

European Pilot Peer Support Initiative – EPPSI –

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Key Elements for Peer Support Programmes (PSP)

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Introduction

In the aftermath of the Germanwings accident in March 2015, the European Commission set up a Task Force under the lead of EASA in order to provide the European Aviation industry with a number of proposals to address a number of potential safety issues concerning flight crew mental fitness.

One of the key solutions that have been identified by the Task Force to address these issues are Peer Support Programmes, set up to assist and guide pilots towards the proper support and help in case concerns about safe professional performance or mental health of the pilot should be addressed and strict confidentiality is desirable.

In view of this current rulemaking on Peer Support Programmes (PSP), undertaken by the European Aviation Safety Agency (EASA), it is paramount for PSP stakeholders to establish the key requirements that any PSP should meet in order to ensure proper and successful functioning of such programmes. This paper summarizes such key requirements.

From experience, there are basically three different kinds of issues covered by existing Peer Support Programmes:

1. issues of substance abuse and addiction;
2. problems of coping with daily life stressors (domestic problems, socio-economic pressures, emotional/mental stressors, training issues, etc);
3. possible trauma after critical incidents.

The ultimate goal of any PSP is to enable a pilot that reports to a PSP to get adequate help and treatment in order to resume his/her career on the flight deck.

Peer Support Programmes share a set of common principles, although details or additional requirements may be specific to the programme and/or the cultural context in which they are set up.

The common principles are:

- The goal of the PSP must be to enable prevention and early detection of issues and adequate advice and support to the concerned crew member, incl. facilitation of treatment where needed, with the aim to enable the crew to return into service;
- Active involvement of pilots as peers who receive both initial and continual training;
- Self-contained independent Peer Support Structure – a ‘firewall’ between programme and management;
- Active involvement in the set up and oversight of the structure by all relevant stakeholders, including crew representative organisations;
- Adequate Data Protection and confidentiality;
- Based on Trust between parties;
- Non-punitive in nature and in line with Just Culture principles.

Common requirements for Peer Support Programmes

1) Programme structure

- The backbone of a Peer Support Programme are voluntary Peers ('Peer Supporters') i.e. pilot colleagues with the same professional background but additionally trained in appropriate skills. They will be the 'connectors' to the programme, a friendly ear which provides the crucial link between the pilot needing help and the necessary support. They will also play an important role in generating trust from the pilot community in the programme.

Experience from similar programs has shown that a workable number of Peer Supporters is approximately 1% of the concerned employee population.

- Ideally, to guarantee independence of the programme – and thus its credibility – it should be run on a day to day basis by an independent PSP Management Team consisting of at least one experienced Pilot Peer Supporter (a pilot is the leader of the team), an experienced aviation psychologist and an experienced aeromedical doctor (preferably not being an AME/psychiatrist) with the required skills and expertise in aviation
- The Management Team has several key functions on a day by day basis and for the longer term:
 - a. Assist in the process of removing a pilot from the roster if there are sufficient concerns about their fitness to fly (this should be done in conjunction with the company's occupational health provider and the peer supporter dealing with the individual). The exact process will depend on the individual airline but the fundamental principle is that the company's management are unaware of the reason for the pilot being removed from the roster;
 - b. Provide ongoing clinical support and advice for the Peer Supporters when dealing with individual cases;
 - c. Act as the data controller for the programme, and specifically be responsible for the safeguarding of clinical case files;
 - d. Provide training (initial and continuing) for the Peer Supporters (see section 6 below);
 - e. Assist in recruiting and selecting the Peer Supporters;
 - f. Maintain, promote and when needed further develop all agreed procedures being in force;
 - g. Supervise the programme and safeguard it against any influences that may jeopardize the programme's independence, effectiveness or credibility.
- Referral into the programme should be straightforward with as few barriers to reporting / self-referring as possible. Common tools are direct contact to Peers or publication or assistance phone numbers. Use of New Technologies (Web-based, Apps...) may be considered, however extreme care must be given to potential breach of data protection by hacking or similar.

