

Abnormal Passenger Behaviour

An awareness for air crew on mental illness

Why?

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- > To build awareness for aircrew around dealing with passengers suffering from mental illness.
 - > Develop an understanding of signs and symptoms of psychotic disorders.
 - > Discuss management and coping strategies if faced with passengers who present with mental illness.
 - > Increased number of reports and incidents on long haul and short haul flights.
 - > Involving flight crew and cabin crew – 12 month revalidation combined module
 - > Core element focus: threat and error management, conflict resolution, communication.
 - > Feed back from class.

CASE STUDY 1: B767, CHICAGO TO GERMANY

- > During first service a male CC member began bothering other passengers and appeared to be hallucinating.
- > He became unresponsive and then lost mental and physical control.
- > He began shaking the other passengers awake and telling them he loved them and that they could have his heart.
- > He attacked the captain and another male CC member.
- > The captain wrestled him to ground and the FO restrained him.

CASE STUDY 2: FORT WORTH TO CHICAGO

- > During a flight a male passenger became hysterical and crew reported he appeared to be having a seizure.
- > He was yelling and demanding for the aircraft to land and that he was the “prince of darkness”. The passenger threw food and drink around the cabin.
- > He continually called a female crew member by name and asked for her help to land the plane at his grandmother’s house, who had just died.
- > The female crew member continued her conversation with him during landing as it seemed to calm him.
- > A crew member said they noticed this passenger during boarding because he had his shirt on inside out.

- > Midflight a male passenger made attempts to get off the aircraft and was scratching at the windows.
- > When approached by a crew member he became violent and an off duty police officer stepped in to help.
- > The crew used the restraining kit which consisted of tie-wraps, as the man became more violent he broke one of the tie wraps and it took 5 men to hold him down.

- > Midflight a passenger was behaving strangely, not listening to instructions and was offending other guests around including touching the top a child's head**
- > The passenger had his right arm permanently raised in the air and when asked to put it down onto his leg he replied "where is that".**
- > Crew report he looked aggravated and aggressive and was eyeballing the other passengers.**
- > Passengers around exhibited signs they felt unsafe about his unpredictable behaviour. Crew members warned the passenger that further action would be taken if his behaviour didn't stop. The man continued to stare straight ahead.**
- > Medical reports later state the man was under stress due to family issues and was an undiagnosed schizophrenic.**

