



## Graduated effect on mental health of frontline aircrew

An in depth look at the effect of flying on those that do it, written by those pilots.

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## Foreword

*"I am so pleased to be back in contact with Karl. We were out of touch for a very long time and it seems we were working separately on the same root cause to our unquiet minds; traumatic stress. In my case my usual quiet mind started shouting at me when watching, from the vantage point of a helicopter, two men I didn't know getting murdered during a funeral by Irish Republicans in Penny Lane in West Belfast and then providing evidence to enable the conviction of the perpetrators over a number of cases in Crumlin Road Courthouse. The stress of the original event and the subsequent evidence, delivered in open court, impacted on me in ways I wasn't going to understand until some years later. Sometimes, even now, out of the blue my mind brings up images from that spring day and when I talk about the events of that day my emotions are still very much on the surface...nearly thirty years on!*

*Mine is one event that triggers strong emotions in me, but this isn't always the case, when you read Karl's paper you will note the cumulative affect or impact of the multiple events from sorties flown on operations in different parts of the world over many years. The lack of support with mental health injuries from the wider army and from the corps, that we both belonged to, is staggering but when you analyse it is not very surprising. The Ministry of Defence knows it is a problem but is unwilling or unable to acknowledge it as this would mean properly dealing with this at all rank levels of the military and across all services. This would mean applying more trained resources to work on the problem at a time when neither the expertise nor the money is prioritised to it.*

*It's awareness of mental health issues that helps foster discussions within the barrack room, crew room, medical room or indeed any place that service personnel meet to have a casual chat about it. Alternatively, when the battle scars run deep, it is the need for available therapy, without the stigma often associated with mental health issues that has to happen.*

*This paper should help promote the discussions at all levels and ought to be seen as an aid to normalising the topic of mental health injury. It is only when a mental injury is part of normal discussions is it seen in the same light as a physical injury. Les Cameron"*

*Having flown in multiple theatres operationally as left seat Aircrewman Observer on Lynx Mk7 and having read Karl's honest and frank description of his experiences I found that more than one point resonates with my personal experiences as a British Army Aviator. Stress was never discussed in any depth and any failings were seen as weakness rather than simple human error and there was never an opportunity to discuss the root cause of any issues. I enjoyed my flying career immensely overall and I miss the euphoria that can't be explained to any mere mortal. But that's the point, we are all mortal and this needs to be acknowledged. It's an odd thing to do and I have total respect for anyone who straps in and does it day to day but there is a fundamental need to ensure that all aspects of a flying soldier's life is allowed to be*

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*expressed and reviewed to maximise CRM and operational capability. Karl's experiences could be perceived at the more extreme end of what can go wrong but the lessons that can be learned for all are no less relevant.*

*Andy 'Sonny' Liston*

*"Trauma is personal. It does not disappear if it is not validated. When it is ignored or invalidated the silent screams continue internally heard only by the one held captive.*

*When someone enters the pain and hears the screams healing can begin."*

After a long career flying rotary aircraft with the Army Air Corps I suffered what my psychiatrist called delayed onset Post Traumatic Stress Disorder (PTSD) and have spent the past 3 years undergoing Trauma Therapy (TT). This has been very problematic given the obscure nature of being a front line pilot within the MOD and I hope this paper might go some way to help reduce other Aircrew suffering the same or similar. It is not my intent to write this in an accusatory form but simply to highlight the way things have been and to hopefully provide a basis on how Aircrew might be afforded better care in the future.

I wanted to personally thank those colleagues and friends that have given input into this paper, without your support this could not have been completed.

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### Background

I served in the Army Air Corps (AAC) as a pilot and instructor on more than one type of helicopter and my experience is spread over 3 decades. My service within the AAC was much like any other pilot and included several flying tours and posting types including periods on ground tours.

In 2014 I suffered a complication at work as a result of a clash of personalities, which I tried to address as best as I could but noticed my ability to even carry out the very simplest of tasks had become incredibly difficult. I began crying at night and often for hours without any logical reasoning. I had previously had a bout of depression following a tour in Bosnia in the 1990's as well as whilst serving in Germany in 2012 which perhaps should have been a telltale sign.

