no input or control over the programme other than via the Oversight Committee

Pilot Peers

1. An initial group of X volunteers will be established to be trained as Peers. Further recruitment will be determined by the Oversight Committee

2. Peers will be current line pilots with AIRLINE who do not hold a managerial or union representative role. [role of training appointment holders could be added here - allowed or not allowed?]

3. Peers will receive an initial training of X days and thereafter X days of Continual Professional Development training spread throughout the year. This training will be carried out by the Independent Healthcare Organisation

4. Peers will be managed and supported on case work by the IHO

5. While promoted by AIRLINE and PILOT REPRESENTATIVE BODY, the Peers will be independent and visibly branded as such.

6. Peers will be recruited by the IHO in consultation with the Oversight Committee.

7. Peers will receive credited (paid) time for training purposes but case work will be an a voluntary basis [differing arrangements eg one day off paid per month can be inserted here]

8. Peers will meet as a group X times a year for continual professional development and sharing best practice.

9. One or more Peer will be nominated to represent the Peers on the Oversight Committee, and be responsible for reporting back to the Peers any relevant output of the. Oversight Committee

Governance

1. The Oversight Committee will comprise:

2 x representatives from AIRLINE Flight Ops
    1(2) x representative from PILOT REPRESENTATIVE BODY/BODIES
    1 x representative from AIRLINE Medical Department / Provider
    1 (2) x representative from the independent Health Care Organisation
    1 (2) x representative from the Peers

2. The Oversight Committee will meet quarterly to consider anonymised summary reports provided by the IHO and review any trends or emerging issues. They will also review the report from the Peers and make any recommendations regarding additional training as required to further the skill set of the Peers.

3. As necessary, the Oversight Committee will make recommendations to promote the wellbeing of pilots within AIRLINE Flight Ops, or appropriate recommendations into the AIRLINE's SMS. These would be passed to AIRLINE for consideration and implementation as necessary, subject to AIRLINE agreement and approval.

4.   The Oversight Committee will not have access to any of the data in the programme, nor personal details of pilots contacting the programme, except for anonymised data provided by the IHO.

Independent HealthCare Organisation (IHO)

The IHO will:

1.   Schedule the Peers' workload and be responsible for the provision of the service on a 24/7/365 basis. Whilst AAAAA is not an emergency service, the IHO must make provision for the handling of an emergency case (eg AIRLINE Flight Ops Duty Manager numbers, PILOT REPRESENTATIVE BODY emergency numbers etc).
2.   Be responsible for maintaining and running the contact process for pilots to access AAAAA
3.   Review every report made through the process and grade it accordingly to determine if an intervention is necessary
4.   Provide ongoing advice and support to the Peers on request.
5.   Facilitate and run the CPD meetings of the Peers
6.   Provide the necessary support infrastructure and data reporting services for the Oversight Committee.
7.   Act as the Data Controller for these purposes.
8.   Provide the necessary clinical governance
9.   Liaise as appropriate with AIRLINE medical director / contractor on any cases which require intervention
10.  Assume legal liability for advice given to pilots from AAAAA and for the AAAAA's intervention process (see x.x below)

The Peer Support Process

1.   Pilots seeking personal support will be able to make contact with the programme online / via telephone as appropriate.  to the Health Care Organisation. All contacts will be logged and recorded in a dedicated data management system.
2.   Details will be passed to a Peer, who will contact the individual.
3.   Pilots who self-refer and, following discussion with the Peer, wish to receive further support or treatment, will be referred to AIRLINE medical services / LOCAL PATHWAY. Medical pathways for help such as Cognitive Behavioural Therapy must be clear and easily available to pilots. This is the responsibility of AIRLINE's medical department / contractor.

