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

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**Mr**

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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. Alternative options**



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

1. Present context
2. The 6 Recommendations  
and the Task Force challenges
3. Alternative solutions
4. 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 and challenges
3. Alternative solutions
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# **PREVALENCE in PILOTS:**

## **ALL ILLNESSES**

In order to preserve flying licence :

- 46% avoid treatment
- 32% failed to report to FAA
- 21% concealed they took pills

Non-respondents fear for their ID.

(AVWeb Survey) <http://www.avweb.com/news/aeromed/181888-1.html?redirected=1>

Airline pilots responders to an online survey :

- 12.6 % are depressed (n=1,848)
- 4.1 % reported having suicidal thoughts (n=75)

# EU Present Context: Operations

Multiple controversies about efficacy & safety measures:

- **Two-in-the-cockpit:**

At all times in many airlines, w/o camera

- **Peer Support Programme (PSP):**

Still rare or dysfunctional

- **Random toxicology screening:**

Widely practiced elsewhere, debated +++

- **Mental Health exam:**

*“Allowed”* when needed, not required



# EU Present Context: Operations

**Since Jan. 1, 1999: 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
- No training in aviation medicine
- (Optional) Continuing Medical Education
- Practice norms
- Regulation

... across countries and within the same State

(Willliams, 1999)

# **EU Present Context:**

## **General Practitioners**

- Uncomfortable with psychiatry
- Low rate of detection
- Approach : Symptomatic > diagnostic
  - (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**

**Ideal profile of an Aviation Psychiatrist :**

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



**European Med Schools Curriculum are missing these !**

# EU Present Context : Psychologists

## (Traditional) Clinical Psychologists:

- Treat *below* normal states
- Restore basic self with treatments

## Occupational (Aviation) Psychologists:

- Operate *above* normal states
- Facilitate new aptitude acquisition
- Non clinical psychometricians:
  - test personality
  - Self-report questionnaires

Gold standard : face to face evaluation



*How are you ?*



*I am fine !*

# EU Present Context: Psychologists

## European Committee for Standardization of Psychology (May 13, 2016) :

- Unstandardized training
- No regulation of the use of the title
- Strong risk of para psychology
- Practice controlled in only 17/28 countries;
- In others, there is no registration, accreditation, nor relevant jurisdiction



**Aviation Psychology: 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 – AME: Oversight & 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

Foundation of recommendations **non negotiable**

States apply the plan of action their way

EASA only decides on **what** should be done, **not rules**

- Is inspired by IATA, FAA, etc.
- ? Accounts for input from affected parties & experts
- Monitors impact
- Will provide Guidance Materials, Operation Directives



