

Mental Health Issues in the FAA

Aerospace Medicine Course

Presented to: South African Civil Aviation Authority

By: Penny M. Giovanetti, D.O., M.S.P.H.

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Federal Aviation
Administration



FAA Philosophy

In a pilot, with a mental health diagnosis... return him/her to flying...as long as it is safe to do so.



Special Mental Health Programs

- **Human Intervention Motivation Study (HIMS)**
- **Selective Serotonin Reuptake Inhibitors (SSRI)**



HIMS Program

- **Success story**
- **Prior to 1974 - permanent grounding for substance dependence – no exceptions**
- **Coordinated effort between management, unions, volunteers, medical professionals and FAA**
- **2,317 Airmen on special issuance for substance use disorders**
- **85% relapse free**



Medical Certification of Airmen Special Issuances-Substance Dependence

(CY 2020 as of 12/13/20)

	Class 1	Class 2	Class 3	Total
Alcohol Abuse	496	111	113	720
Alcohol Dependence	872	63	64	999
Drug Abuse	349	57	68	474
Drug Dependence	94	9	21	124
	1811	240	266	2317



HIMS Team

- **Employers**
- **Pilot Unions**
- **FAA**
- **HIMS AMEs**
- **Treatment Facilities**
- **Psychiatrists**
- **Peer Support Groups**
- **Peer Pilot**

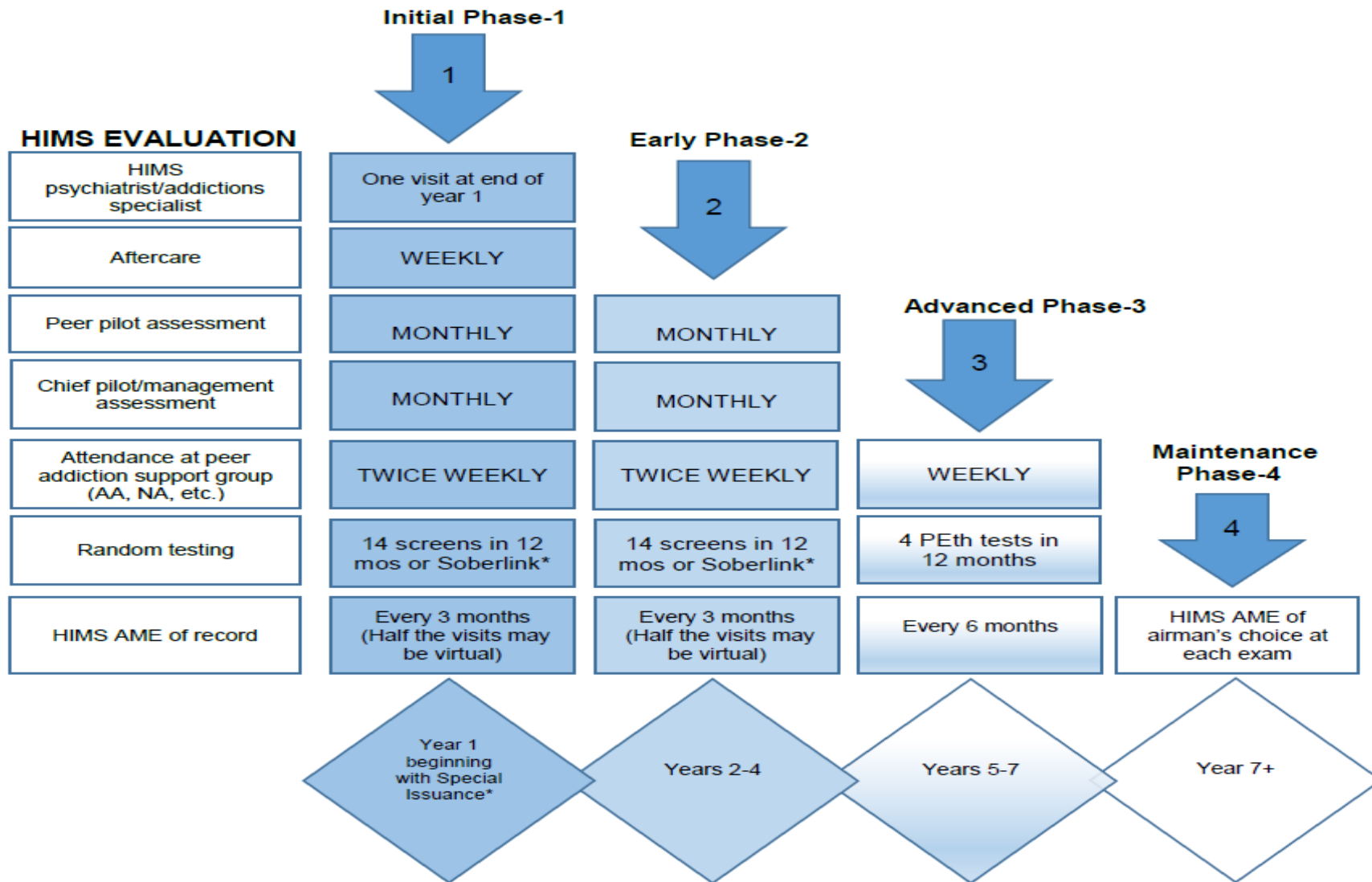


FAA Program

- **Dependence vs. abuse vs. one-time stupid**
- **Formal treatment program – 28 day inpatient or intensive outpatient**
- **Group aftercare**
- **Peer support group e.g. AA**
- **Compliance testing**
- **Evaluation by HIMS psychiatrist**
- **Initial neurocognitive assessment**
- **Maintain abstinence**



