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**The Germanwings Task Force
Mental Health Plan of Action:
A Critical Analysis**

**Nov
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DISCLOSURE

No financial interest nor affiliation with :

Pilot Unions

Transporters

Ruling Authorities

Pharmaceutical companies

Adhesions to :

Canadian Medical Ethics, Regulations

& Best Practice norms



**COLLÈGE DES MÉDECINS
DU QUÉBEC**

**ASSOCIATION
MÉDICALE
CANADIENNE**



**CANADIAN
MEDICAL
ASSOCIATION**

The Germanwings Task Force Mental Health Plan of Action: A Critical Analysis

Objectives :

- 1. Identify safety issues in EU present context**
- 2. Identify weakness & strength in EASA Task Force Action Plans**
- 3. Explore alternative solutions**



The Germanwings Task Force Mental Health Plan of Action: A Critical Analysis

1. Present context
2. The 6 Recommendations
3. Task Force challenges
4. Alternative solutions for Mental Issues
5. Conclusion

The Germanwings Task Force Mental Health Plan of Action: A Critical Analysis

1. Present context:

- **Operations in EU**
- **Health professionals:**

General Practitioner

AME

Psychiatrist

Aviation Psychiatrist

Psychologist

Aviation Psychologist

2. The 6 Recommendations
3. Task Force challenges, pros & cons
4. Alternative solutions
5. Conclusion

EU Present Context: Operations

Two-in-the-cockpit:

At all times in many airlines, w/o surveillance camera
Controversy ? Efficacy ? Safety issues ?

Peer Support Programme (PSP):

No controversy ? Efficacy ? Safety issues ?
Still rare or dysfunctional

Random toxicology screening:

Widely practiced elsewhere, less debated

Mental Health exam:

“Allowed” when needed, not required

EU Present Context: Operations

Since Jan. 1, 1999: 28 States Members = Eurozone

- Free circulations of goods, service, consumers
- Pilots access to a large market of AME

EASA core regulations locally “adapted” :

Member States are sovereign

Inconsistency in

- Tolerance to unfitness
- Confidentiality
- Reporting criteria



EU Present Context:

All Physicians

A disparate quality of :

- Training: 40% exposed to psychiatry
- Continuing Medical Education
- Practice norms
- Regulation

... within same country and across countries

(Williams, 1999)

EU Present Context:

General Practitioners

- Uncomfortable with psychiatry
- Low rate of detection
- Symptomatic approach > diagnostic approach

(Goldberg, the WHO study, 1996; CMPA, Canada, 2002; Ratcliffe, 1999; Coyne 1995; Lin, 2001; etc.)

General Practitioner AME :

- Audited on compliance, practice facility, processes
- No audit on competence
- Isolated practice, no network
- Min 10 pilots/y/AME

EU Present Context:

Psychiatrists

Curriculum missing essentials

Ideal profile of an Aviation Psychiatrist :

1. Occupational psychiatry
2. Liaison-Consultation
3. Transcultural psychiatry
4. Toxicology, Addiction
5. Additional assets:
 - Forensic, medico-legal experience
 - Flying licence

EU Present Context : Psychologists

Traditional Clinical psychologists:

- Operate below normal states of **maladjusted** subjects
- Restore basic self with treatments

Aviation Psychologists:

- Operate *above* normal states
- Facilitate acquisition of new skills in **normal** subjects
- Perform psychometric personality testing, Self-report questionnaires

Gold standards : face to face evaluation

EU Present Context: Psychologists

EC Overviewed regulated professions, May 13, 2016 :

- Unstandardized training
- No regulation, no **control of the title**
- Practice regulated in 17/28 countries; in others,
= not registered nor accredited
= not classified under relevant jurisdiction

Aviation Psychology: not mentioned
Not recognised by EASA

<http://ec.europa.eu/DocsRoom/documents/16683?locale=en>

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EASA Final Recommendations :

Implementation Phase

- 1 – Two persons in cockpit**
- 2 – Psychological evaluation**
- 3 – Oversight of AME & more psychiatric proficiency**
- 4 – Random Drug and Alcohol testing**
- 5 – Data repository**
- 6 – Peer Support Programme & reporting systems**

No single action is efficient

<http://ec.europa.eu/transport/sites/transport/files/modes/air/news/doc/2015-07-17-germanwings-report/germanwings-task-force-final-report.pdf>