- Pathways for referral to the programme are usually:
 - a. self-reporting' / 'self-referral';
 - b. reporting by colleagues concerned about another colleague;
 - c. reporting by people close to the crew member (family, friends etc.);
 - d. referral by AME, General Practitioner, Mental Health Professional, perhaps even Fleet Management of the company

- Programmes can be established by the operator itself, by the union/pilot association or by a fully independent agency:
 - If the programme is established by the operator, the people organising it need a written contract that they are internally independent and that they don't have to report anything about a single case to management. They need to have trust from the management and the employees, and the selection / election process should reflect this.
 - If the programme is run by the union/pilot association it needs similar safeguards. There should be clear safeguards against possible conflicts of interest.
 - For independent programmes trust building may be somewhat easier because the organizations are less perceived as being tied to an operator/airline. Using independent organizations may be of advantage to small companies that can 'outsource' the PSP to such organizations.
 - A PSP shall be seen as a complement to existing company rules and policies regarding fitness for flight, and does not substitute these.

- It is generally recognised that the involvement of the professional pilot association greatly enhances the success of a Peer Support Programme.
 For example, the EASA final report 'Task Force on Measures Following the Accident of Germanwings Flight 9525' (5.2 Organisation requirements for pilot support) states that: *'The implementation of pilot support systems may benefit from being the result of a joint initiative from both the operator and a pilot association, contributing to buy-in from pilots.'* This involvement would typically be in the creation, oversight and monitoring of the programme, along with active promotion and endorsement of it.

- Feedback / Monitoring
 - Regular anonymised statistical reports (at least yearly), may need to be provided to the operator in order to give the necessary feedback into the operator's Safety Management System (SMS). This can be done via the Monitoring Group (see below);
 - care must be taken that the anonymised data cannot inadvertently reveal individual case identities, particularly in small companies. Floors, e.g. percentage of the pilot population, should be agreed below which number the anonymised cases should not be reported but left until there are sufficient numbers to be statistically meaningful (usually around 3-5%, depending on the total number of cases treated);

- A Monitoring Group should be set up to continuously monitor and evaluate the functioning and success of the programme, and to facilitate continuous improvement. It should ideally be composed of:
 - a. representatives of the operator,
 - b. a representative of the PSP Management Team
 - c. the oversight authority(if appropriate)
 - d. the involved pilot association
 - e. representative(s) from the Peer Supporters
 - f. external experts as required and acceptable to other members of the Monitoring Group.

- Cooperation between different PSPs for the same pilot population

There should be a possibility to cross check the existence of reports on a specific individual amongst PSP's dealing with different aspects of support, for example substance abuse and mental health PSPs.

- Legal protection

Peers have to be protected against any legal consequences resulting from their role and work as a peer. A PSP organization is accountable, not peers on an individual basis.

2) Confidentiality

- This is the key element for PSPs. Securing confidentiality and privacy is vital in order to build trust among pilots. The company's management needs to accept and promote the fact that confidential information will not be made available to them. Similarly, the National Aviation Authority (NAA) must buy into this concept of confidentiality.
- Except in the circumstances below, all conversations as part of the programme are confidential. All notes and data from each case must be held securely within the PSP organisation. Neither management nor the pilot association, the authority or third parties will have access to that data.
- Peer Supporters should sign an agreement binding them to a code of conduct and confidentiality.
- Only in very rare cases confidentiality may need to be waived. These cases should be clearly defined: removal of the confidentiality is only possible in cases where relief of flight duties is not enough to ensure safety, because of immediate danger to the individual or others, or clearly evident risk to public safety. When drawing up the PSP agreement, the circumstances for removal of confidentiality should reflect the particular legal guidelines of the country involved. In any case, every effort shall be made to get prior consent of the individual concerned for removal of confidentiality.

3) Independence

- The programmes need to be fully independent from any kind of company/union management influence and fully independent from regulatory structures.
- This independence should be clearly communicated to the workforce to promote trust and confidence in the programme.
- It may be beneficial in promoting trust in the programme's independence to have it accredited, possibly by the country's national health organisation.

4) Funding

- PSPs should be funded by the operator. This includes the structural costs, the day-to-day operational costs as well as adequate time provided to the Peer Supporters as part of their rostered duties for PSP training and casework.

Despite these costs, running of a PSP should be cost efficient when compared to alternatives such as random drug and alcohol testing or balanced against cost of sickness rates.

5) Promotion

- PSP shall be actively and regularly promoted both by management and by the pilot association.
- It is important to reduce the stigma of seeking help, when needed, incl. on emotional / mental health issues. Any PSP should be accompanied by a comprehensive education programme, including easy access to resources on mental health issues.
- It might be explored if assistance or support from National Health Services can be beneficial to the Peer Support Programme, if they are available in the country.

