

**W**hen you feel like you just can't take it anymore—the contract devaluations, the bankruptcies, the fatigue, the lack of respect, the host of problems at work and at home that are maxing out your stress tolerance—where do you turn? To make matters worse, as an airline pilot you have an image and a career to protect, and you worry that revealing any weakness will collapse your house of cards.

The raft of problems in the airline industry over the last 6 years has taken a toll on pilot mental health. Capt. Jeff Kilmer (FedEx), executive chairman of the ALPA Human Performance Structure (see "ALPA's Human Performance Structure," page 25), says, "Our representatives have seen an uptick across the board in stress-related issues, manifested in medical or professional standards issues and in general malaise.

"No other industry in the United States has been under more direct stress and pressure since 9/11," he says. "And we know that our members are carrying that stress."

Dr. Donald Hudson, director of the ALPA Aeromedical Office in Aurora, Colo., concurs that industry conditions have resulted in "increased numbers of pilots feeling emotional and mental

## When Your Mental State Cries

# 'MAYDAY'

## Your Union Stands With You

By Susan Burke  
Contributing Writer

stress who have been calling our office for assistance and asking questions about the FAA implications if they get that assistance."

Of the calls ALPA's Aeromedical Office gets in a year for all medical problems, about 25 percent concern mental health issues. About half of those mental health issues involve depression,

which often requires treatment, and those numbers have remained fairly steady. But these days, 25 percent of mental health calls have to do with stress, family issues, and the like, and "that's a sizable number," Hudson says. Another 10 percent involve anxiety disorders, 10 percent are for substance abuse (overwhelmingly alcohol), and the last 5 percent are miscellaneous conditions that would crop up in any professional population—post-

traumatic stress, bi-polar illness, and personality disorders.

"It's important to remember that professional pilots

are a select group," Hudson says. "Most people with serious, underlying psychiatric problems don't get to be airline pilots in the first place, because the training is so arduous that they usually don't make it."

But on the whole, as Kilmer points out, airline pilots are "just like everybody else," which means being subject to the same kinds of problems that many people have. The difference might be in how, because of their wiring, pilots deal with these problems.

"The good side and the bad side of pilots is that we're taught from day one to compartmentalize," Kilmer says. "To be able to fly our airplanes, we

**“The single biggest asset we bring to pilots is that we’re fellow pilots. So if a pilot’s having difficulties, we give that pilot a completely confidential outlet to discuss the problem with somebody who understands.” —Capt. Jeff Kilmer, chairman of the ALPA Human Performance Committee**

compartmentalize our problems and deal with things in a sequential or linear manner. That’s great for flying airplanes—not so good if you deal with the human aspect by keeping the stress buried. If you compartmentalize for too long, the issue will eventually leak out, in various ways.

“So once the flight’s over, our committees give pilots with a concern an outlet to safely and confidentially discuss it, get it out in the air, and maybe help resolve it.”

### **Pilots helping pilots**

The process works because it starts with a pilot volunteer rather than with a professional. For starters, it gets through the trust barrier more easily, and it saves time explaining the basics. “Our people do the same job as the pilot,” Kilmer says, “and they understand the problems that go with it—being away from their families, airlines being in financial difficulties, furlough—because they are pilots. And they bring confidentiality to the table. Anything brought to our volunteers stays totally with them.”

Not only are they pilots, many volunteers have been through the same experience as the pilot they’re trying to help. For example, Kilmer says, “An alcoholic who makes it through the HIMS program and is back flying wants to share that success. Alcoholics who make it are proud of their success, and rightfully so. For many of them, HIMS saved their lives, not just their careers. So they are very motivated.”