EASA Final Recommendations

No negotiation on foundation of recommendations

Some negotiation for plan of action

States are sovereign on how they will do it

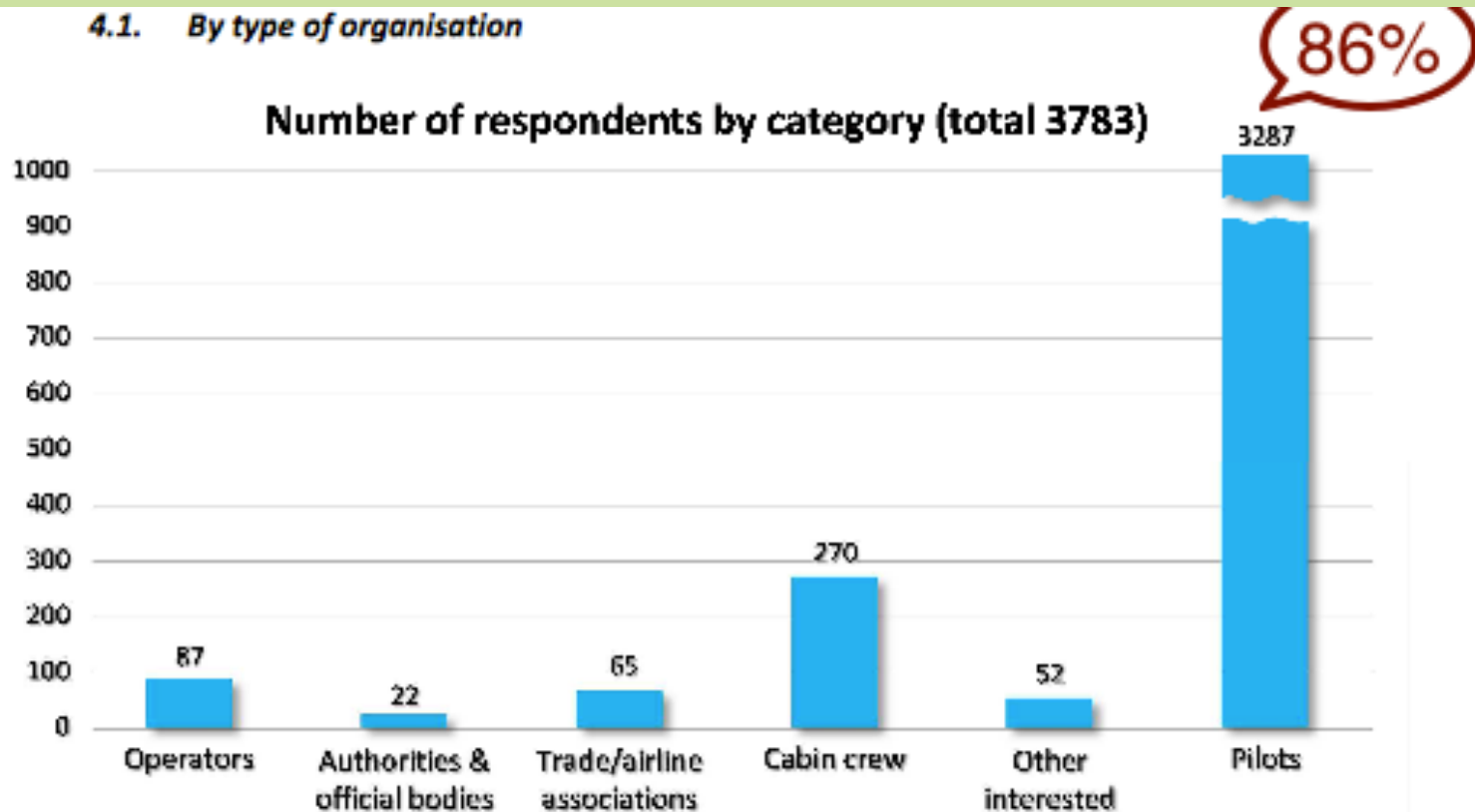
EASA only decides on what should be done, not rules

- Inspired by IATA, FAA, etc.
- Accounts for input from affected parties & experts
- Monitors impact
- Will provide regulatory, guidance materials

Public Survey : 2 Persons In Cockpit

4.1. By type of organisation

Number of respondents by category (total 3783)

