Mental Fitness to Fly: Psychiatry Updates & the HIMS Program

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September 9, 2016
DISCLOSURE INFORMATION

- No off-label med use and/or investigational
OBJECTIVES

• Discuss the challenges associated with gathering data regarding mental health evaluations of pilots
• Review and differentiate how mental health evaluations required by the FAA are processed
• Discuss some preliminary findings of my survey analysis
AGENDA

• Background
  • HIMS
  • ARC Report

• Updates on HIMS
  • Renewals only

• Research Findings – Sneak Peek
Press Release – U.S. Commercial Aviation Community Targets Pilot Mental Fitness

For Immediate Release

June 9, 2016
Contact: Alison Duquette or Les Dorr
Phone: 202-267-3883

Fact Sheet – Pilot Mental Fitness

For Immediate Release

June 9, 2016
Contact: Alison Duquette or Les Dorr
Phone: (202) 267-3883
HUMAN INTERVENTION MOTIVATION STUDY (HIMS)

HIMS is specific to commercial pilots and coordinates the identification, treatment and return to the cockpit of pilots with substance abuse issues.
Occupational Alcohol Addiction Treatment Program (1970s)

Drugs of Abuse

4 SSRIs (2010)

HIMS today (2016)

Alcohol / Drug Monitoring

SSRI Protocol
ARC REPORT

- **Background**
  - Commercial Aviation Safety Team (CAST)
  - 370 / 9525 tragedies

- **Relevancy to HIMS**
  - Enhanced AME training
  - Pilot assistance programs
  - Professional reporting
MAJOR HIMS CHANGES

- Covers SI renewals ONLY
- HIMS AME may issue 6 mo interim
- Seeks to minimize differences b/t SSRI & Drug / Alcohol
- Provides new “Certification Aids”
STREAMLINING…

- Standardizes reports
  - All classes
  - In person exam q6 mo
- HIMS AME Report → Evaluate ≠ Summarize
- Send to OKC not DC
- If concern (even no shaded areas marked) → must defer & outline concern
SUMMARY – FAA
CERTIFICATION
AID
DRUG / ETOH
RE-CERT

- HIMS AME
- Lab testing
- Psychiatry History Report
- Aftercare
- Chief Pilot
- Peer Pilot
- Additional providers
HIMS AME Checklist - Drug and Alcohol Monitoring Recertification
(Updated 5/25/16)

Airman Name ___________________________________________  PI# _____________________________

Instructions to the HIMS AME:
• Address the following items based on your in-office exam and documentation review;
• Submit this Checklist (it must be signed and dated by the HIMS AME); AND
• Include supporting documentation reviewed to complete this checklist (including your HIMS AME report) within 14 days
to:

Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
PO Box 26080, Oklahoma City, OK  73125-9914

I reviewed the airman’s HIMS Authorization Letter dated:
(date of Authorization letter)

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? .......... □ No □ Yes
• Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable? .......... □ No □ Yes
• Any evidence or concern the airman has not remained abstinent? .................................. □ No □ Yes
• Any positive drug or alcohol tests since last HIMS evaluation? .................................. □ No □ Yes
• Any evidence of noncompliance or concern the airman is not working a good recovery program? .... □ No □ Yes
• Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition) .................................. □ No □ Yes

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). .................................. □ Yes □ No
• The psychiatrist recommends no additional treatment or monitoring. .................................. □ Yes □ No
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 |

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 |

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 |

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 |

7. I have no other concerns about this airmen and recommend re-certification for Special Issuance. ......................
   | Yes | No |

__________________________

HIMS AME Signature

__________________________

Date of Evaluation

If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter.

