

Flying through personal darkness

The FAA has a rule for pilots: stay off antidepressants or don't fly. It encourages them to bury problems, many say.

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Family members say Mark Zenner was depressed but feared seeking professional help. "He believed doing so would end his career and his passion for flying, while putting his family at financial risk," his brother Jim said. (The Denver Post)

Al Kent loved his job as a pilot for Air Wisconsin, but bouts of insomnia had left him feeling more and more lethargic in the cockpit.

He sought help for the underlying depression - and opened himself to a more devastating turn of events. Under Federal Aviation Administration rules, he was grounded, and his flying career came to an end.

"When I lost the ability to fly, I thought my life was over," said Kent. "I couldn't see anything else. That's what you live for, day in and day out."

He wrote a book about the experience, "Ascent from Darkness." Yet even while baring his soul about the anguish, he was hesitant to reveal his identity. Al Kent is not his real name. It is a pseudonym he uses when writing about or discussing the subject.

Seeking professional help is difficult for many people who feel depressed, but pilots face an even bigger disincentive: Some fear that doing so could permanently ground them.

That was the predicament facing former pilot and Denver resident Mark Zenner, family members say. During his flying days, Zenner sometimes dealt with feelings of depression, but was reluctant to seek help because he feared it would end his career. Zenner shot himself to death on May 31, shortly after retiring from United Airlines.

The Federal Aviation Administration can disqualify pilots from flying if they suffer from depression that could affect their ability to fly. Pilots being treated with antidepressants are forbidden to fly, although the FAA's federal air surgeon is reviewing that policy.

If there is a change, the agency will most likely allow newer types of antidepressants that pose less risk of side effects that can interfere with flying, according to FAA chief psychiatrist Charles Chesnow. Chesnow said the FAA's top priority is safety.

Advocates of loosening the restriction on antidepressants say the current policy discourages pilots like Kent and



United Airlines pilots, from right, John Barton, Dave Smith and Greg Coln talk about friend and colleague Mark Zenner after a memorial service Monday at St. Andrew United Methodist Church in Highlands Ranch. Zenner killed himself the day his retirement took effect. (Post / Helen H. Richardson)
Zenner from seeking help.

Kent eventually was diagnosed with bipolar disorder and is on medication. Although he has not had symptoms for nearly 13 years, he no longer flies.

Even pilots who retire "feel a tremendous sense of loss," Kent said. "Their dream and their love is gone. Desperation sets in."

Australia and Canada allow pilots being treated with antidepressants to fly. Chesanow said he expects the federal air surgeon to make a decision on antidepressants in a matter of months.

Pilots who are depressed but not on medication are evaluated on a case-by-case basis, according to Chesanow. "We try to determine when someone is in remission from their depression, or has recovered from their depression, whether they would be at risk to become depressed again or not," he said.

The FAA doesn't require pilots to undergo detailed psychological reviews. Aviation medical examiners do give commercial pilots physical exams that include an "informal mental status test," Chesanow said. Pilots are also required to fill out a government-issued form asking questions about mental-health symptoms.

Pilots go into those physicals "with trepidation, because you go in with your license and your means of livelihood," said Steven Wallach, an aviation attorney and consultant in Boca Raton, Fla. "You may or may not come out with the means to make your livelihood."

According to the National Institute of Mental Health, about 9.5 percent of the general population suffers from a depressive illness in any given year. Most people do not seek treatment.

While experts say that pilots are no more depressed than anyone else, the condition can affect their judgment, reaction time and the ability to make decisions.

"Those are all critical components to being able to fly safely," said Donald Hudson, an Aurora-based doctor who is an aeromedical adviser to the Air Line Pilots Association and specializes in the psychological health of airline pilots, during an interview last year.

About 75 to 80 percent of all people with clinical depression are treated with antidepressants, according to Hudson. Most people use both antidepressants and psychotherapy.

Pilots with mild conditions may be recertified after their symptoms are controlled and they are off medication.

At the FAA, Chesanow said, "I have many pilots who have called and said, 'Gee, I'm on antidepressants. They're disqualifying. I would like to fly. Should I stop them?'"

"If I were their physician, I think it (would be) more important for them to be healthy than fly."

Allowing some antidepressant use "would allow pilots to come forward a little more easily," Wallach said. "I'd rather have (a pilot) on medication who is diagnosed than one who isn't."

Pilot suicide was suspected in the crash of an EgyptAir plane that fell into the Atlantic Ocean Oct. 31, 1999, shortly after taking off from John F. Kennedy International Airport. The National Transportation Safety Board said the crash was the result of the first officer's "flight control inputs," but said the reason for the first officer's actions was not determined.

"We would not put public perception above safety," said Air Line Pilots Association spokesman Pete Janhunen. "Hopefully America has come a long way in perceptions of mental health."

"If there's a safe way for pilots to seek help, get help and continue to fly, we would like to pursue that option," Janhunen said. "If you have something wrong with you and a medicine can help you, we should be for that. That being said, we need to make sure that ... change doesn't introduce any unintended risk."

Kent believes the FAA also is worried about liability issues. Though he has not had symptoms for years, he said, "Let's say I have a depressive episode or some major manic episode ... and that comes back on them. I think it's a logical fear.

"But the bottom line is that it's discriminatory to me. They could certify a guy with health problems and he could have a heart attack and die."

He has been pushing for a change to allow pilots who have recovered and use psychotropic medications to fly with regular reviews.

"You've got a lot of pilots out there who need help, but they're afraid to do it," Kent said.