Affective Disorders

- Bipolar
- Depression

Anxiety Disorders

- GAD
- OCD
- Social anxiety disorder
- PTSD
- Panic disorder
- Phobias

Psychotic Disorders

- Schizophrenia
- Sub types
- Bipolar

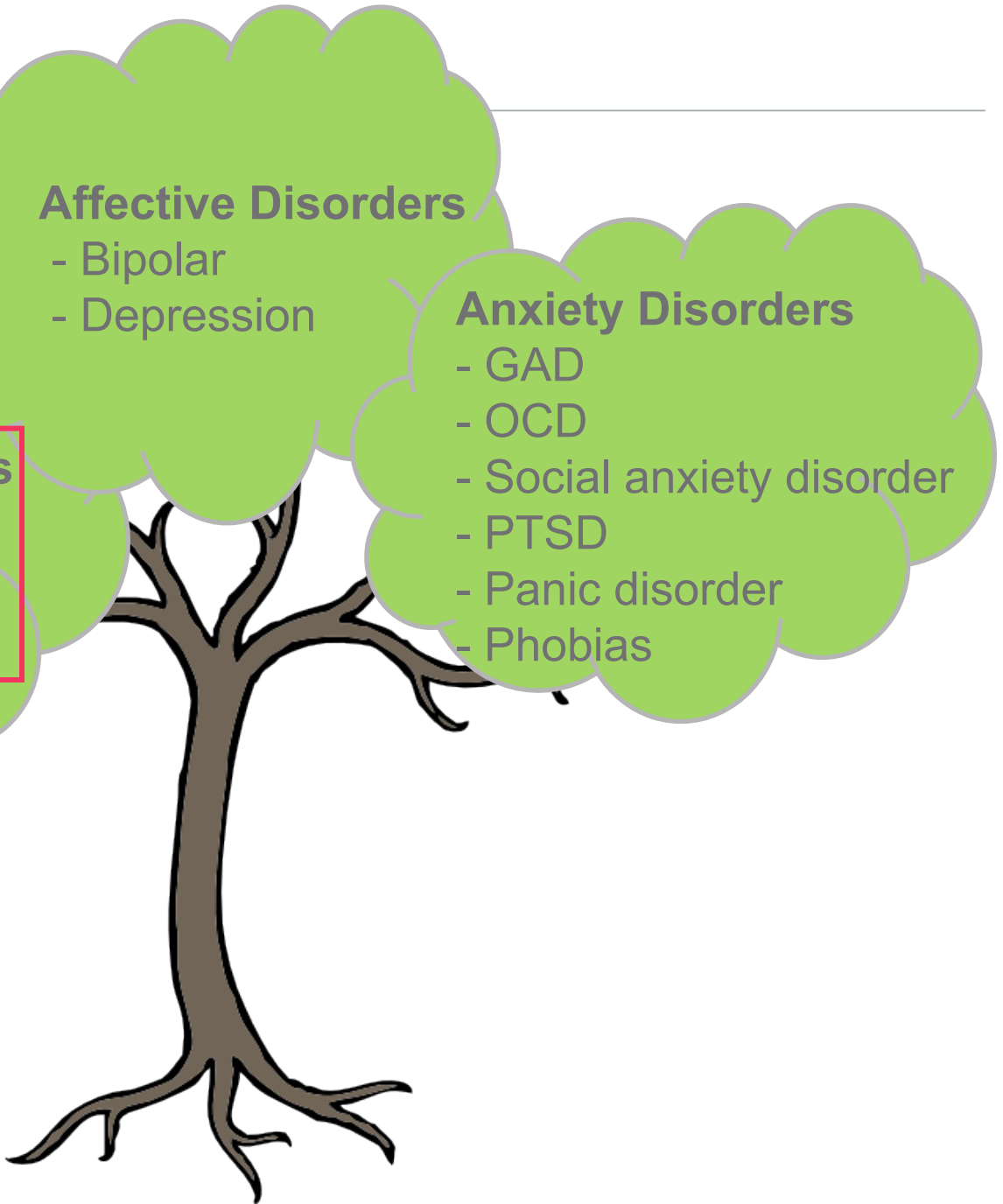


On Virgin Australia in 2010:

15 million passengers carried

150,000 with psychotic disorders

Equivalent to 833 full 737-800s



Mental Illness

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves and interacts with other people

- > 20% of Australians will experience a mental illness of some type during their lives
- > 85% of homeless people have a mental illness
- > 1/3 of young people have had an episode by age 25
- > Are people born with mental illness?
- > Stress is a major contributor.



“I ain’t nothing but a hound dog & I keep crying all the time.”

Psychotic Disorders

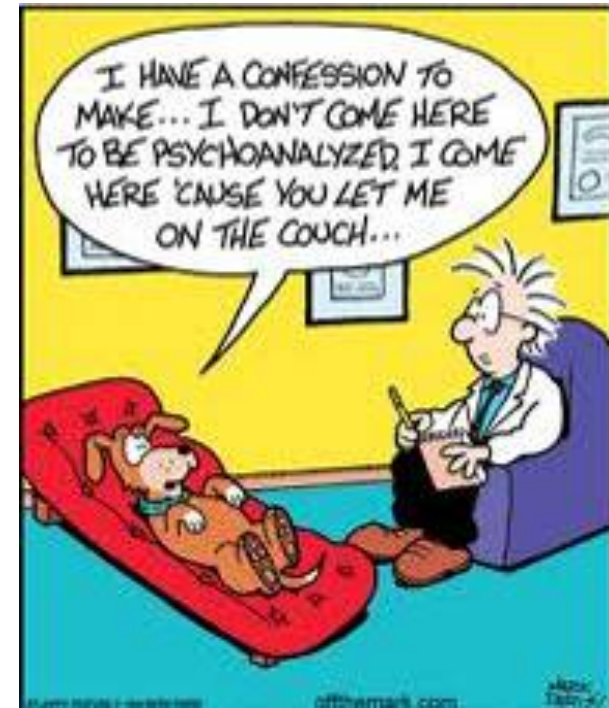
A group of mental disorders which disrupt the functioning of the brain so much, they cause psychosis.