If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA for guidance AND EXPLAIN in the HIMS evaluation report.
SUMMARY – FAA CERTIFICATION AID
SSRI RE-CERT

- HIMS AME
- Psychiatrist Interim Report
- Psychologist / Neuropsychologist
- Chief Pilot
- Additional providers
HIMS CHANGES – THEMES

• EACH PARTY
  • Clearly delineated req’ts
  • Explicit req’t to immediately report changes (status of airman)

• AIRMAN
  • FAA “strongly” recommends Certification Aid be provided to parties
HIMS AME CHECKLIST TAKE-AWAYS

• Must indicate reviewed airman’s Auth Letter
• Allows issuance of 6-mo med cert
• Analogies
  • “complicated” CACI – certain doc’ms ≠ submitted
  • Quality improvement of formatting (MEB for Air Force)
• Consolidates between MH and SA
PROJECT BACKGROUND

- Survey request (ESAM)
- Task force approval (EASA)

The Pilot-Patient and Mental Health

BY DANIEL DANCZYK, MD, STEVEN I. ALTCHULER, PHD, MD, AND LAWRENCE STEINKRAUS, MD, MPH

The recent crash of an airliner in the French Alps drew attention to the critical importance of the mental health of pilots and the key role physicians play in determining whether a pilot is fit to fly. This article reviews Federal Aviation Administration regulations and guidelines for making that determination and discusses the role of both the aviation medical examiner and the community physician in caring for pilots. It also offers community physicians tips for building solid relationships with pilot-patients so as to ensure they receive the best care possible.
CROSS-SECTIONAL SURVEY

• Aviation Professionals in MH / SA
  • Gov’t, industry, private, military
• Focus on medical certification process
  • Initially keep to U.S. & Europe
• Information gathered
  • Demographics on those seeing airmen
  • Practice and process characteristics
    • Services provided
    • How communicated mental health data
• Perceptions
CHALLENGES

• Getting survey out
  • ESAM (aviation medical authorities, psychologists, AMEs)
  • Other groups
    • CAMA, AsMA, HIMS, Flight Safety, Flying Physician Association

• No response rate (no surprise)
GEOGRAPHIC BREAKDOWN

% of Respondes, N=308

- U.S., n=177
- Europe, n=80
- Other, n=51

26.0% 16.5% 57.5%
European Breakdown

# countries=18
Counts/country distribution:
MIN 1
MEDIAN 3
MEAN 4.4
MAX 14
What is your specialty and/or area of expertise? (Mark all that apply.)

- U.S.
- Europe

* p < 0.05
PERSONAL AVIATION EXPERIENCE?

* p < 0.05
Have you undergone any special training / courses / programs aimed at supporting pilots with mental health or substance abuse concerns? (No/Yes)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>U.S.</td>
<td>63%</td>
</tr>
<tr>
<td>Europe</td>
<td>49%</td>
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N=237, p=0.0843
[If “Yes”]: What was the name of the training/course/program? (Mark all that apply.)

- HIMS*
- Other

* U.S.
* Europe

39% *
6%
17%
28%

* p < 0.05
Mental Health Data Produced

- **Psych Eval**: 11% (U.S.) 22% (Europe)
- **Counseling**: 1% (U.S.) 6% (Europe)
- **Med Cert**: 53% (U.S.)
- **Sent to Gov’t**: 64% (U.S.) 37% (Europe)

* p < 0.05
Do you think providers in your country should be required to report any pilot diagnosed with mental health/substance abuse, or undergoing treatment, to the aviation medical authority, and be protected under the law if they do so? (No/Yes)

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<tr>
<th></th>
<th>U.S.</th>
<th>Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO</strong></td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td>83%</td>
<td>83%</td>
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</tbody>
</table>

N=198 (no significant difference)
Should pilots with a history of bipolar disorder or psychosis, with maintenance treatment and favorable prognosis, be considered for waiver or special consideration to return to flying? (No/Yes)

N=198, no significant difference
CONCLUSION

• HIMS & Beyond…
  • Combating stigma and naysayers
• ↑ Robustness of SSRI Protocol?
• “HIMS” for other countries??
Questions & Discussion

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