I reported to my Medical Officer (MO) at Middle Wallop whom was concerned enough to write to my nearest Department of Community Mental Health (DCMH) whom had a three-month waiting list.

Sadly, my tears then began flowing during working hours and I had no control of them. I was also not sleeping and at times getting irritable as well as very sullen in mood. I had begun to decline to the point where suicide thoughts had begun to be commonplace.

Eventually one morning at my desk I lost my sense of who I was and could not hear or see anyone. I have no idea how I managed to phone for help but eventually the Padre came to my office and I was taken straight to DCMH.

I have subsequently spent time in the military ward of Parklands community hospital for mental health and had endless sessions of therapy prior to medical discharge in January of 2016.

Since my discharge I have spent 8 weeks in total with Combat Stress who found it impossible to help given the nature of my condition, which is now diagnosed as Severe PTSD and Co-Morbid depression.

It was during this treatment that I met another former AAC pilot as well as 2 Royal Air Force (RAF) pilots who were also finding treatment difficult.

I have decided I need to try to pen as much detail into how as Aircrew we are susceptible to Mental Health issues and more importantly why it is so difficult to treat.

To those that have little understanding of PTSD I should point out that in my case, it is nigh on impossible to relax as I remain hyper vigilant to threats. I am constantly assessing my surroundings and trying to decide on the fight or flight system that is inherent whilst in danger. There is also the trigger system whereby I am taken by

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surprise, which is usually noise but can also include alerts to the other senses. When this happens it usually triggers a memory, which is usually one of a past event.

I am led to believe that some of the points in this paper have already changed for the better but I write from my own experience only and so apologise in advance for any errors. It should be noted that whilst some changes have been made, that those changes will only address the future and not the past.

Finally, I would like to make some personal suggestions as to how to improve the ability for Frontline Aircrews to carry out their duties whilst reducing the risk of stress or ultimately poor mental health.

### Risk

It is important to understand that there are several factors that make flying operations quite unique in military terms and I would like to address them below. It is important to understand that I will no doubt have missed some because of my own poor mental health and so this will not be an extensive list but more one that I have found to contribute to my condition and that I can see having read across to all aircrew regardless of type or role.

1. Experience: With experience comes greater responsibility but are Squadron Commanders (OC) really aware of the decisions that are being undertaken by their crews and the impact those decisions carry? Not only is there a complexity of decision making cycles on each and every sortie we must also consider the impact in cockpits of 2 or more aircrew. As an example an inexperienced member of a crew may well not agree with the decisions made but be too worried to speak up or indeed fight their own inner demons with regard to the mission or sortie.
2. Mission Command: The way of the aviator is to have a full and factual debrief after each sortie which includes highlights and lowlights. This is known as constructive criticism and I wholeheartedly see its purpose but how does this help individual aircrew that have often performed at the cusp of constraints, in high intensity conditions and often in the tightest of timelines? Squadron Commanders need to understand or at least look at sorties from an overarching point of view that takes in to consideration not only the various conditions but also the level of complexity over the experience and then merged with their own ability as its far too easy to be analytical at leisure.
3. Squadron Command: Are the correct people being given the correct grounding for Squadron Command? In the Army, officers have to fill a role outside of flying before returning to become an OC. Does that really qualify them for being able to honestly judge individual Aircrew personnel as much as they should? Perhaps aircrew should be taken away from the traditional promotion cycle and afforded better chance of gaining the experience

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necessary to better manage aircrew and then able to morally judge suitability as well as functionality.