HIMS STEP DOWN PLAN



*Soberlink or similar portable, alcohol breath-monitoring system that has facial recognition and cellular transmission technology.



Goals of Step Down Plan

- **Support strong recovery program**
- **Extended follow up of life-long disease**
- **Responsible fact-based use of resources**
- **Satisfy as many stakeholders as possible**



Role of the HIMS AME

- **Coordinate care**
- **Administratively manage case**
- **Regular meetings with pilot**
- **Evaluate the **quality** of the recovery**
- **Make a **recommendation** regarding safety for special issuance**



HIMS AME Qualifications

- **Experienced AME**
- **Approved by Regional Flight Surgeon**
- **Attend HIMS Basic Seminar – 2 1/2 days**
- **Pass written test**
- **Complete refresher training every 3 years**



HIMS AME Checklist

•Drug and Alcohol Monitoring – RECERTIFICATION

1. HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES

Any concerns that the airman is not successfully engaged in a continued abstinence-based recovery program or is not working a good program based on your clinical interview/evaluation and review of reports?

- Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable?.....
- Any evidence or concern the airman has not remained abstinent?
- Any positive drug or alcohol tests since last HIMS evaluation?
- Any evidence of noncompliance or concern the airman is not working a good recovery program.....
- Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition.).....

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

2. TREATING PSYCHIATRIST REPORT or HIMS PSYCHIATRIST REPORT: Required EVERY 12 months for ALL CLASSES unless a different time interval is specifically stated in the Authorization Letter.

- Report(s) is/are favorable (no anticipated or interim treatment changes)
- The psychiatrist recommends no additional treatment or monitoring.....

Not Due	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Items 3 - 5: The AME should review. Do not submit these items (3-5) to the FAA unless concerns are noted.

3. AFTERCARE COUNSELOR REPORTS: For 1st and 2nd class: Required every 3 months; 3rd class: Per Authorization Letter.

- Show continued participation and abstinence-based sobriety?

N/A	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. CHIEF PILOT REPORT(S): Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable?

N/A	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. PEER PILOT REPORTS: Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):

- Report(s) is/are favorable with continued total abstinence?

N/A	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. ADDITIONAL REPORTS: Required **ONLY** when specified by the Authorization letter

- HIMS related (AA attendance, therapy reports, etc.) are favorable and meet authorization requirements.....
- Reports required for other **non-HIMS** conditions all meet Authorization requirements.....

N/A	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I have no other concerns about this airman and recommend re-certification for Special Issuance.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



HIMS Certification Aid – Drug and Alcohol INITIAL Sample

#5 NEUROPSYCHOLOGIST EVALUATION AND RAW TEST DATA

The neuropsychologist report **MUST** address:

1. **Qualifications:** State your certifications and pertinent qualifications.
2. **Records review:** What documents were reviewed, if any?
 - a. Specify clinic notes and/or notes from other providers or hospitals; and
 - b. Verify if you were provided with and reviewed a **complete copy** of the airman's FAA medical file.
3. **Results of clinical interview:** Detailed history regarding psychosocial or developmental problems; academic and employment performance; family or legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions and all medication use; and behavioral observations during the interview and testing. Include any other history pertinent to the context of the neuropsychological testing and interpretation.
4. **Mental status examination**
5. **Testing results:**
 - a. CogScreen-Aeromedical Edition (CogScreen-AE); and
 - b. Remainder of the core test battery.
6. **Interpretation:**
 - a. The overall neurocognitive status of the airman;
 - b. **Clinical** diagnosis (es) suggested or established based on testing, if any;
 - c. Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties, if any;
 - d. Discuss rationale and interpretation of any additional testing that was performed; and include
 - e. Any other concerns.
7. **Recommendations:** Additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc.