# Timeline From The Crash, March 24, 2015



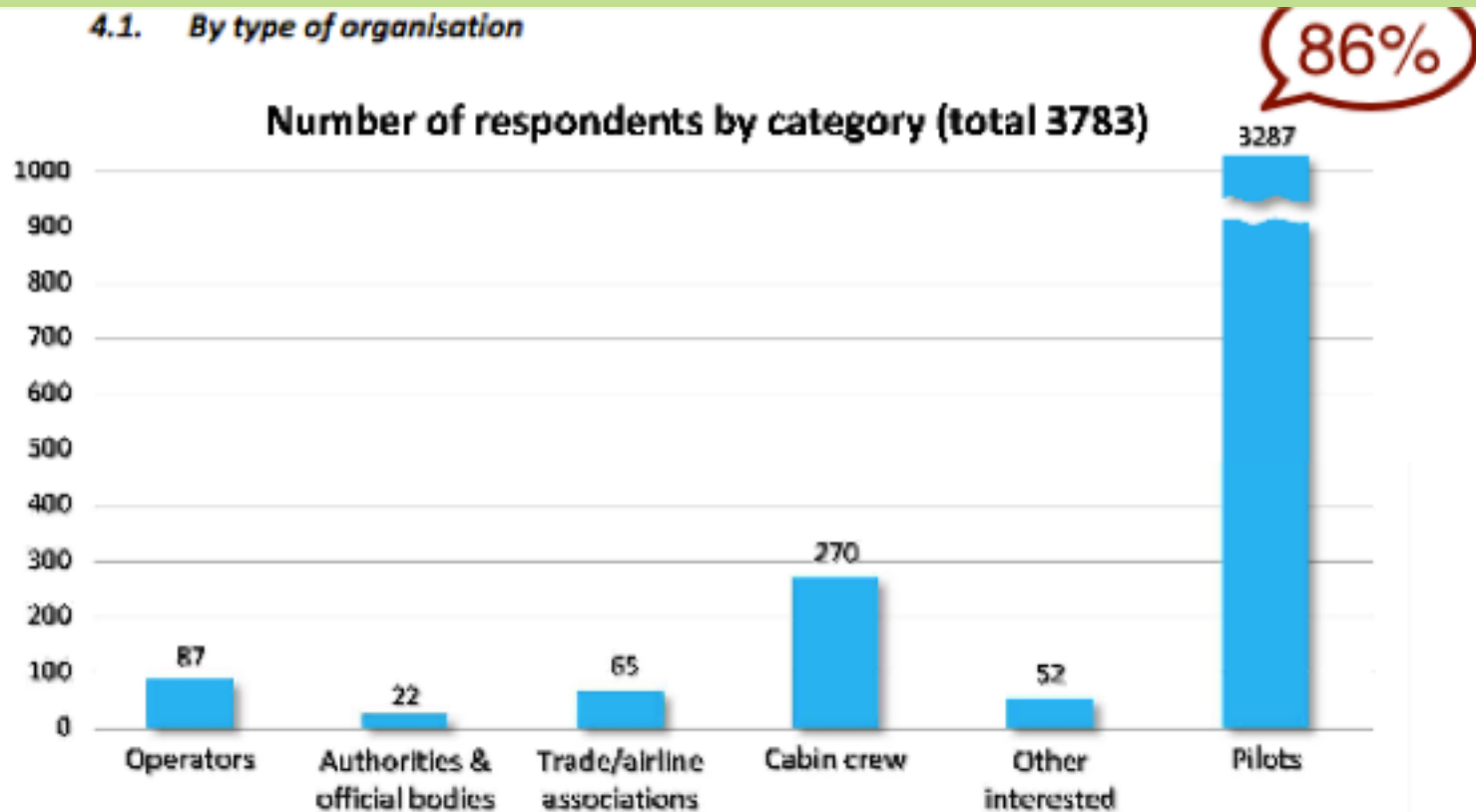
- **March 30, 2015:** EASA Task Force on mental health & security, related or not to the crash
- **July 2015:** 6 Recommendations, 5 on mental health
- Online survey & opinions from EASA advisors, stakeholders, experts, the public
- **Dec 2015 and 15-16 June 2016:** Medical Fitness Workshops, Cologne: 150 experts (authorities; airlines; pilot & CC associations; AMEs; etc.)