The Peer Intervention Process

1. Colleagues may report concerns about others through the Peer Intervention Process online / via telephone as appropriate. to the Health Care Organisation. These concerns will be logged and recorded.
2. The Peer who takes the case in the normal way will contact the psychologist / MHP and discuss the case.
3. If the psychologist / MHP decides that further details are required, they will request a second Peer to contact the reported pilot directly and have a discussion with them. This Peer will work with the pilot to ascertain if there is an issue, and, if concerned, will encourage the pilot to self-refer into the AIRLINE support systems via LOCAL PATHWAY and actively support them to do so.
4. If the reported pilot refuses offers of help without a reasonable explanation, the Peer will refer the case back to the psychologist / MHP. They will then determine whether to progress the case further by contacting the reported pilot directly themselves.
5. If, after this conversation, the psychologist / MHP believes that there is a threat to flight safety, then they will consult with the AIRLINE medical director / contractor, and if they are in agreement about the potential threat to AIRLINE will remove the pilot from the roster using established procedures.
6. The pilot will be requested to report to the AIRLINE medical director / contractor to ascertain what treatment may be necessary to return the pilot safely to the line.
7. AIRLINE Flight Ops will only be informed that the pilot is sick. No details will be passed on, as medical confidentiality still applies

Principles

1. The objective of the AAAA is to promote the highest levels of confidentiality in accordance with the National General Medical Council guidelines.
2. In keeping with this, the programme will provide a confidential service. Conversations between the reported pilot and Peers will remain completely confidential at all times, with the following exceptions:
   a) the individual represents a serious safety risk to themselves;
   b) the individual represents a serious safety risk to others; or
   c) for legal reasons.
   The judgement of whether the case falls into any of these categories lies with the IHO.
3. Only anonymised data will be shared with the Oversight Committee.

4. There is no involvement by either AIRLINE Flight Ops management or PILOT REPRESENTATIVE BODY reps at any stage of the daily operation of the programme.

5. A pilot cannot use the strict confidentiality aspects of the programme to avoid disciplinary action. Equally, any information disclosed to the programme by the pilot must remain confidential (except for the cases described in X.X above) and cannot be used in any disciplinary process.

6. Overall responsibility for the process and ensuring its compliance with EASA legislation lies with AIRLINE.

# Appendix C

# Example of Peer Confidentiality Agreements

**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: _____

## Appendix D

## Beyond regulatory compliance: Peer support as a building block to a "just", safe and motivating organisational culture.

Whenever we talk about "culture" in aviation, we usually mean "safety culture" or "Just Culture". We tend to think in silos and easily forget that culture in an organisational context is a much wider field than the safety aspect. The way people interact, work together, as well as the relationships they forge and the values they share with, and within, the organisation as well as the motivational aspects are all part of an organisation's culture.

Since Regulation (EU)No 376/20 14 [47]introduced the definition of "Just Culture" [48] , some organisations may have been tempted to simply include that definition in their documentation and be convinced that they now have a "just" safety culture. Unfortunately, the reality is quite different and far more complex.

With regard to Peer Support, we can assume that, unless an organisation already has a strong, credible and motivating culture that is seen as fair and trustworthy by its employees, a Peer Support structure will not be very successful in convincing employees to contact the structure.

We would suggest therefore, that when setting up a Peer Support structure, organisations use the opportunity to also take stock of what kind of organisational culture they want and how they intend to shape it. Organisations need to approach this exercise unbiased and with a cooperative effort with their staff and all involved stakeholders.

The benefits of such an approach go way beyond the obvious benefits to the safety aspects of an organisation's culture but will enhance the competence and effectiveness of the organisation as a whole and can potentially produce efficiency gains and have long term economic benefits as well.

Indeed, people work and perform better in an environment where it is considered as normal if they open up about their uncertainties or worries and ask for help instead of keeping doubts and fears to themselves or even hiding them. Such an environment usually allows for open and honest exchanges of thoughts, feelings and opinion so that

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[47]    REGULATION (EU) No 376/2014 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 3 April 2014 on the reporting, analysis and follow-up of occurrences in civil aviation, amending Regulation (EU) No 996/2010 of the European Parliament and of the Council and repealing Directive 2003/42/EC of the European Parliament and of the Council and Commission Regulations (EC) No 1321/2007 and (EC) No 1330/2007

[48]    'Just culture' means a culture in which front-line operators or other persons are not punished for actions, omissions or decisions taken by them that are commensurate with their experience and training, but in which gross negligence, willful violations and destructive acts are not tolerated.

informed decisions become possible, where people have a trustful and respectful relationship with each other and the organisation's leaders and managers, and where mistakes are seen as part of the organisation's learning process while people take responsibility for them and don't feel the need to be defensive about them.