HIMS Document Links

HIMS-TRAINED AME CHECKLIST

Drug and Alcohol Monitoring – INITIAL Certification

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/HIMS_DA_Monitoring_Initial_Certification.pdf

FAA CERTIFICATION AID

HIMS Drug and Alcohol Monitoring – INITIAL Certification

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/FAACertificationAid-HIMSDrugandAlcohol-Initial.pdf

HIMS AME CHECKLIST

Drug and Alcohol Monitoring - RECERTIFICATION

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/HIMS_Drug_Alcohol_Monitoring_Checklist.pdf

FAA CERTIFICATION AID

HIMS Drug and Alcohol Monitoring – RECERTIFICATION

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/Drug_Alcohol_Monitoring_Recertification_Aid.pdf



HIMS Program Issues

- **Incorrect regulatory determination**
- **Drug/alcohol monitoring test results**
- **FAA delays for initial Special Issuance**



Title 14, CFR Part 67.107(4)

Substance dependence...as evidenced by:

- **Increased tolerance, OR**
- **Manifestation of withdrawal symptoms, OR**
- **Impaired control of use, OR**
- **Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.**



DSM 5

Alcohol Use Disorder

- A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by **at least two** of the following, occurring within a **12 month period**.



SSRI Program History

- **General observation that pilots on antidepressants were doing well**
- **General awareness that mild/moderate depression is very common**
- **Publication in Federal Register April 5, 2010**
- **4 approved medications chosen for most favorable side effect profile**



Diagnoses Treated with SSRI's

- **Depression** 61%
- **Anxiety** 39%
- **Major depression** 12%
- **Obsessive/compulsive** 0.05%
- **PTSD** 0.02%
- **Dysthymia** 0.02%



Antidepressants

- **Mild/moderate depression or other diagnosis**
- **Stable 6 months**
- **No history psychosis, suicidal ideation, multiple meds, electroconvulsive therapy**
- **Use of fluoxetine, sertraline, citalopram or escitalopram only**
- **Recurrent major depressive disorder must be treated**



Antidepressants

- Ongoing monitoring by psychiatry, treating physician, neuropsychology, HIMS AME
- Dosage changes will invalidate special issuance authorization
- Changes of medical monitor require prior coordination with FAA
- **Changes in condition must be reported to HIMS AME and FAA immediately**



The “Rule Outs”

- **Psychosis**
- **Suicidal ideation**
- **History of electroconvulsive therapy (ECT)**
- **Concurrent use of multiple antidepressants**
- **History of use of antidepressant plus other psychiatric drugs**
- **Psychiatric hospitalizations**
- **Bipolar spectrum disorders**
- **Affective instability**



Airliner Assisted Suicide

- **Germanwings flight 9525**
- **March 24, 2015**
- **French Alps**
- **150 fatalities**



Airliner Assisted Suicide

- **LAM Airlines ERJ 190; Namibia 11/29/13**
- **EgyptAir B767; Atlantic Ocean 10/31/99**
- **Silk Air B737; Indonesia 12/19/97**
- **Royal Air Maroc ATR42; Morocco 8/21/94**
- **Japan Airlines DC-8; Japan 2/9/82**



Germanwings

- **Very small percentage of mental illness is dangerous**
- **Mishap pilot had track record of depression**
- **Treating physician recommended not flying**
- **No indication of crew concern on outgoing leg**
- **Failure to disclose/failure to report**



Failure to Disclose

- **Airman does not recognize problem**
 - **Diagnosis associated with poor insight**
 - **Symptoms minimized/mischaracterized**
- **Airman chooses to conceal**
 - **Financial hardship**
 - **Career impact**
 - **Stigma**



Non-waiverable Conditions

- **Psychosis**
- **Bipolar disorder**
- **Untreated recurrent major depression**
- **ADHD either on medication or with persistent signs/symptoms**



Cognitive Concerns

- **SSRI**
- **HIV**
- **ADHD**
- **Substance dependence**
- **Brain injury**
- **Aging aviator**
- **Neurodegenerative disease**



Myth: Denial Is a Common Event

- **396,104 Applications submitted FY2019**
- **35,502 Special Issuances (9%)**
- **5,415 Initial denials (1.4%)**
- **93% of those denied failed to pursue**



Psychiatric Special Issuances

All Classes (as of 12/13/20)

Conditions	#
Depression	655
Anxiety	558
ADD/ADHD	141
Obsessive Compulsive	45
PTSD	111



Psychiatric Special Issuances Class 1

CY 2019 = 745

CY 2020 = 797

**New case disqualification rate
for all classes about 15%**



Aviation Rulemaking Committee

Recommendation 5, June, 2016 Report

The FAA should assemble and disseminate information on benchmark pilot support programs, which includes pilot assistance programs, to serve as a resource for air carriers to develop new or improve existing programs.



Issues of Concern

- **Acceptable medications**
- **Frequency of cognitive testing**
- **Adequacy of cognitive testing**
- **Advocacy in the professional community**
- **Falsification and cheating**



**“I didn’t know where
I was in the air.”**



Simone Biles



The Message

- **Mental status is a performance issue and a safety issue**
- **Naming it facilitates communication**
- **Communication facilitates recognition**
- **Recognition decreases fear**
- **Decreased fear enables action**



Mental Health Continuum



Questions?

We're all headed the same direction



**Federal Aviation
Administration**