**No psychiatrist advisor at any level**

# Public Survey : 2 Persons In Cockpit

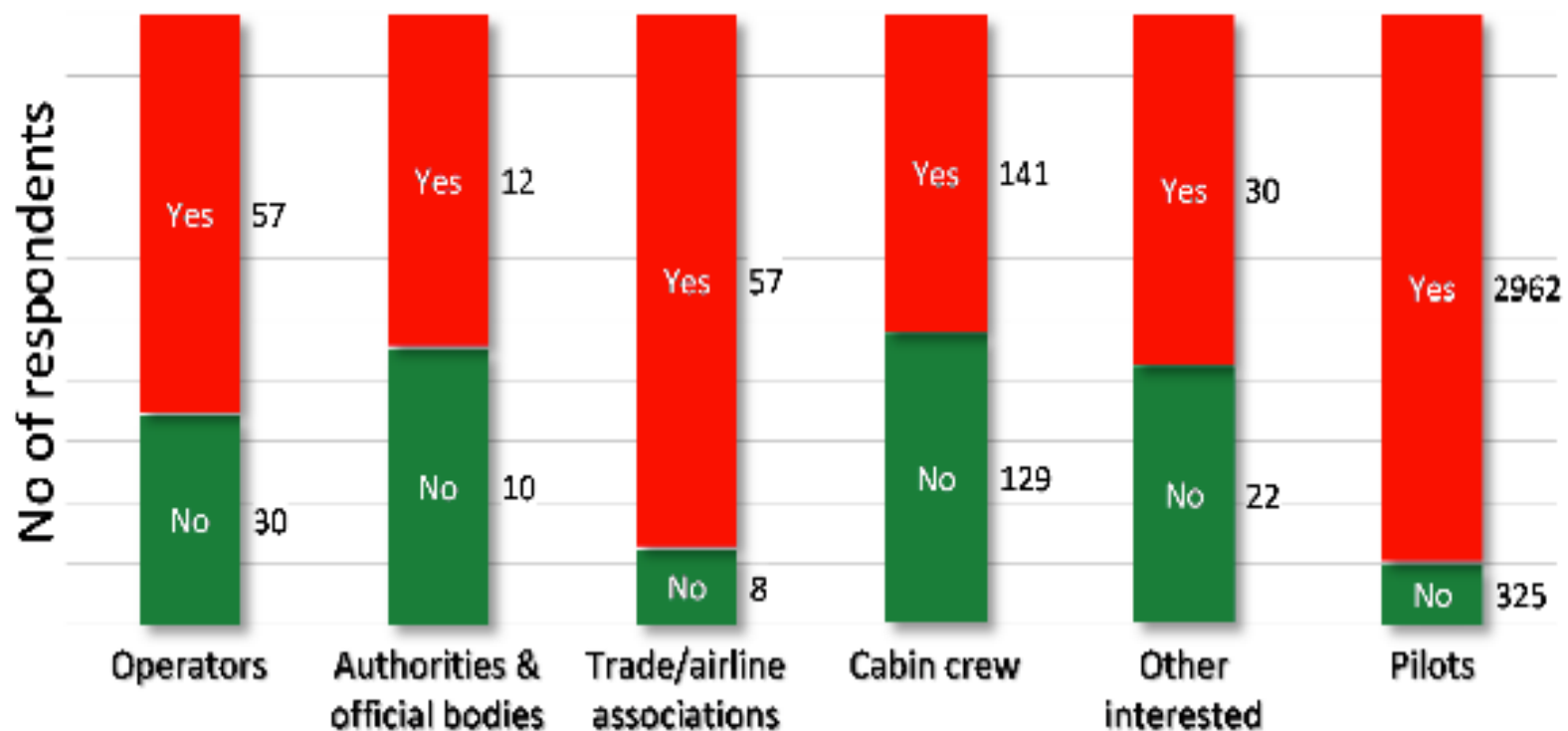
## 4.1. By type of organisation

Number of respondents by category (total 3783)