4. Crew: Throughout my flying career I flew with so many people and very rarely in a permanent crew basis. That may seem unimportant but all these years later I realise I have nobody to talk to regarding sorties that may or may not cause my PTSD. The difference that simple factor makes in comparison to a platoon that fight from a permanent base for 4 months is gigantic, as they can all talk one on one or as a group until the end of time. Our inability to do this very simple thing is incredible and very much ignored. The importance of Crew Resource Management (CRM) is so important in sustaining greater mental health.
5. Sortie profile: Are there any sorties on operational tours that are not of the utmost importance? The level of responsibility in saving life is fundamental toward our own sense of self worth. Aircrews are in the business of saving life be it in the form of rescue, supply, or armed action the responsibility is the same. Whether in a combined or single aircraft operation the enormity of each sortie has a profound effect on the brain and in particular with the “could I have done any better!”
6. Aircrew Persona: We are all of us extremely proud to fly in the military and as a result of the nature of flying it seems to attract very confident people whom really don't cope very well with failure. That confidence also provides a mask that aircrew are untouchable and consequently not in need of any special treatment when in fact it's quite the opposite. We must recognise that aircrew are human, have feelings and are no more robust than any other service person.
7. Aircraft: I don't propose to suggest our aircraft are in any way inadequate but there are issues such as fitted for and not with, or urgent operational requirements (UOR) only arriving on operations. The lack of real time training only adds pressure to aircrew and especially whilst on mission specific training (MST) sorties. The financial constraints that are part of the over burdening affect on the Ministry of Defence (MOD) are of course extraordinary and whilst I understand very little can be done about that, the prevalence of such decisions must be taken into account when considering stress loading on aircrew.
8. Training: Are our training courses really up to date and are they really delivering aircrew that are able to cope with the extra burden of operational flying? I would suggest most courses are far too complex given the nature of the amount of equipment inside a cockpit these days and they have to be simplified. Are vector diagrams and engine components really that important?

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9. Currency: Again are we overburdening our aircrew? The opportunity to take a holiday for 2 or 3 weeks with families is far from easy. That not only brings about stress for the aircrew but also stress in the family home. We have to recognise that we can't just consider the affects that work may have on stress loading but also how we manage time off effectively so that it enhances family life.

10. Aircraft and simulator availability: These have to be able to cope with the demands of training. Simulation must be kept as up to date as the aircraft and in some cases prior to aircraft upgrades. As more and more of the training and currency, as well as mission training are handed over to simulation then much more impetus must be given to supporting such simulation in order to make it as realistic as possible and in a timely manner.

11. Career end: After a long career flying in the military the brain can struggle with what I would call a calming affect. Again, I have no science to prove what I am saying is correct but several former pilots have discussed this happening to them. Loss of high tempo workloads as well as the expectant continuation of flight and the way the brain deals with it leaves us with an emptiness inside our brain. If that then allows our mind to begin to process all of the imagery, noise, and emotion that had previously been locked away then the steady slide into depression can be misdiagnosed as missing flying in the Military. The stark reality is that actually in some cases the opening of Pandora's box so to say is very prevalent. We must ensure people are aware of this.

### Stress Factors

In this section I would like to explain the often disregarded or even simple demands expected on aircrew whilst on frontline duties by using a couple of examples.

Example: A helicopter with a crew of 3 are given the task of providing top cover to a vehicle convoy for 90 minutes in a given hostile theatre. They have briefed and gained subsequent authority. They have good communications with the command system as well as the convoy commander (note: not always the case) and operate within their trained sortie profile.

How much if any thought at all is given to the level of responsibility to that 3-man crew? Take for example the convoy has 30 vehicles, each with a crew of 3 which means they are now responsible for 90 people as well as the vehicles and any effect on civilian casualties should something occur.



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I wonder how many OC's even contemplated the effect of just that one sortie on the crews mental health or indeed stress and especially when adding weather, aircraft fit, and density of hostile action.

Let us assume that the sortie was successful and after 90 minutes the crew were then able to carry out a relief in place and return to base. At point of recovery there seems no further action necessary and so the crew can then ready for the next sortie. But just how much of an affect has the sortie taken on each member of the crew and to what varying amounts? Would any of the crew be monitored for any signs of stress?

