

# **AntiSkid: Support and control program for commercial pilots with mental disorders including substance use disorders**

**European Pilot Peer Support Initiative – EPPSI**

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## AntiSkid basic philosophy

- (1) To regain and maintain a healthy working capacity for pilots
- (2) In the framework of aviation safety

## AntiSkid basic characteristics

- (1) A science-based program for pilots with mental disorders
- (2) An integrated concept of individualised peer support, intensive professional psychotherapy and long-term control of flight fitness
- (3) Return to duty as early as possible, subject to continued program participation for 2 to 3 years
- (4) As anonymous as possible
- (5) Supported by 9 airlines (10.000 pilots) but totally independent and confidential
- (6) In coordination with the German Federal Aviation Office LBA

## 1.1 From 1982 to 2017: 35 years of experience

- 1982 First management/ VC initiated AS group after several alcohol-related death cases
- 1985 Change to a peer support concept for alcohol use disorders
- 1990 Scientific supervision and program design
- 2000 Covering illicit drugs
- 2015 Covering other mental disorders according to ICD/DSM (F10-F90)/ MED.B.055/060
- 2016 Care for victims from Threat Management cases  
Care for suspected pilots from random alcohol and drug testing
- 2017** 20 AS pilot peers  
2 hospitals for mental disorders including substance use disorders  
4 out-patient psychotherapists  
10 medical practitioners and AME

## 1.2 Types of mental and behavioural disorders (selection) (according to ICD 10, F00-F99)

|   |   |
|---|---|
| Organic disorders (F00-F09)   | Cerebral diseases   |
| Substance use disorders (F10-F19)                                     | Alcohol, drugs, pharmaceuticals   |
| Mood disorders (F30-F39)  | Mania, depression; Bipolar affective d.   |
| Neurotic disorders (F40-F48)  | Phobias, panic, general anxiety, obsessive-compulsive d., adjustment d., post-traumatic stress d. |
| Behavioural syndromes associated with physiological factors (F50-F59) | Eating d., sleeping d.  |
| Personality Disorders (F60-F69)                                       | E.g. narcissistic personality d., impulsive d., sexual d.   |