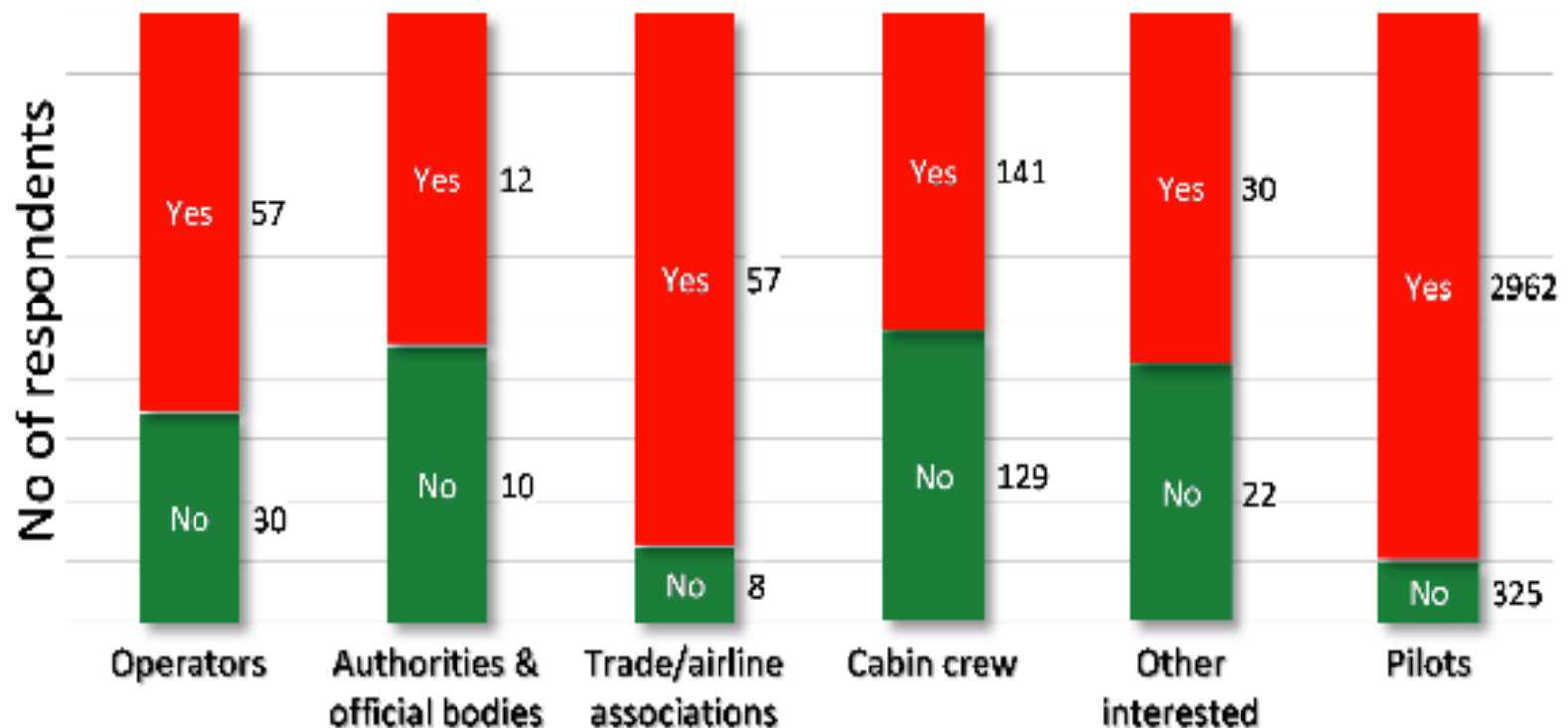


Jan-march 2016:

<https://www.easa.europa.eu/system/files/dfu/Summary%20of%20survey%20results%20SIB%202015-04.pdf>

