

Mental Health

INTRODUCTION

IFALPA recognises the need to protect, promote, and support the mental and physical health and wellbeing of pilots. This Briefing Leaflet focuses on mental health, encouraging each stakeholder to exercise their duty of care (responsibility) for the mental health of pilots. Globally, the Covid-19 pandemic has led to greater concern for mental health, which was already in focus in the aviation world following German Wings 4U9525 in 2015. The pandemic triggered stress, anxiety, depression, and, for some, activated unhealthy coping mechanisms.

WHAT IS HEALTH AND WHAT IS WELLBEING?

These terms are discrete yet interconnected. The World Health Organization (WHO) states health to be “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.” Mental health is broader than a focus on mental illness. The WHO defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their community.”¹

STRESSORS FOR PILOTS

Pilots are recruited as resilient, healthy, and resourceful safety-critical personnel who are expected, during the course of their careers, to develop the necessary coping mechanisms to maintain their resilience.

¹ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

As represented in the diagram below², the profession exposes pilots to a wide spectrum of stressor-exacerbated instability caused by global events.



Fitness to Fly - A Medical Guide for Pilots, 1st Edition, 2018

These stressors can negatively affect the health of some pilots. While it is unlikely that this negative effect suggests an underlying pathology or is to be treated as an illness, it is important to recognise their impact and seek increased appropriate support.

POSITIVE SAFETY CULTURE AND MENTAL HEALTH

Many pilots do not view the current aeromedical approach to mental health as supportive. On the contrary, it might be perceived as posing a threat to their personal safety and security. Aeromedical certification has largely adhered to a binary pathogenic model where certification is either granted or suspended depending on whether diagnostic criteria for mental or physical illness are met. Mental health, however, is not

² <https://www.ifalpa.org/publications/library/fitness-to-fly--2684>

binary in nature but rather occurs on a continuum. This binary pathogenic approach discourages pilots from seeking appropriate health care and poses a risk to operational safety as well as to individual health.

In a high risk, high reliability, safety critical industry, the health and wellbeing of safety critical personnel forms a vital part of safe operations. The management of pilots' mental health and wellbeing should adhere to Safety Management principles. IFALPA supports industry discussion on how to adopt a holistic salutogenic aeromedical approach to pilot mental health. The Salutogenic approach actively focuses on the individual's health and well-being on the health/disease continuum, rather than on the disease.

Reporting based on trust forms the foundation of a positive safety culture. Trustful disclosure requires a confidential environment if it is to inform a detailed risk assessment that examines and mitigates the impact of work-related stressors. Tripartite approach to managing Mental Health – Pilot, Operator and Regulator

Mental Health can no longer be solely the responsibility of the pilot. The Safety Management approach requires all stakeholders to engage in monitoring, measuring, and mitigating the long-term impact of work-related stressors as important aspects of safe operations that impact personal health and wellbeing.

OPERATOR RESPONSIBILITY

Operators are encouraged to acknowledge the detrimental impact of stressful life events on flight safety, mitigate them with the provision of a supportive environment, and encourage the use of Peer Support Programs (PSPs).

An operator's commitment to flight safety should reflect policies and procedures that promote and protect physical and mental health, work-life balance, and stress prevention. A mental health plan is premised upon a non-punitive culture which enables safe reporting of work-related stressors, promotes health and health awareness, addresses stigmatisation, makes resources available and encourages early help-seeking behaviour.

Specific aspects of flight operation (such as training/assessing and fatigue) are sources of significant stress, often resulting in reduced coping and health issues. Strategic

personnel in Human Factors departments, management pilots, and those involved in training and checking often perceive early warning signs of distress or reduced resilience. These stakeholders should be educated on how to reach out and offer practical skills regarding stress management and refer to support.

PILOT RESPONSIBILITIES

As safety critical personnel, pilots are responsible for managing their mental and physical health, identifying a decrease in their resilience, and taking steps to prevent the situation worsening or their mental health deteriorating. It is important for pilots to know how and where to seek support (e.g., family, friends, peer programmes, Aviation Medical Examiners (AMEs), psychologists, or Employee Assistance Programs (EAPs)) to reduce stress levels and regain resiliency.

Implementing strategies for self-care, as encouraged by the ICAO Fitness to Fly publication³, benefits work performance, energy levels, and relationships. Such strategies include sufficient sleep, healthy eating, consistent exercise, regular social interactions, and useful techniques such as controlled breathing and mindfulness practices.

REGULATOR RESPONSIBILITY

Integrating mental health management with Safety Management principles means developing a positive health-focussed/salutogenic aeromedical regulatory context and a positive safety culture environment where mental health topics can be addressed without fear of repercussion. Revocation of medical certification should only occur when there is a clear threat to safety, whether it be to flight, or personal, safety. IFALPA recommends utilising unbiased assessments to establish and confirm any such safety threat. Anything else is detrimental and furthers distrust.

Pilots need to feel safe and protected when disclosing health concerns in order to prevent further mental health deterioration and potential diagnoses, especially in cases that activate legal, punitive, or career-limiting consequences. A non-punitive reporting

³ <https://www.ifalpa.org/publications/library/fitness-to-fly--2684>

culture lowers barriers to accessing support and encourages early help-seeking behaviour.

Training AMEs to recognise operational or non-work-related stressors will aid in facilitating supportive discussions about a pilot's health and wellbeing and referral to appropriate resources (including referral to PSPs). Structured mental health questionnaires can form a useful discussion tool as part of mental health assessment during aeromedical examination, however mandated use of these questionnaires is often unhelpful and, therefore, discouraged.

THE VALUE OF PEER SUPPORT PROGRAMS

Support given to a pilot significantly reduces the harm caused by the impact of psychosocial stressors.

IFALPA, ICAO, and IATA (ICAO EB 2020/55) all recommend the implementation of Peer Support Programs (PSPs) as a first port of call when offering support, supplemented by medical and psychological support only when necessary. IFALPA has published a [Pilot Assistance Manual](#)⁴ which describes different PSPs.

These programs provide a safe, neutral, and confidential environment for pilots to discuss concerns. The result is better equipped, aware, and supported pilots who make better decisions about themselves, their work, and safety.

For safety departments, PSPs are a resource for identifying safety-related workplace stressors and for providing support following operational- and flight-related incidents, which present the potential for trauma. Safety departments should therefore encourage the utilisation of peer support. Investment in such programs, including the training of the peers, sends a clear signal regarding the validity of peer support.

In conclusion, IFALPA endorses that effectively managing mental health and wellbeing forms part of a culture change and is therefore a living discussion and not a tick box on an audit.

⁴ <https://www.ifalpa.org/publications/library/pilot-assistance-manual--1572>

IFALPA Recommends

- Approaching the issue of pilot mental health in a salutogenic way to enhance personal and flight safety.
- Addressing barriers which might prevent pilots seeking assistance for mental health and wellbeing.
- Working collaboratively with operators and regulators to develop a peer support program within a positive safety culture.
- Member Associations educating pilots on mental health and wellbeing and the support available.