

Managing inflight psychiatric and psychological cases

By Robb Leigh MD

Although psychiatric and psychological events on board aircraft are often less tolerated by fellow passengers than medical events, the good news is that, last year, these incidents averaged only 3-4% of the 17,000 inflight medical cases documented by MedAire's MedLink Global Response Center in Arizona.

Understanding and responding

Passengers with such serious psychiatric conditions should only travel when clinically stable and only with a physically stronger escort who can restrain the individual (if necessary). These passengers should also have emergency medication readily available. As the airline has no

period. To avoid outbursts from these passengers, ensure rigorous health screening at the gate to prevent boarding.

- True psychiatric conditions such as schizophrenia, depression and suicidal/homicidal ideation may decompensate in flight. The key for crew is to remain calm and to try to reason with the person, helping him/her surrender any plans. Having physically stronger passengers nearby to subdue an agitated person may also be necessary.
- Air rage appears to occur commonly in people with substance abuse problems and with the smallest of provocations, including 'no smoking' rules. Crew members must recognise that the behaviour is a psychological problem and not a personal attack. Remaining calm and responding with kindness will minimise escalation of the situation.
- Some metabolic conditions, especially hypoglycaemia (low blood sugar), can manifest with mental status changes and could be perceived as psychiatric in nature. Prompt recognition and providing the passenger with fruit juice, soda or confectionery will correct the issue.



The worries of a passenger with a fear of flying might lead to an inflight incident.

Even so, it is important for crew to understand that passengers with psychiatric and psychological ailments have ordinary reasons to fly, just like everybody else. Among the millions of air passengers travelling, an unknown number have a mental disorder. Most of these people will complete the journey uneventfully but a small percentage of these passengers may decompensate during flight, potentially causing panic among fellow passengers or even the crew.

The great majority of these incidents are caused by anxiety states that can result in unpredictable behaviour – sometimes with sudden aggressive and disruptive outbursts. The worst possible scenario is a passenger with the challenging psychiatric condition of suicidal behaviour. Individuals with such suicidal tendencies have, on rare occasions, been known to board an aircraft and act upon their impulses by trying to crash the aircraft.

control over the passenger's decisions, crew members must be prepared to respond to a range of possible outcomes when mentally or psychologically ill passengers decompensate. Understanding psychological and psychiatric disorders and the initial management techniques can put the passengers and crew at ease. The following factors should be considered:

- Passenger anxiety usually starts before the flight and continues throughout the service. Relaxation techniques such as deep breathing and guided imagery of pleasant thoughts, along with the use of anxiolytic medications, can control the symptoms. Claustrophobia (a fear of enclosed spaces) can also cause severe anxiety, as can nicotine or other substance withdrawal. A calm demeanour from the crew will help to minimise the outbursts.
- Alcohol- and drug-related conditions can result in disturbing behaviour during the 'high' or withdrawal

Although most people with psychiatric conditions may travel safely, airlines must always be prepared for the unthinkable. One form of preparation is for airlines to consider offering 'fear of flying' courses to anxious passengers. Advertising these courses in an inflight magazine or on seat-back cards could help prevent future incidents from occurring. ■

As a practising emergency physician in metropolitan Phoenix, Arizona, and a medical advisor for MedAire, Robb Leigh is involved in handling medical emergencies daily in an urban emergency room as well as remotely via MedAire's venues.

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