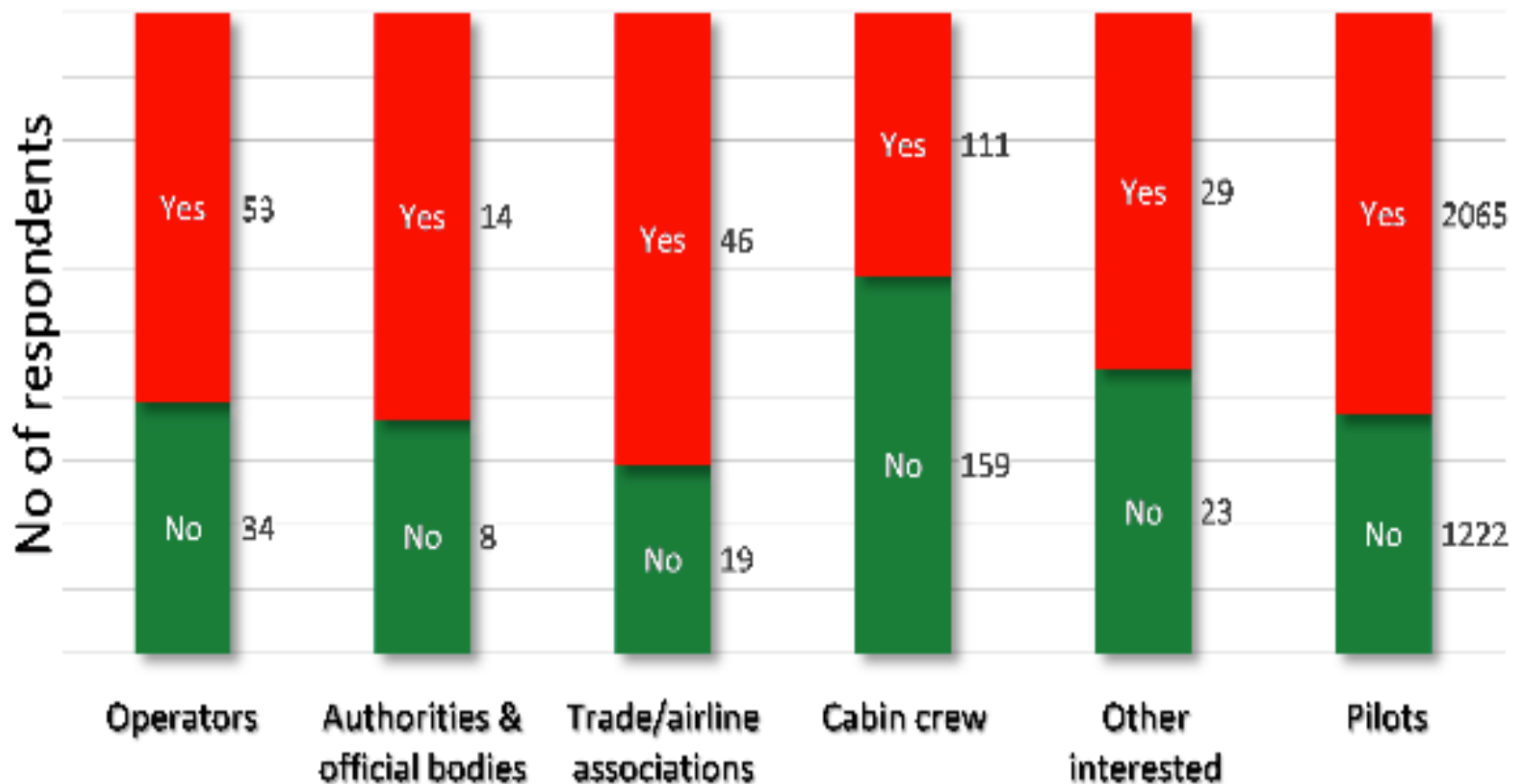
Public Survey : 2 Persons In Cockpit

Any additional risks identified of stemming from the introduction of 2-persons-in-the-cockpit principle?



Public Survey : 2 Persons In Cockpit

There are other equivalent mitigating measures



Recommendation # 1: 2 Persons In Cockpit

National authorities to ensure that CAT operators :

- **Assess risk**
- **Design own procedures in Operation Manual as per their context**
- **Define role of CC in cockpit**
- **Report**

To reassess in 1 y

Recommendation # 2: Psychological Exam

EASA still wants psych exams by psychologists

1 - Flight schools : At start of training

2 - SMS : to ensure all pilots be examined by “experts”

**3 - Operators : Assess within 24 months > line flying
or > starting service; refine policy**

4 - Professional authorities : to take position, regulate

5 - Member States : To validate Av. Psych. expertise

To be reassessed

Recommendation # 2: **Psychological Exam Challenges**

Task definition : Clinical or Aviation psychologist ?

- **Stand alone ?**
- **Team up with AME, SMS, Chief pilot, HR, HF, PSP ?**

Artificial separation of nested procedures :

- **Psychiatric exam Bio-psycho-socio-cultural**
- **Psychological exam : no bio exploration**

Synchronize exam with illness cycles ?