I wonder if the affect of the mixture of decision cycle, speed of delivery, anxiety of loss of own aircraft or a vehicle and any CRM issues between crew would cause a stress loading that might not be immediately apparent

Alternatively, another scenario may have included destruction of a vehicle or even loss of life due to a roadside bomb. Now the matter takes a completely different direction about how the 3 members of the crew remember that one sortie. But I would suggest that once again there was little change with regard to monitoring the crew or even discussing the effect on their feelings. What I would suggest is that the sortie would be debriefed as to why they hadn't prevented the attack even though the odds of sighting a buried bomb were probably magnificent.

This is just one example that will have happened on operations and have probably not ever been properly looked at with regard any mental health issue. Perhaps if this is now put into another perspective, which is the example was the middle sortie of 3 for the crew that day! In between each of the 3 sorties they had just enough time to debrief and then continue onto another sortie. Upon landing after the third sortie that day would they have the ability to fully debrief each of the 3 sorties?

Granted a lot of aircraft have electronic memory, which can be used to debrief a sortie, but how does that analyses the effect on a crew both physically as well as mentally?

Herein lies the real problem, which is that as aircrew, people may fly 3 sorties every day for 2 months and with different crew make up in aircraft with differing levels of equipment. They will often then wish to sleep or relax a little in their own space or spend time with friends.

If we consider the Infantry Platoon once more but this time in an after-action scenario they are all now recovering together and will be able to easily discuss the events of the day whilst maintaining the equipment as readily as possible in case of further action. I would suggest this is a great way of distressing as well as desensitizing the effect of the day. In comparison when looking carefully at risk 1 to 10 our aircrew are not really able to offload any thoughts of the day as it's just not the Aircrew way.

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In isolation, this one sortie example may seem to be off a low threshold in the daily duties of frontline aircrew but consideration has to be given to the cumulative buildup of sorties and the effect on the mind.

In my own case I now struggle with a myriad of sorties and how I behaved on each. I can hop quite frequently through several incidents and in different Theatres of Operation (TOO) at quite a pace. My triggers are so wide and varied that it's impossible to predict what my brain may visualize in response to being stimulated unexpectedly.

Of course, there will be a myriad of other stressors that occur in daily life that may include family problems, finances, illness and life in general. These in isolation are probably manageable but not when allied to the stress factors I have already highlighted.

### Learned lessons

In this section I would like to explain some of the events that happened to me once it became obvious that I was unwell. I will cite certain events that may seem unsavoury and I am not wishing to cause any issues with regard accusations but it is important to highlight them one by one.

- i. Chain of Command (COC): I felt very much alone once my decline into poor mental health began. I no longer felt part of my regiment and one person in my COC made things very difficult for me. I was ridiculed and made to feel like I was a fraud. At one point this person told me that I wasn't unwell and I should be ashamed that I was tying up the medical assets that should be dealing with real injuries. As you can imagine that had a dire affect on any recovery I was struggling to make. I should point out that this person was not aircrew trained.
- ii. Medical care: My MO who was a civilian was exemplary and I really couldn't thank her enough. She was however bound over by the moronic system that prevented her from helping me recover mentally as my Unit maintained command of me despite me being signed off work. This meant that I had to keep returning to the work lines to hand in paperwork, which in turn meant once again having to face the bigotry of suffering with a mental health condition.
- iii. Mental Health Treatment: In my own view the Department of Community Mental Health (DCMH) are not able to treat aircrew effectively as their therapy is often nugatory and presumes the stressor has come from a single moment in time and not over a career. Added to this is a complete lack of knowledge toward aviation or indeed the amount of time spent on sorties

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and their variety. I should also add that I felt humiliated in a great deal of sessions as my perceived level of intelligence was much lower than it actually is/was.

