

In-flight psychiatric emergencies: What you should know

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Although they are rare, in-flight psychiatric emergencies occur because of large numbers of passengers, non-stop flights over longer distances, delayed flights, cramped cabins, and/or alcohol consumption.^{1,2} Psychiatric symptoms and substance intoxication/withdrawal each represent up to 3% of all in-flight emergencies, and in most cases (90%), the primary presentation is acute anxiety.^{1,2} Common in-flight psychiatric differential diagnoses include depression, psychosis, personality disorders, and somatization.¹

When a passenger requires medical or psychiatric treatment, the flight crew often requests aid from any trained medical professionals who are on board to augment their capabilities and resources (eg, the flight crew's training, ground-based medical support).¹ In the United States, off-duty medical professionals are not legally required to assist during an in-flight medical emergency.¹ The Aviation Medical Assistance Act of 1998 protects passengers who provide medical assistance from liability, except in cases of gross negligence or willful misconduct.^{1,3} Flights outside of the United States are governed by a complex combination of public and private international laws.¹ Here I suggest how to initiate care during in-flight psychiatric emergencies, and offer therapeutic options to employ for a passenger who is exhibiting psychiatric symptoms.

What to do first

Before volunteering to assist in a mental health emergency, consider your capabilities and limitations. Do not volunteer if you are under the influence of alcohol, illicit

substances, or any medications (prescription or over-the-counter) that could affect your judgment.

Inform the flight crew that you are a mental health clinician, and outline your current clinical expertise. While the flight crew obtains the medical emergency kit, work to establish rapport with the passenger to identify the psychiatric problem and help de-escalate the situation. Initiate care by¹:

- eliciting a psychiatric history
- inquiring about any use of alcohol, illicit substances, or other mood-altering substances (eg, type, amount, and time of use)
- identifying any use of psychotropic medications (eg, doses, last dose taken, and if these agents are on the aircraft).

The Federal Aviation Administration has minimum requirements for the contents of medical emergency kits aboard US airlines.^{1,4} However, they are not required to contain antipsychotics, naloxone, or benzodiazepines.^{1,4} Although you may have limited medical resources at your disposal, you can still help passengers in the following ways¹:

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Monitor vital signs and mental status changes, identify signs and symptoms of intoxication or withdrawal, and assess for respiratory distress. Provide reassurance to the passenger if appropriate.¹

Administer naloxone (if available) for suspected opioid ingestion.¹ Antiemetics, which are available in these medical kits, can be used if needed. Encourage passengers to remain hydrated and use oxygen as needed.

If verbal de-escalation is ineffective, consider administering a benzodiazepine or antipsychotic (if available).¹ If the passenger is combative, refer to the flight crew for the airline's security protocols, which may include restraining the passenger or diverting the aircraft. Safety takes priority over attempts at medical management.

If the passenger has respiratory distress, instruct the flight crew to contact ground-based medical support for additional recommendations.¹

A challenging situation

Ultimately, the pilot coordinates with the flight dispatcher to manage all operational decisions for the aircraft and is responsible for decisions regarding flight diversion.¹ In-flight medical volunteers, the flight crew, and ground-based medical experts can offer recommendations for care.¹ Cruising at altitudes of 30,000 to 40,000 feet with limited medical equipment, often hours away from the closest medical facility, will create unfamiliar challenges for any medical professional who volunteers for in-flight psychiatric emergencies.¹

References

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