It is obvious that Peer Support, which ultimately is a tool that allows individual people - with the full support of the organisation - to acknowledge and address when they are seriously struggling with problems or behaviours of themselves or others that may negatively affect safety, performance, career or mental wellbeing, will be most effective in organisations with such an open, fair and positive culture.

Such organisations have shown to be economically more successful, to be able to work more efficiently, have less staff turnover, lower sickness rates and a much more motivated workforce.

In a service industry, or a "people's business", like aviation, such attributes are highly important.

Successful Peer Support is much more about (positive) relationships than it is about regulation, therefore Peer Support should be an effort that either builds on an organisation's existing relationships with their staff, staff representation, hierarchy and other stakeholders or allows these relationships to be created in a meaningful way.

An interesting aspect of the European-wide introduction of Peer Support will be to explore the way Peer Support structures and organisational cultures have been shaped by and have influenced each other.

# Appendix E

# Potential 'Halo' effect of a PPSP

PPSPs are non-industrial. They are also apolitical. The EASA legislation expects operators to work with pilot representative bodies in the design, implementation and running the PPSP (see GM2(b)). All of these points provide a unique opportunity for both industrial relations within a company and also enhancing the safety culture within a company.

## 1. Enhanced Industrial Relations

The relationship between management and pilot representative bodies - particularly unions - is not a constant one across Europe. Many airlines have excellent industrial relationships, many do not. Where relationships are not good, it is usually because of industrial or political reasons.

Since PPSPs are neither industrial nor political, supporting them represents an 'easy win' for both parties. Pilot mental health transcends political and industrial boundaries, and there can be no reason why management and unions cannot stand side by side on this issue.

EASA requires the two parties to work together on the PPSP issue, and provided that a satisfactory and successful programme results from this collaboration, this could have a transformational effect on wider relationships between management and unions.

## 2.Enhanced Safety Culture

Where pilots perceive that their management does not operate a Just Culture that is non-punitive, they are less likely to submit Air Safety Reports. By definition, this reduces the safety culture within the airline.

With PPSPs, EASA specifically directs operators to have a non-punitive culture. The first line of the legislation itself (CAT.GEN.MPA.215.(a)) requires a "pro-active and non-punitive programme", and presumably each operator will be audited to ensure that their programme complies with this requirement.

Therefore, regardless of whether they run a Just Culture in other areas, an operator must have one with their PPSP. Provided that the programme is successful - and global data suggests that a properly constructed and run programme will lead to significant numbers of pilots contacting it- then the pilot workforce has real evidence that the operator is serious about a Just Culture.

Data on this subject is not yet available, but the hypothesis is that if pilots trust that contacting a 'company' programme can indeed be confidential and non-punitive on such a sensitive and personal topic as mental health, then they are more likely to trust the safety reporting programme. This is the potential 'halo' effect of a PPSP.

# Appendix F

# EPPSI Board members 2019

**For ECA and Pilot Member Associations:**

Captain Paul Reuter  – Chair
Captain Uwe Harter (VC)
Captain Dave Fielding (BALPA) – Secretary

**For ESAM:**

Dr Ries Simons (ESAM)

**For EAAP:**

Professor Robert Bor
Dipl.-Psych.Gunnar Steinhardt

**For Stiftung Mayday**

Captain Dr Gerhard Fahnenbruck
Captain Hans Rahman

**For Mayday Italia:**

First Officer Dssa. Francesca Bartoccini

**Board Members co-opted**:

Drs Ir André Droog – Vice Chair

Dr Aedrian Bekker

# Reference Material

EASA legislation, AMCs and GMs:

https://www.easa.europa.eu/sites/default/files/dfu/Consolidated%20AMC-GM_Annex%20IV%20Part-CAT_March%202019.pdf

IFALPA Pilot Assistance Manual:

https://www.ifalpa.org/publications/peer-support/

CAA Guidance to Operators CAP 1695:

https://publicapps.caa.co.uk/modalapplication.aspx?appid=11&mode=detail&id=8659

GMC Guidance on Confidentiality:

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

EASA Guidelines on Just Culture: EU 376/2014:

https://www.easa.europa.eu/document-library/regulations/regulation-eu-no-3762014

BPS Position Paper on Pilot Wellbeing 2017: http://www.bps.org.uk/news-and-policy/aviation-and-aerospace-psychology-pilot-mental-health-and-wellbeing

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