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

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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
The Germanwings Task Force
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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
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A Critical Analysis

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

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1. Present contexts:
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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

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

Jan-march 2016:
Public Survey: 2 Persons In Cockpit

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

- Operators: Yes 57, No 30
- Authorities & official bodies: Yes 12, No 10
- Trade/airline associations: Yes 57, No 8
- Cabin crew: Yes 141, No 129
- Other interested: Yes 30, No 22
- Pilots: Yes 2962, No 325
Public Survey: 2 Persons In Cockpit

There are other equivalent mitigating measures

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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
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

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
  - Council
  to 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

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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

Ansia Jordaan, MD Chief, ICAO, Oslo Sept 2016
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
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