## 2.1 Four AS programs variations

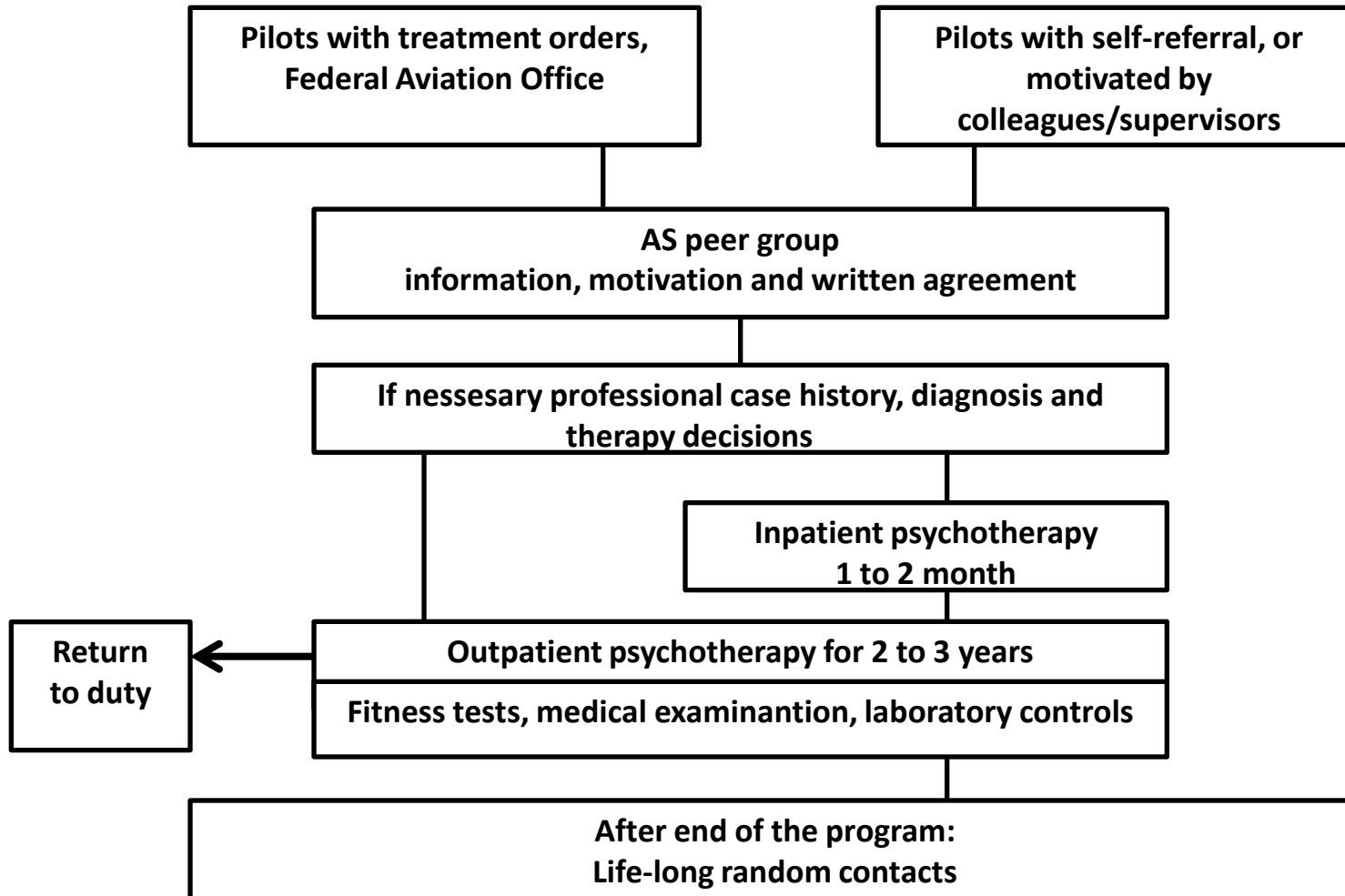
|   | Substance use disorders | Other mental disorders |
|---|-------------------------|------------------------|
| Combined / inpatient/outpatient treatment | Program S1              | Program M1             |
| Outpatient only treatment                 | Program S2              | Program M2             |

## 2.2 Overview of AS programm components<sup>(1)</sup>

|   | Substance use disorders |                       | Other mental disorders |                       |
|---|-------------------------|-----------------------|------------------------|-----------------------|
|   | S1                      | S2                    | M1                     | M2                    |
| 1. Total duration   | 36 m                    | 36 m                  | 24 m                   | 24 m                  |
| 2. Inpatient stay   | 2 m                     | -                     | 2 m                    | -                     |
| 3. Outpatient therapy   | 34 m<br>(22 sessions)   | 36 m<br>(24 sessions) | 22 m<br>(20 sessions)  | 24 m<br>(35 sessions) |
| 4. Peer group meetings (monthly)                                | ✓                       | ✓                     | -                      | -                     |
| 5. Individual AS peer support                                   | ✓                       | ✓                     | ✓                      | ✓                     |
| 6. Medical support and control (monthly)                        | ✓                       | ✓                     | ✓                      | ✓                     |
| 7. Control of psychotropic substances (monthly / three-monthly) | ✓                       | ✓                     |                        |                       |
| 8. Control of pharmaceuticals (three-monthly)                   | ✓                       | ✓                     | ✓                      | ✓                     |
| 9. Case conferences (quarterly)                                 | ✓                       | ✓                     | ✓                      | ✓                     |
| 10. Written case documentation (ongoing)                        | ✓                       | ✓                     | ✓                      | ✓                     |
| 11. Professional supervision                                    | ✓                       | ✓                     | ✓                      | ✓                     |
| 12. Long-term follow-up after end of treatment                  | ✓                       | ✓                     | ✓                      | ✓                     |

<sup>(1)</sup> Patients have to sign in advance their acceptance that the inpatient stay and/or outpatient therapy might be extended according to individual treatment needs and treatment progress.

## 2.3 AS entry and treatment program



*Any questions ?*