6) Training

- Peer Supporters:
 - Need initial training on: listening & basic counselling techniques and attitudes; providing psychological 'first aid'; knowledge of PSP structure, company support structures and national health care systems ;pathways of referral of crew to professional help;
 - Need recurrent training, preferably together with other peer supporters, provided by professional coaches in order to share experience and enhance competence;
 - Should have individual access to clinical debriefing / advice / support from professionals if needed.

- Company and Union Management
 - Needs basic psychological knowledge, as well as understanding on the importance of independence of the PSP and the confidentiality within the PSP to guarantee its optimal functioning. The company's management also needs to understand that confidential information will not be made known to them and that it is absolutely necessary to respect this fact.
 - Should be trained in the functioning of the programme and how and when it might be appropriate for them to refer a pilot into it for help

- Employees
 - Need training on what is a PSP, how it works, and where to turn to; to be delivered through promotion by management and pilot associations, and/or as part of recurrent training;
 - Need to know that the fact that reporting a fellow pilot to the system does not mean to 'denounce' the colleague or to have him/her 'punished'. Instead, they are non-punitive programmes, offering a support network to that pilot with the aim of returning him/her to the flight deck fit and mentally well again.

- AMEs / Company Occupational Health Service Providers
 - Need training and information on PSPs': basic principles, functioning, types of problems and how, when and whom to refer;
 - Need training for increasing awareness in mental health issues and specific psycho-social stressors associated with being a pilot;

Peer Support & Substance abuse programmes

- Substance abuse is a high-profile reason for referral / self-referral into a PSP. As such, operators and pilot associations should develop robust and sympathetic programmes which tie in with the PSP and ensure that timely and appropriate help is given to a pilot who is identified at a relatively early stage as having a substance abuse issue.
- Need to have an adequate agreement with operator, and pilot unions. The precise nature of this will depend on the particular national legislation regarding the proximity of alcohol / drugs to flying. Some states may require the pilot to be removed from the roster for treatment: others may allow treatment whilst continuing to fly.
- Such an agreement should include and take the form of a legal contract between the PSP and the National Aviation Authority, covering in particular the boundaries of appropriate treatment, specifically when the PSP is required to report an issue to the NAA and when it can deal with the treatment of the pilot 'in house'. It should be mirrored by a contract between the crew member concerned

and the PSP, covering in particular the right of the PSP to take for example blood samples at any moment and the right to refer to the NAA in case of a confirmed blood test.

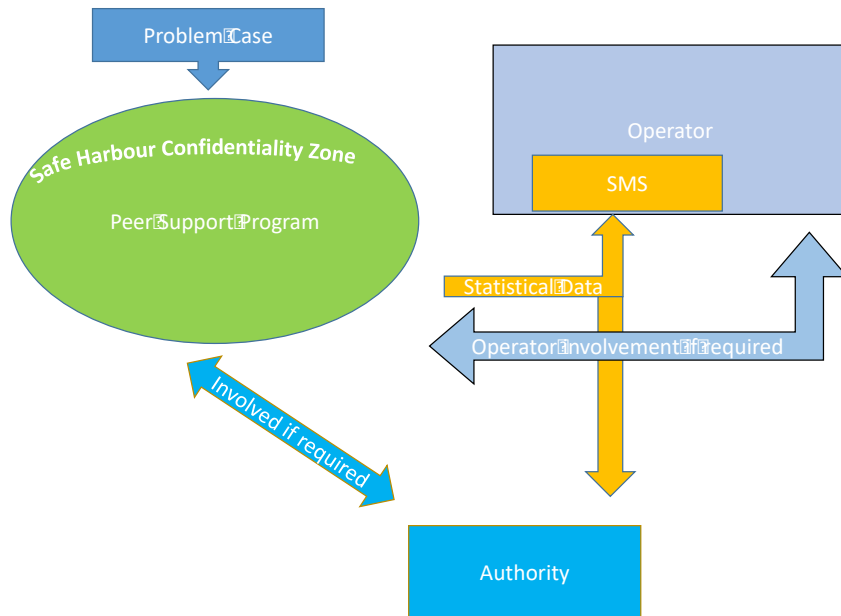
- Need to have substance abuse experts (doctors) available for expert input (in conjunction with the MHP).
- After the rehabilitation, there should be a solid and adequate case-specific after care program.
- Such a programme may include random testing during 2 years' period of sobriety (as required by EASA regulation).
- The ultimate objective is to allow an (early) return to flying, where feasible.
- Care should be taken when drafting programmes to ensure that a pilot cannot use referring themselves into the PSP as a reason to bypass any alcohol-related disciplinary.