To enhance the connections, ALPA’s Aeromedical Committee is putting together a voluntary database of pilots

who lost their medical certification for a particular condition, then regained it, so they can be matched with a pilot who

## **ALPA’s Human Performance Structure**

At the moment (though a reorganization is in the works), five subcommittees fall under the umbrella of ALPA’s Human Performance Structure, all of them leveraging trained pilot representatives who help fellow pilots and their families:

Critical Incident Response Program (CIRP) works with post-accident or -incident scenarios; Professional Standards works with cockpit conflict and other issues between pilots; Human Intervention and Motivation Study (HIMS) works with substance abuse; Aeromedical handles issues that threaten a pilot’s medical certificate; and Pilot Assistance, mainly Canada-oriented, helps any pilot with a professional or personal difficulty that may affect job performance. 🌐

has a similar problem. “They can empathize,” Kilmer says. “They understand what you’re going through; they had the same fears and concerns and have been through the same process. They can tell you what to expect. It tends to demystify it all.” And seeing the pilot volunteer with a restored medical certificate gives them hope.

Kilmer himself was inspired to do this work through two personal events. The first was an aircraft accident when he was on active duty in the Marine Corps. “I made a mistake; I was responsible for the accident. Part of this is to try to give back for that mistake. Also, I had issues afterward, and there was no structure in place to help me with that.”

The second event was the crash of a FedEx Express airliner in Memphis, which destroyed the airplane, but which the crew and jumpseaters survived. It was the first accident that Kilmer worked on as a CIRP volunteer.

“The captain of that airplane was an incredible man,” Kilmer says. “In the post-accident process, he asked me to get the crew and the jumpseaters together before meeting with the NTSB so he could speak to them. And my cynical nature thought, this is where everybody gets their stories straight. But when we got into the room, what we heard from him instead was, ‘I apolo-

gize for everybody having to be here... I don’t want anybody to think that they have to protect me or the first officer, because we need to know why this happened. I want everybody to tell the truth because it’s more important to find out why this airplane crashed than to try to protect anybody’s career here.’ It was an incredible statement to make. I just try to live up to the standard that he set for me on that accident.”

Kilmer has plans to enhance the Human Performance resources and training. The Committee will have its first road show soon—to Atlantic Southeast pilots—as part of a program to visit every MEC to help them set up all the Human Performance committees locally. “And if they’re so small that they don’t think they can effectively manage all four of the committees, we’re going to provide them with partner MECs that have more assets,” Kilmer said. “We want to say to them, echoing [ALPA’s president, Capt.] John

**A Pilot's Story** The story of "Ben," a first officer in his mid-30s with a major airline, illustrates how all the pieces of ALPA's resources can work together for the best outcome.

Ben had a difficult childhood—parents divorced when he was 2, a mother who couldn't care for him, a father who was a pilot and often away from home, leaving Ben with a stepmother he couldn't get along with. "So I had to fend for myself a lot," he says, "and that left me a

anymore, put their 9-month-old son in the car seat, and was preparing to leave. "My son was just sitting there staring up at me, smiling," Ben remembers, "and while I was looking at him, I felt like I was drowning, between the pain I was feeling and the shame that I was causing my son to grow up like me, from a broken home.

"So after she left," he says, "I went upstairs, put on my old military uniform, hopped in my car, and decided to turn my two-car garage into a gas chamber. The next thing I remember is four

I figured, O.K., I'm alive, I've been given a second chance, and I'm going to make the most of it. Yes, I've created a mess, but it's time to fix it."

How did he learn about ALPA Aeromedical?

"My father had mentioned it, and I contacted the ALPA Aeromedical volunteer for my pilot group. He steered me to ALPA's Aeromedical Office. I talked to Dr. Hudson, and he didn't beat around the bush. He said, 'You've got a long road ahead of you. Here's what I need you to do. You're going to have to go to

**"I knew ALPA was there, first and foremost, to protect my job. And normally I'd take that to mean largely from a disciplinary standpoint, if the company or the FAA was after me.... But I didn't know the depth of services available." —"Ben," a first officer and ALPA member**

nervous and angry person." His first marriage failed, and the second one became troubled after 2 years when they moved to a different city for his current job—first with arguments, then no more communication or caring, and finally when Ben's wife discovered he was chatting with another woman online.