Recommendation # 3 : Oversight Of AME

Audition and inspection **yearly** at following levels

At AME level :

- Full proficiency in knowledge, *Clinical skills*, performance
- AME network

At National Authorities level, audits to switch focus :

- To approve **AME's training schools**
- To enhance the medical competence of
 - **Licensing authorities and**
 - **Aeromedical centres**

Recommendation # 3 :

Oversight Of AME Challenges

- Infrastructure in small countries
- “Speed training” for proficiency acquisition ?
- AME’s unfair responsibility
- Standardization of norms, culture, identity ?
- Reporting immunity for AME
- Loosening confidentiality criteria :
 - Removes MD’s working tool
 - Challenges the Hippocrates Oath

Recommendation # 4:

Random Drug & Alcohol Testing

Op's SMS to update a **yearly** policy for:

- Random testing campaigns
- Random testing
 - With due cause
 - Post incident-accident
 - Reasonable suspicion
 - After + results, follow-up post rehab
 - Before return to work
- **Scheduled test :**
 - At initial Class 1 medical assessment
 - At employment

Recommendation # 4:

Random Drug & Alcohol Testing Challenges

- **Ethics:**
 - Discrimination individuals vs blanket policy
 - Invasive (blood) tests
 - Human Rights, etc.
- Breath, saliva, urine, hair, nails, false + / --
- interpretation
- Cost : 6 M \$ in USA to catch 7-10 pilot/y
- Test on landing in another country ?
- **Does not catch withdrawal nor severe addiction**

Recommendation # 4:

Random Drug & Alcohol Testing

- 1980 -2011, accidents in commercial flights, UK :
 - 20 / 31 medical-causes of psychiatric nature
 - 60% due to drugs or alcohol

(Medical Cause Fatal Commercial Air Transport Accidents: Analysis of UK CAA Worldwide Accident Database 1980- 2011. SJ Mitchell, M Lillywhite Aviat Space Env Med: 2013; 84(4)p346)

Recommendation # 5 : Data Repository

Centralized medical data in a repository for all European pilots

- **End of Medical tourism (within Europe)**
- **Modification of national rules**
- **EASA supersedes national systems**
- **IT issues with secured access to data**

Already in place for all Quebec citizen

Recommendation # 5 :

Data Repository Challenges

- Escalation from the European Transport Commission to:
 - => The European Parliament
 - => Councilto alter the General Data Protection Regulation
- Protection of privacy
- Medical tourism elsewhere !

Recommendation # 6 : Peer Support Programme

Principles: solve isolation and loneliness

- Human interaction is natural in the cockpit
- Easy Pilot relationships with trusted peers

Primary aim : return to flight deck

Joint initiative : Op, pilots, supported by authorities

- Integrated within SMS
- Just culture
- Adapted to organisation context (size, maturity levels, contract types)

Recommendation # 6 :

Peer Support Programme Challenges

- **Flawed foundations of its principles**
- **Essential trust:**
 - Within the flight crews
 - Between hierarchy and crew
 - Can be promoted, not mandated
- **Peers' skills :** non-insured non-clinicians to handle sensitive data

Oversight authorities may access info !

Task Packages

	Crew	AME	PsyO	PsyA	Op	NAA +
2/cockpit	+	+			+	+
Psy. Exam	+	+	+	?	+	+
Toxicology	+	+	+	?	+	+
PSP	+		+	?	+	
Repository	+	+				+

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4. **Alternative solutions for Mental Issues**
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Alternative Solutions

1 - New ICAO guidance material :

- De-emphasize periodic medical exam
- **Emphasises health promotion:** prevention, de-stigmatization, psycho-education
- Repository too
- NO additional screening medical exams or tests

October 2014: Process started

2017: Guidance Material Available

8 November 2018: Applicability of amendments

Alternative Solutions

2 - Alternative carrier plans

Mandatory insurances (~ car drivers)

3 - Best models for training and practice :

- **Consultation-Liaison**
- **Shared-care**
- **Service corridor with a bank of aviation mental health clinicians**

(The Who study: Goldberg, 1996).

Alternative Solutions (con't)

4 - Alternative models: aviation psychiatry team :

- **Psychiatric Liaison nurse**
- **Psychiatric Social Workers**
- **Psychologists**

5 - Super-specialized supra-national clinic

CLOSE THE GAP !

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Conclusion

- No choice for EASA: consumers requires more safety
- **18 months :**
 - from the 4U9525 Crash, March 24, 2015
 - to Final Report, Sept 7, 2016
- Higher security operations ?
- **Screening projects still very porous**

Reassessment of rules implementation to come