



Role of Illness in Germanwings Crash Raises Worry About Stigma

By ERICA GOODE MARCH 30, 2015

An intense focus on the role of the co-pilot's mental illness in the Germanwings jetliner crash has raised concerns that it risks unfairly stigmatizing millions of people with mental disorders and making it less likely they will seek treatment. That, in turn, could make it even harder to identify people working in high-risk professions who pose a threat to public safety.

The co-pilot, Andreas Lubitz, would not be the first aviator to hide the fact that he was having psychiatric difficulties or that he had received mental health treatment.

The reluctance to come forward means that airlines, health professionals and regulators must strike a delicate balance, trying to decrease stigma to encourage pilots to be honest about their problems, while at the same time drawing a firm line beyond which pilots are grounded to protect the public's safety.

Such issues surrounding mental health are familiar territory in the United States, where a series of mass shootings, including those in Newtown, Conn., and Aurora, Colo., riveted the public's attention on the responsibilities of therapists who treat the mentally ill.

After the Newtown massacre in 2012, several states, including New York and Connecticut, changed their laws, broadening the circumstances under which mental health professionals can report a potentially violent patient without fear of legal repercussions. Under the New York law, they are required to report to local health officials those who are "likely to engage in conduct that would result in serious harm to themselves or others."

But those laws remain controversial. And many mental health experts say that the tendency to link mass violence and mental disorders has a negative effect, discouraging people from seeking treatment.

"These kind of stories reinforce the anxiety, the doubts, the concerns that people have that 'I have to keep my symptoms concealed at all costs,' and that doesn't benefit anyone," said Ron Honberg, director of policy and legal affairs at the National Alliance on Mental Illness.

There is little question that in the field of aviation, as in many other professions, acknowledging having a mental illness is a dicey business.

"The stigma is enormous," said Dr. William Hurt Sledge, a professor of psychiatry at Yale who has consulted for the Federal Aviation Administration, the Air Line Pilots Association and major carriers. "And of course, none of them wants that to be known, nor do they want to confess it or believe that they have it."

Pilots' fears about the consequences of being honest about their mental health was one reason the Federal Aviation Administration in 2010 loosened its policy, allowing them to take certain antidepressants and still fly if the illness was mild. Before the policy changed, some pilots received mental health treatment and antidepressants from private doctors but concealed that information from airlines and regulators, said doctors familiar with the agency's practices.

If the rate of antidepressant use in the general population is any indication, some pilots may still be concealing their use of the medications: Government surveys have found that 1 in 10 American adults takes an antidepressant, but only a small number of pilots are currently taking the drugs with the agency's approval, according to the Air Line Pilots Association. Any pilot who takes such medications and continues to fly must follow a rigorous treatment plan that includes regular evaluations and often therapy.

Even if laws were changed, screening procedures tightened and stigma lessened, people who are bent on suicide or mass murder might still go undetected.

Depression is among the most common of mental disorders. About 7 percent of American adults have a depressive illness at any given time, said Dr. Paul Summergrad, president of the American Psychiatric Association and the chairman of psychiatry at Tufts University School of Medicine. But the vast majority of them, he said, "neither commit suicide or pose a risk to others."

And no screening process or psychological test can infallibly detect those who will.

"It's usually extremely difficult to predict suicide," said David Clark, a professor of psychiatry at the Medical College of Wisconsin. "There are those patients who are very unguarded and explicit about not only their suicidal thoughts but how compelling they are. And for every one of those there are those who are very concealing about what's going through their minds, often with their doctors and their family members."

Much remains unknown about Mr. Lubitz's condition and what his motivation might have been. Prosecutors have said that he had a mental health diagnosis and had talked to a psychotherapist about suicide before applying for a pilot's license. But the precise diagnosis has not been made public. And although the authorities said antidepressants were found in Mr. Lubitz's apartment in Düsseldorf, Germany, the drugs can be prescribed for a variety of illnesses other than depression.

"The little bit of information leaking out right now makes people slap their heads and say, 'Someone should have known,'" Dr. Clark said. "But based on the information we have so far, it isn't clear that it was a slam dunk to put the pieces of the puzzle together." John Schwartz and Jad Mouawad contributed reporting from New York.

A version of this news analysis appears in print on March 31, 2015, on page A1 of the New York edition with the headline: Role of Illness Raises Worry About Stigma.