In the fall of 2005, Ben's wife told him she didn't want to be with him

paramedics and two policemen shoving IVs into my arm and putting me in an ambulance. The problem was that I didn't run a hose from the exhaust pipe into the car directly.

"I was in the hospital for two days, then they put me in a mental facility. I was not at all happy about being there. After a few days, they sent me home, and it was at that point that I grounded myself and contacted ALPA Aeromedical.

therapy for at least a year, and you're going to have to do everything they tell you to do, in addition to what I tell you to do, to the letter."

"Then I talked to my father, and he told me, 'I know Dr. Hudson, and let me tell you something. If there's anyone who can help you recover and get your medical certificate back, it's that man there.'"

"So I went to therapy and took the

Prater, 'If one ALPA pilot has a problem, we all have a problem.'"

The Committee will soon roll out a new listening skills course, modeled on a course taught to the volunteers by Brian Murray of Humanitas in Toronto. "My goal is to make it a little more portable," Kilmer says. Besides the training offered at the annual Human Performance Conference, traveling seminars will be taken to MECs and hub cities to provide training in the field for the volunteers' convenience.

The volunteers are trained to listen, and also to know their limits. "When we see a conversation approaching our limits," Kilmer says, "we try to steer the pilot with the problem to professional help, and all kinds of professional help is out there."

### The Aeromedical connection

While ALPA's Human Performance Committee works with a number of psychologists familiar with pilots, including its trainers, ALPA's Aeromedical Office is the Association's primary professional contractor. Hudson, who served his residency in psychiatry, is

one of six doctors at the office in Aurora. Four of the other five are family practitioners, and all six are board-certified in aviation medicine.

Say you've been feeling very depressed and finally go to your MEC or local council Aeromedical Committee volunteer to ask for some help. He or

she listens carefully, then may recommend that you contact the ALPA Aeromedical Office. Here's how that works:

First you'll speak to one of the secretaries, who will take your name, airline, ALPA number, date of birth, date and doctor of your last FAA physical, phone contact information,

## Symptoms of Depression

The following symptoms of serious depression are from *The Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM-IV), by the American Psychiatric Association and American Academy of Family Physicians (American Psychiatric Publishing, 1996), the standard reference for mental health practitioners. Basically, a person must have five or more of the following symptoms in a consecutive 2-week period, including at least one of the first two symptoms:

- Depressed mood
- Marked diminished interest / pleasure
- Significant weight gain or loss
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt
- Diminished concentration or indecisiveness
- Suicidal ideation (thoughts, plans, means, intent)

Keep in mind that the symptoms listed above must be *persistent*, consistent, and intrusive to meet the diagnostic criteria. Most adults have had significant life events (particularly deaths of loved ones) that have triggered some of these feelings at one time or another, but they don't necessarily warrant diagnosis or treatment for depression. 🧠

medication, and whatever Dr. Hudson needed from me, I got it to him in a timely fashion. Usually when you deal with a company or organization, you're a number. You send them something, and it sits on a desk for two months. That was not the case with Dr. Hudson, he was right on it. I can't say enough about the service he gave me, it was incredible. If it wasn't for him, I wouldn't be flying right now, I'd still be struggling. If I'd done it myself, I probably wouldn't have gotten my medical back."

How did Ben get by financially while he was grounded?

"I was still working for my company," he says. "They were great. I went to them and said, 'Do you have anything I can do? I'm fine, I just can't fly an airplane now.' The airline provided me continued employment during my medical leave.

"I think that grounding myself showed the FAA integrity, when I said, 'I'm not well enough to fly right now, and I'm going to fix it.' I fixed it, and that counted for a lot.

"I got my new medical certificate on June 1, 2007." 🌐

and a bit about the problem you're dealing with—in this case, depression. The secretary compiles the information and sends it to the doctors electronically. If she believes it's an emergency (and most of the secretaries have 20 years' experience in making those judgments), she will encode it as urgent. The goal is always to give a call

## **Your brain surgeon can operate on you while taking antidepressants, but you can't fly your airplane while doing so."**

**—Dr. Donald Hudson, director of the ALPA Aeromedical Office**

back within an hour, if possible.