- iv. Wounded Injured Sick (WIS): My time spent as a WIS was very difficult as again it left me within my unit command structure. There are some very good activities available such as adventure training, which are incredibly rewarding toward poor mental health. My trouble was that whilst my MO was extremely positive about this my COC was the very opposite.
- v. SJAR/OJAR: This may seem unimportant but my very last report was written for the period that I was extremely ill yet had tried my hardest to continue at work. My MO had suggested quite strongly to my CO that my workload be reduced. My subsequent report made no allowance for my deterioration mentally and again it sent me spiraling toward suicide ideation.
- vi. Medical Discharge: I couldn't argue that this was the best course for me but only because of the way some in my unit had treated me. Had I been afforded greater empathy and understanding I truly believe my mental health would not have gotten so bad as to reach a level where I became a sufferer of PTSD. Had at the very infancy of my condition, I been treated with respect and kindness as well as understanding I may very well still be flying today.
- vii. Armed Forces Compensation Scheme (AFCS)/War Pension: I just cannot find any words of kindness toward the system set up to look after injured service people. The mention of PTSD simply conjures disbelief of the condition it seems.
- viii. Combat Stress: I have been fortunate to spend 8 weeks under care of this great charity. The enormity of my condition became apparent whilst there. My therapist could not make any headway toward treating me as the complexity of my PTSD and the amount of trauma episodes is just unfathomable.
- ix. National Health System (NHS) Community Mental Health Team (CMHT): In the 18 months since my discharge I have witnessed a monumental amount of change toward my condition. I feel that the manner in which we are simply expected to find help within the NHS is abhorrent and a full handing over by DCMH must be made in future. The NHS are under enormous pressure to play catch up with Combat PTSD as they were simply unable to help given they had no experience of it as it had been traditionally looked after by the military.
- x. Employment: I remain unable to work because of the various factors surrounding my PTSD and do not qualify for any benefits of any kind because of my pension. I am content that monies should be directed at the needy but had hoped that I might have been shown some kindness by my former

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employer and especially the AAC. It's been very difficult to find any focus whilst being unemployed and my future as a pilot of any sort is now no longer an option. Fortunately for me I have found solace in poetry and there has been interest from the Capital, which I hope to pursue in the next year or so.

*Interestingly when I complained to the War Pensions and declared I was no longer able to work as a pilot because PTSD precluded me they agreed and simply suggested I could be a Chief Executive Officer (CEO) within the Civil Service. At no point did they pay any regard to my being signed off work, my condition and indeed my ability to work with sensitive information.*

### Civilian Sector

The level of responsibility that all pilots and aircrew are under daily is incredible and often taken for granted. The structure of flying in the civil arena is very complex and understandably so as safety has to be paramount to preserve life whilst carrying out a service. However I have to acknowledge that there are factors that appear to be ignored although I am assuming that the affect on mental health is largely ignored I hope that in some parts of the civil market I may be wrong.

I would like to cite just two examples that may incite further discussion in the briefing rooms of non-military piloting.

1. A large passenger jet has to land in a severe cross wind and being that the flight is a commercial one there is probably very little choice to divert. Lets now add that the aircraft has 300 passengers aboard and another 300 waiting to board on turn around. The level of responsibility for the crew is enormous, not only because of the need to fulfill the commercial contract, but also the incredible thought of disaster. This may happen routinely every month and to a large extent just be a part of the job.
2. A police helicopter is working above a fire in a large building with several people trapped. The aircraft cannot approach the building and the crew cans only direct emergency crews to assist if they in fact can. The crew witness loss of life and so a sense of helplessness. This sense of helplessness is further exaggerated by the very nature of their role to protect the general public from harm.

In both cases the level of responsibility is something only those that fly will ever understand. Nobody outside of the crew or crews will ever properly feel the intensity of brain activity and emotion. Sadly on the whole I understand that these examples are just a small part of what is probably a daily influence on the mind whilst flying.

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The ability to talk freely, and recognise the intensity of feelings generated by flying must be more widely accepted and Captains must be encouraged to engage with crew on such matters after flight.

Furthermore, there must be greater ownership by management and indeed authority as to why greater empathy is not routine. To simply assume any formal slide into depression might be the persons fault and not one that has surfaced after a long period of flying is grossly unfair.

