

## 2. Catch-22 Redux

In Joseph Heller's 1961 novel *Catch 22*, the main character Yossarian and his fellow WWII bombardiers can only avoid dangerous missions by being declared mentally unfit for duty. But convoluted rules (catch-22) disallow insanity as an excuse. In an eerie parallel, modern commercial pilots experiencing psychological distress are illogically discouraged from seeking help by the threat of being classified as mentally unfit to perform their jobs.

Every few years a commercial pilot shows signs of mental distress while flying or, tragically, intentionally crashes the plane. These events occasion intense media and industry examination of how the mental fitness to fly is monitored in pilots, and they result in calls for more regulation. In March 2015, as example, twenty-eight-year-old co-pilot Andreas Lubitz locked the pilot out of the cockpit and then crashed Germanwings flight 9525 into the French Alps killing all 150 people onboard. Many questioned how Lubitz's apparent mental distress escaped attention and what protections exist for the flying public.

Assuring the mental stability of pilots is, however, much harder than it appears. A variety of factors combine to complicate the assurance of mental stability in pilots: rules about mental fitness are not strictly enforced by regulatory agencies, accurate screening for mental stability is difficult, and doctors and colleagues are reluctant to report suspected psychological problems that could result in job loss for the pilot. Finally, there is the catch-22.

In the United States, the Federal Aviation Administration (FAA) publishes its standards in the *2015 FAA Guide for Aviation Medical Examiners*. Pilot applicants with any of a number of mental conditions, including attention deficit/hyperactivity, bipolar disorder, personality disorder, psychosis, substance abuse, and attempted suicide, are considered mentally unfit to pilot. Other conditions that can also lead to deferral or denial of licensing include adjustment disorder, bereavement, minor depression, or use of certain drugs.

US prospective pilots go through an extensive physical and mental health screening. After employment, the FAA requires annual physical examination by an approved physician for pilots under 40 and half-yearly for those over 40. Doctors are expected to notice and report warning signs of psychological distress, but there is no requirement for specific mental health checks. Joan Lowy in a March 2015 report on *PBS Newshour*, reported that mental health follow-up after a pilot is hired is "cursory at best." The European Aviation Safety Agency and the International Civil Aviation Organization of the UN have similar rules for who can fly and for screening. It is apparent that in the United States and elsewhere, protocols for enforcing pilot mental health standards are not elaborated or diligently enforced.

Several factors mitigate against doctors doing much psychological probing during annual physicals. First, most of the examining physicians are not specifically trained in mental health and feel unprepared to accurately identify and assess psychological distress. Second, since they are obliged to report suspicions about mental health problems, by not prodding they aren't forced to interpret a finding and possibly destroy a pilot's career by mistake. Other complicating factors include the sheer volume of time it would require to administer careful and regular mental health screenings to all pilots and the lack of foolproof methods for that mental health assessment.

Another presumed line of defense against impaired pilots turns out to be generally ineffective. That is the expectation that other pilots will report observations about a disturbed pilot to management. But pilots say that they are reluctant to endanger a colleague's career. "Check flights" that result from such a colleague report are quite rare in the United States, indicating that peer reports are infrequent.

Finally... the catch-22. Pilots themselves are required by the FAA to disclose existing psychological conditions and medications and can be fined \$250,000 and lose their license for not doing so. Pilots are expected to report their own mental distress but doing so makes them nearly certain to lose their jobs and careers.

Dr. Phillip Scarpa, President of the Aerospace Medical Association (AsMA), relaying his organization's 2014 findings on pilot mental health screening, acknowledges that some serious mental illness with sudden onset is virtually impossible to predict. However, for common and treatable conditions (such as fatigue, anxiety, depression, substance abuse, life stressors), AsMA advocates more vigorous screening and treatment in a non-threatening environment. The organization suggests education about aviation mental health for pilots, their families, and their examining doctors. AsMA recommends several specific quick screening tools that ask the pilot to reveal stressors and substance usage. Most of these efforts, though, require that the pilot enter the catch-22 zone of self-incrimination. Advocates of more screening recognize the need for establishment of "safe zones" that allow pilots to admit problems and seek help without the certainty or high probability of losing their license. Removing the catch-22 is tricky.

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