On the call back, the doctor will ask about your symptoms (see "Symptoms of Depression," page 26), and the conversation will expand on that. Then you might ask, "If I see somebody and I get a diagnosis of depression, what are the implications from an FAA standpoint? What's treatment like? How long might this take?"

And that's the hitch that keeps some pilots from calling at all, and maybe others from following up. Per FAA regulations, a diagnosis of clinical depression by a reputable source is a

disqualifying condition that prevents an airline pilot from exercising the privileges of his/her medical certificate. Hudson says he will tell the pilot up front: "If you get that diagnosis, you are disqualified until you can go through proper treatment and have medical records that document the diagnosis, treatment, and recovery.

"In North America," he says, "the standard of care for depression is to treat it with a combination of medications and talk therapy for a minimum of six months, but the current FAA policy is that you cannot fly while on antidepressants. On top of that, the FAA mandates a 90-day period off the medication with no signs of relapse before it is willing to say, O.K., this pilot can return to the flight deck." Adding in administrative time, the average pilot in that case could be off work for 9 to 10 months.

"That's an archaic policy," Hudson says. "Thirty years ago, it made more sense. Then, we didn't have real effective medications for treating depression—they often had significant side effects as well." By the early 1990s, with the third generation of antidepressants, depression treatment became much more effective—"to the point where now, if you are any professional other than an airline pilot, you could do your job while taking antidepressants," he says. "Your brain surgeon can operate on you while taking antidepressants, but you can't fly your airplane while doing so." Among the professional pilots not subject to this restriction are ALPA's members who work in Canada, which allows its pilots

to fly while taking antidepressants.

The FAA regulations can even make the problem worse. "They have the unintended consequence of pushing pilots away from getting treatment, because they know if they do, they're going to be sitting for a while," Hudson says. Long-term disability and loss-of-license insurance policies sometimes don't cover this situation, and most pilots don't have that much sick leave, so they may face a financial burden.

The FAA is reviewing the policy on antidepressants and is expected to make a decision within months. Meanwhile,

pilots in depression and fearing the loss of their medical certification have a decision to make.

Hudson offers a couple of warnings. Most people can be treated with antidepressants for a limited period—it does not have to be life-long, but without any

## **I NEED HELP**

Go to ALPA's website, [Crewroom.alpa.org](http://Crewroom.alpa.org), then click on "Committees," "Human Performance," for phone numbers of ALPA committee chairmen.

Call your LEC or MEC pilot volunteers; ALPA's Aeromedical Office, (303) 341-4435.

## **ALPA IS HERE FOR YOU**

treatment, the depression will not go away, and its effects on a pilot's ability in the cockpit can include a lower energy level. "Depression leads to cognitive slowing," Hudson says. "You don't think as fast or as clearly, so it takes more effort to accomplish mental tasks. Pilots who are depressed and flying are not functioning anywhere near 100 percent."

The \$64K question for depressed pilots, Hudson says, is, "Doc, if I were to take Zoloft like my psychiatrist wants me to and I got randomly tested, would this show up?"

"The answer to that is no," Hudson says. "The random tests are for illegal drugs only. But if you have an incident or accident, post-event testing is much more intensive and would detect psychotropic medications."

An Aeromedical Office doctor who suspects that a pilot is depressed will discuss avenues for evaluation and treatment. He might refer you to your company's Employee Assistance Program or to a practitioner in the Office's database. If you decide to get treatment, he will monitor your progress with two goals: your recovery and getting your medical certificate back. If, on the other hand, you are simply very stressed, he will help you address the source—if it's financial, talk to the benefits people to find out options. If it's marital, consult a marital therapist. And so on.

"Usually, by the time a pilot calls us, it's reasonably serious," Hudson says. "They are not sure which way to go or what the FAA implications are, but they know they can talk to us in confidence." 🌐