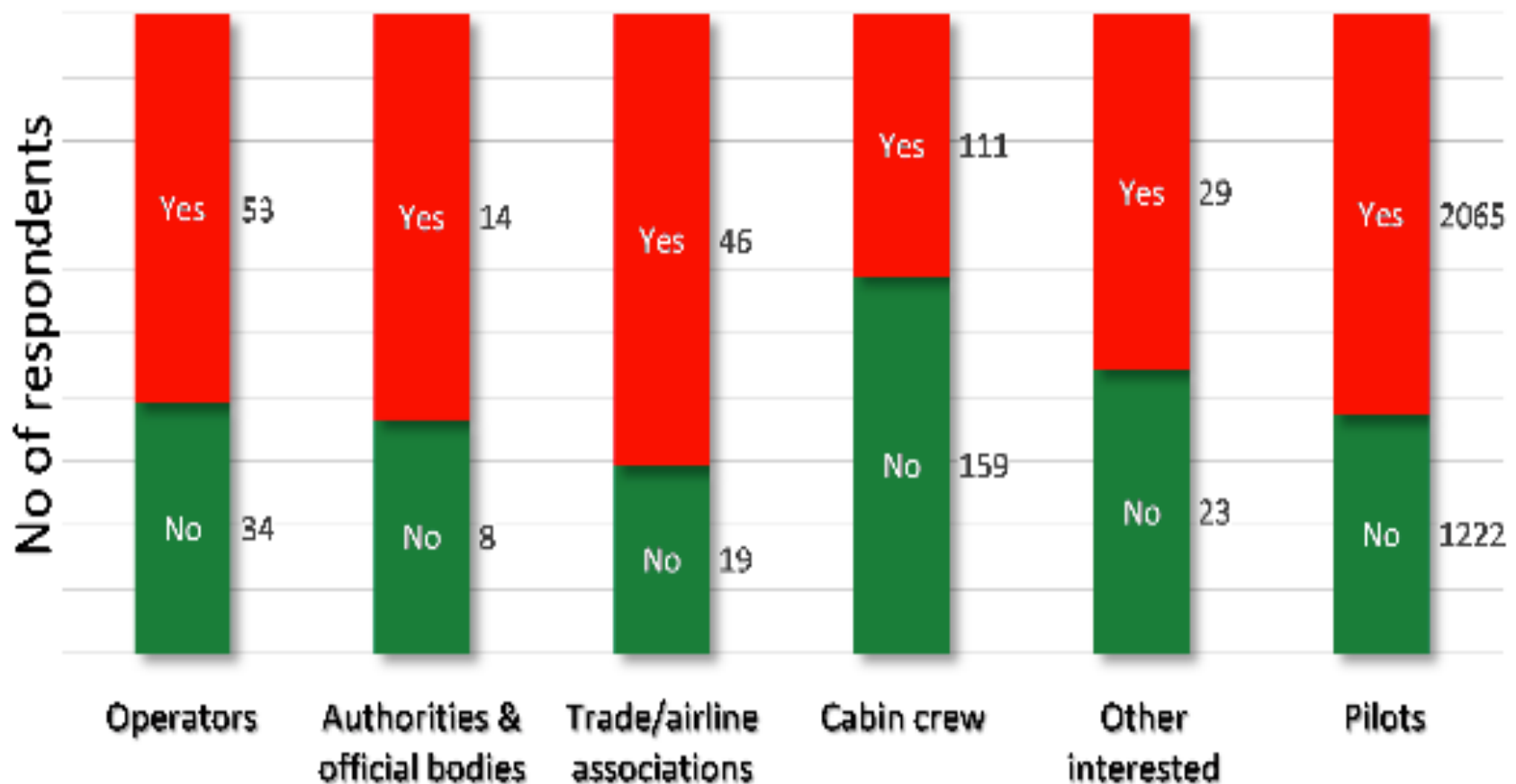
# Public Survey : Additional Risks ?

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



# Public Survey : Other Measures ?

There are other equivalent mitigating measures



# Recommendation # 1: 2 Persons In Cockpit

National authorities to ensure that CAT operators :

- Design own procedures in Operation Manual
- Define training, role of CC
- Assess risk:
  - . Distraction
  - . New safety risks
- Report yearly



To reassess in 1 y



## **Recommendation # 2: Psychological Exam**

**EASA still wants pilots to be examined :**

- 1. At Flight Schools, before training, by psychologists**
- 2. At SMS : by “experts”**
- 3. Operators :**
  - Within 24 months > line flying**
  - > starting service**
- 4. Professional authorities : to regulate**
- 5. Member States : to validate Av. Psych. expertise**

**No mandatory mental fitness assessment after trauma**

# Recommendation # 2:

## Psychological Exam Challenges

Task definition : Clinical or Aviation psychologist ?

- Stand alone vs team up with AME, Chief pilot, HR, HF, PSP ?

Examine a normal person ?

Artificial separation of nested exams:

- Psychological : psycho-socio-cultural
- Psychiatry : **Bio**-psycho-socio-cultural

Synchronize exam with illness cycles ?