Peer Support & Critical Incident Response Programmes

- Evidence (specifically from Stiftung Mayday) has shown that prompt welfare support post-incident dramatically reduces problems downstream for the pilot. Sickness rates in the weeks following the incident can be greatly reduced by involvement of the PSP
- Many companies already have critical incident response programmes: however, most are lacking in the area of sustained psychological care. There should be specific links and protocols built into existing CIRPs to enable the PSP to have direct, swift and continuing access to the pilot post-incident, where required.
- These protocols should include the relationship between the care provided immediately after the incident by the company's occupation health provider, and the post-incident longer term care provided by the PSP
- Extensive guidance on CIRP and specific training can be found in the Annexes.

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ANNEX 1 – Peer Support Programme Basic Relationship Diagram



PSP and SMS

In the context of its Safety Management System, the operator needs to identify the possible hazards related to mental health issues and substance abuse issues and manage the associated risks. Next to education and awareness raising, PSP should be considered the main tool to address this.

The SMS needs to be provided the necessary data in order to confirm the adequate working of the PSP. Therefore, it will be vital that there is an information exchange between the SMS and the PSP.

This data shall be de-identified, statistical data only such as: number of cases in treatment, number of successful returns to flying status, number of relapses.

Under NO circumstances shall individual cases and identified information be forwarded in that context, however generic workflow procedure information may be part of the information forwarded to the SMS. (Entry into programme, diagnosis, treatment decision and follow-up).

PSP and Operator

The operator is a major stakeholder in the PSP scheme and its confidence in its effectiveness is vital. The operator has a responsibility to adhere to the basic principles of PSP, respecting its independence from the operator. PSPs exist as an addition to existing corporate policies, not as a replacement. They often act to encourage pilots to utilise corporate systems of help and support.

The operator gets statistical and generic de-identified data via its SMS.

However, procedures need to be in place to allow the PSP to remove from the flight schedule the crew members that join the Programme without jeopardising confidentiality. The reason why the crew member is removed from the flight schedule must remain confidential.

Similarly, upon successful completion of treatment or counselling, PSP must be able to clear the crew member back to flying.

While experience shows that the vast majority of people referred to a PSP will successfully return to the flight deck, there may be a moment, defined by the Management Team, such as unsuccessful treatment or definite loss of medical fitness, where the confidentiality must be lifted and the crew transitions from the PSP into the normal company Human Resource/social circuit with possible discharge. Every care should be taken to lift confidentiality with prior permission of the concerned individual. This process must be managed delicately with strict adherence to non-punitive principles.

PSP and the Authority

The authority has overall oversight responsibility for the operator and in that context needs to understand and support the principles of PSP as well as get the required data to be able to judge the proper functioning of the operator's PSP.

As such, the authority needs to understand accept and trust the functioning of the PSP.

It should be provided with similar statistical and de-identified data as the operator's SMS.

Peer Support Programmes should endeavour to include authorities into the information flow as early as possible when setting up and running the programme. Buy-in from the authority can only be expected only if there is confidence that the authority will be able to discharge its legal obligations with regard to oversight and enforcement.

There may be a moment, defined by the Management Team, such as unsuccessful treatment or definite loss of medical fitness where the confidentiality must be lifted and the authority must be informed in order to suspend or revoke the crew's licence or medical. This process must be managed delicately with strict adherence to non-punitive principles and with prior permission and coordination with the concerned individual.

Further Annexes to be developed, such as:

ANNEX 2:

Medical Confidentiality Issues (To be completed by ESAM/ EAAP?)

ANNEX 3:

The National Health Service Provider; a resource for PSP?

ANNEX 4:

PSP Generic Terms of Reference and aspects

ANNEX 5:

The Operator Experience (e.g. LH, BA, KLM, Virgin Atl. approach...)

ANNEX 6:

EASA & PSP (Possible EASA contribution on PSP rules?)

ANNEX 7:

The Pilot view (by IFALPA?)

ANNEX 8:

Bibliography & Useful links