Mental health and behavioural questions for use by medical examiners

2.2.15 As there is evidence that several fatal aviation accidents have been caused by psychiatric disorders or inappropriate use of psychoactive substances, it is reasonable that as part of the periodic aviation medical examination there should be questions that pertain to these issues. Little guidance has been provided concerning how such aspects could be addressed in the periodic medical examination, although experienced medical examiners have often informally and spontaneously included them in their evaluation of the applicant. Further, the number of non-physical conditions that can affect the health of pilots and which can lead to long-term unfitness in those of middle age appears to be increasing.

The conditions addressed by the proposed questions have been shown to be amenable to preventive action before they develop into significant health problems and before there is an impact on the pilot’s medical status for flying.

2.2.16 There are various questionnaires with various degrees of complexity available for assessing mental health and behavioural aspects of an individual’s health. The questions below may serve to promote a relevant discussion between the medical examiner and the pilot. To encourage dialogue, it is recommended that no written record of the conversation is retained (other than a record that mental health and behavioral topics were discussed) unless some item of immediate flight safety risk is uncovered — this understanding should be made clear to the pilot at the outset, thus increasing the likelihood of a frank discussion. It is to be expected that only rarely will any formal action need to be considered by the medical examiner to protect flight safety in the light of response to such questions, since the main aim is to discover behavioral patterns or mental aspects that are amenable to change before they become sufficiently severe to affect the medical fitness.

2.2.17 The questions suggested address those conditions that are most common in the age range of professional pilots and those which are most likely to affect performance on the flight deck. Statistics show that the main psychiatric conditions in this context are mood disorders and certain anxiety disorders, especially panic episodes. Additionally, in many Contracting States, excessive alcohol intake and use of illicit drugs in the general population are occurring with increasing frequency, and pilots are not immune from these social pressures. Questions have been developed to address these issues as well.

2.2.18 In developing the questions, a review of the literature was undertaken by specialists in the field, with the aim of choosing simple questions that can be answered quite quickly. The vast majority of pilots will respond to all questions in the negative, and it is unnecessary to request pilots without any relevant problems to undertake a prolonged screening questionnaire. Those who answer positively, or with uncertainty, can be engaged in further dialogue by the medical examiner. The aim is to encourage pilots to consider their lifestyle and thereby improve the likelihood that they will remain in good mental health during their careers; this, of course, includes the avoidance of problematic use of psychoactive substances. Occasionally, the medical examiner may find conditions that are amenable to medical support or even treatment; it is important to detect these at an early stage, before they become significant problems and before they have a long-term impact on the pilot’s medical fitness and on flight safety.
2.2.19 The questions below may not represent the most suitable questions for the pilot populations of all States, but they offer guidance — a starting point — for States that intend to implement 6.3.1.2.1 and wish to develop an approach that includes these important aspects of medical fitness.

2.2.20 The questions do not necessarily have to be posed verbally by the medical examiner but could, for example, be given to the applicant to read prior to the examination.

**Suggested questions for depression:**

1) During the past three months, have you often been bothered by feeling down, depressed or hopeless?

2) During the past three months, have you often been bothered by having little interest or pleasure in doing things?

3) During the past three months, have you been bothered by having problems falling asleep, staying asleep, or sleeping too much, that is unrelated to sleep disruption from night flying or transmeridian operations?

4) In the past three months, has there been a marked elevation in your mood lasting for more than one week?

**Suggested questions for anxiety/panic attack:**

1) In the past three months, have you had an episode of feeling sudden anxiety, fearfulness, or uneasiness?

2) In the past three months, have you experienced sensations of shortness of breath, palpitations (racing heart beat) or shaking while at rest without reasonable cause?

3) In the past year have you needed to seek urgent medical advice because of anxiety?

**Suggested questions concerning alcohol use:**

1) Have you ever felt that you should cut down on your drinking?

2) Have people annoyed you by criticizing your drinking

3) Have you ever felt guilty about your drinking?

4) Have you ever needed a drink first thing in the morning?

5) How many alcoholic drinks would you have in a typical week?

6) How many alcoholic drinks would you have on a typical day when you are drinking?
Suggested questions concerning drug use:

1) Have you used drugs other than those required for medical reasons?
2) Which non-prescription (over-the-counter) drugs have you used? When did you last use this drug(s)?