## **Recommendation # 3 : Oversight Of AME**

Audition and inspection **yearly** at following levels :

**AME level :**

- Full proficiency in knowledge, *Clinical skills*, performance
- AME network with Peer Support Groups

**National Authorities level**, audits to switch focus:

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



## **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
- Shortage of civil aviation expertise in psychiatry



# Recommendation # 4: Random Drug & Alcohol Testing

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

- Random testing campaigns
- Random testing
  - Reasonable suspicion
  - With due cause
  - Post incident-accident
  - Follow-up post rehab
  - After positive detection
- **Scheduled test :**
  - At initial Class 1 medical assessment
  - At employment



# Recommendation # 4:

## Random Drug & Alcohol Testing Challenges

- Ethics:
  - Discriminating individuals vs blanket policy
  - Invasive (blood) tests
  - Human Rights, etc.
- Breath, saliva, urine, hair, nails
- Interpretation of false + / –
- 6 M \$ in USA to catch 7-10 pilot/y
- Test on landing in another country ?
- **Withdrawal ? Severe addiction ?**



# Recommendation # 5 : Data Repository

Centralized medical data in a repository for all European pilots

- End of Medical tourism
- Modification of national rules
- Confidentiality issues
- EASA supersedes national systems

Already in place for all Quebec citizen

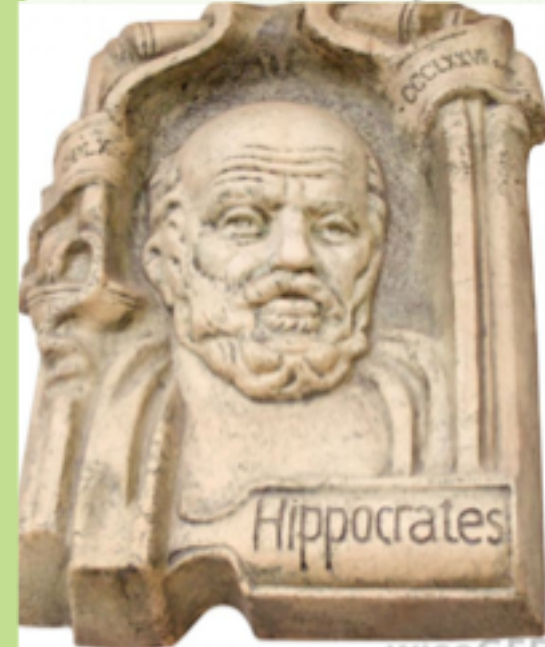


Look up our Facebook success

# Recommendation # 5 :

## Data Repository Challenges

- Escalation from the European Transport Commission  
=> to European Parliament  
=> to Council to adopt proposed regulations
- Privacy with IT
- Loosening confidentiality criteria :
  - Removes MD's working tool
  - Challenges the Hippocrates Oath
- 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

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





# Recommendation # 6 :

## Peer Support Programme Challenges

- **Joint initiative :**
    - Op + pilots + authorities
  - **Flawed principles foundations**
    - More trust within the flight crews ?
    - Trust can be promoted, not ordered
    - Between hierarchy / crew ?
  - **Peers' skills :** non-insured as non-clinicians, yet handling sensitive data
- Oversight authorities may access info !?**



# Task Packages

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

**Psychiatrists (PsyA) are not even mentioned  
in this mental health management ... !?**



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# Existing Alternative Solutions

## New ICAO Guidance Material :

- De-emphasize periodic physical medical exam
- **Emphasises health promotion:** prevention, de-stigmatization, psycho-education
- NO additional screening, medical exams nor tests
- Repository too !

2014 Oct : Process started

**2017: Guidance Material available**

2018, Nov 8 : Application of amendments



# **Proposed Alternative Solutions**

## **1 - Alternative career plans**

**Mandatory insurances (~ car drivers)**

## **2 - 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).**

## **Proposed Alternative Solutions (con't)**

### **3 – Traditional clinical model of a psychiatry team:**

- **Psychiatric Liaison nurse**
- **Psychiatric Social Workers**
- **Clinical Psychologists**
- **Aviation Liaison Psychiatrist to lead**

### **4 - Super-specialized supra-national clinic**

**CLOSE THE GAP !**

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# Conclusion

- No choice for EASA: consumers require more screening
- 18 months : very long, yet too short
  - from the 4U9525 Crash (March 24, 2015)
  - to Final Report (Sept 7, 2016)
- Screening process still very porous

Reassessment of rules implementation to come

IFAAD can influence by inserting the word "psychiatrist" somewhere...