Psychosis

A disturbance with the perception of reality . Evidenced by hallucinations, delusions, or thought disorganisation

Drug Induced Psychosis

Speed, LSD, marijuana, ecstasy or magic mushrooms. The symptoms last until the effects of the drugs wear off. Potential long term brain damage.



Psychosis - behaviours

- > Extremes of bizarre behaviour, beyond a person's control
- > Thought disorganisation
- > Incoherent speech
- > Feelings of being followed and persecuted
- > Self control is not possible
- > Agitation & distress
- > Excitability
- > Violent (self or others)
- > Delusions – paranoid, grandiose, bizarre
- > Hallucinations – auditory, visual, Somatic, olfactory, gustatory



Auditory Hallucinations

What would life be like with auditory hallucinations ?

**THE FOLLOWING CLIP CONTAINS FREQUENT ILLICIT
COARSE LANGUAGE.**

**PLEASE LEAVE THE ROOM IF YOU BELIEVE YOU MAY
BE OFFENDED BY THE FOLLOWING CLIP.**



Schizophrenia

A severe, chronic disorder characterised by periods of active psychosis and deterioration in social and occupational functioning

- > Not a split personality (Dissociative Identity Disorder)
- > Positive / negative symptoms
- > Schizoaffective disorder
- > Increased nicotine addiction
- > Subtypes: paranoid, disorganised' catatonic



Schizophrenia - physical signs

- > A blank, vacant facial expression
- > Overly acute senses – lights too bright, sound too loud
- > Staring, while in deep thought, infrequent blinking
- > Disorganised movements and behaviours
- > Disorganised speech, thoughts, and beliefs
- > Involuntary movements of the tongue or mouth (facial dyskinesia)
- > Parkinson type symptoms – rigidity, tremor, jerky arm movements, or involuntary movements of the limbs
- > Unusual gestures or postures (catatonia)
- > Movement is sped up – pacing.

Bi-Polar Disorder

Sometimes called **manic–depression**, affects the normal functioning of the brain. The person experiences extreme moods; very high and overexcited or very low and depressed.

About 2 percent of people will experience a bi-polar disorder at some time in their lives. A person with a bi-polar parent has a 10% chance of having the illness themselves.

- > Symptoms of psychosis
- > High – reckless, manic speech, imagine they are important or influential
- > Low – helplessness, difficulty with concentration & decisions.

Bi-Polar Disorder



Anxiety Disorders



Anxiety Disorders

- > Acute Anxiety Disorder
- > Panic disorder – Panic Attacks
- > Obsessive Compulsive Disorder
- > Phobias





Bi-Polar



Bi-Polar



Bi-Polar



Depression



OCD



Bi-Polar



Schizophrenia



?

Signs of Mental Illness in Pax

- > Disregard for Authority/Refusal to comply with crew instructions
- > Irrational dislike for a particular person
- > Generally want to move around – toilet, galley areas
- > Disrupting guests seated around
- > Rambling and incoherent, voice tone and pitch does not change
- > Difficulty understanding simple things
- > Unable to answer simple questions correctly
- > May be catatonic.



Dealing with the Passenger

- > Initiate conversation in a non-threatening non-aggressive way
- > Talk in a soft calm voice, be rational and to the point
- > Show respect and empathy to develop trust, if possible
- > Avoid extended periods of direct eye contact. Look calm
- > Be aware that the pax's verbal communication might be impaired or ineffective
- > Don't challenge their delusion. Respond with statements like '*I understand that you believe people are talking about you and plotting against you, that must be very frightening for you . . .*'

Dealing with the Passenger

- > Monitor verbal cues and actions as indicators of the level of agitation and change in mood
- > Aggression in response to aggression could escalate the situation
- > Relocate passenger or move surrounding passengers away
- > Ensure that others are ready for physical restraint if verbal interventions fails and safety is threatened.

- > Do not try to diagnose the passenger.
- > Contact the flight crew as soon as possible.
- > Submit a report.
- > Debriefing/counselling - if required for crew who have dealt with the situation.
- > Any questions or feedback ?

THANK YOU

BELINDA WARNER

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