I would implore that greater care of all of those people operating in cockpits throughout the globe be given and without the threat of grounding or even worse, loss of earnings. We must begin by taking care of one another and being able to speak freely is the first step toward that.

### Moving Forward

I have spent a great deal of time considering this and have tried to look at the easily attainable. There seems little point in adding further burdens on Aircrew with education regarding Mental Health but some simple changes in attitude as well as life changes may be useful. I have listed them below, although not extensively and I would welcome further suggestions from those more qualified than me in the matter:

1. Mental health first aid training should be made mandatory in frontline Squadrons with at least one person being trained and then becoming the source of help toward both the chain of command and also the aircrew. Perhaps this might be appointed to a ground tourist but they should have experience of an aircrew role.
2. Aircrew must be encouraged to be more aware of their own mental well being and a particular emphasis be made toward reducing the bravado of being in that particular role. Just like the heads together campaign, being free to talk over such matters must become ordinary and without fear of being grounded or discharged.
3. The stigma of stress and poor mental health must no longer be treated as a weakness because it is after all our mind trying to deal with the events that it has been subjected to.
4. Training could be simplified as years spent under the pressure our trainees are presently going through is probably not the very best of grounding to prevent stress.
5. Mission training and or theatre specific training must be made available with the very best of available simulation so as to get people ready for deployments. Those sorties should include a debrief of the affects on

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mental health in order to enable crews to better understand and become open to their feelings.

6. More emphasis should be given toward unit cohesion and in particular things like adventure training, which are low cost in maintaining a better ability to truly experience stress in a group and then work on overcoming it.
7. Much greater importance needs to be made in bringing the family into focus. They are probably the very best at understanding the affect on all of those serving in this unique role. They should be included in Squadron life and a greater emphasis should be made to return to the long lost Squadron family ethos. Squadrons are too overburdened with training and deployments and this area has long been retired. Families must be allowed to help as they have the skill to do so.
8. Currencies seem all too easily added and I wonder if anybody has actually carried out a study of their necessity and time constraint. I would hope that command might co-ordinate these professionally and with advice, which should include medical as well as welfare.
9. The can do attitude should also be addressed in line with the rest of the Services. Commanders must be encouraged at times to put the welfare of their staff first. Until Squadrons are fully manned their role within the military should also be reduced until they can declare a reasonable ability to be fit for frontline duty.
10. The annual aircrew medical should include a focus on stress and addressed accordingly. This shouldn't become a worry but more a friendly shoulder and that would allow a unit doctor to better brief the Commanding Officer (CO) on the affects of duty within that particular unit.
11. Aircrew should be treated as human beings, which must include focused career planning. I am aware of the Royal Navy ship to shore routine, which I would suggest could be implemented by the other two services.
12. The unit Padre is an essential part of the Unit/Station and should be welcomed into crew rooms and Squadron lines. The ability of being an outsider but on the inside is so important and they should also be mental health first aid trained.
13. DCMH should be encouraged to become aware of life as Aircrew both in a Sortie profile but also in the amount that are carried out by crews.
14. Any ill practice within a unit with regard to the treatment of poor mental health should be managed much better. Nobody should be made to feel

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guilty or even inferior for flagging up concerns with regard their health or even that of others.

15. Aircrew on operations should be afforded more rest and recuperation than they presently receive in order to better prevent a reduction in Mental Health. Leave should be encouraged and made easier than it is at present.
16. The suggestion that pay compensates higher stress loads is flawed and should not be regarded as so. Personal pay in my view should not be a factor toward expected stressful workloads, as it provides no real medical benefit.
17. Brief/Debrief should include an allowance to discuss any stress indicators as and when necessary. Crews should not be made to feel guilty if a sortie is unsuccessful.
18. Every member of the aircrew regardless of rank should be afforded time to discuss any issues pertaining to their mental health in an open forum if they feel it may benefit other members of the Squadron. This should never be discouraged and or used as a means to undermine a persons standing or annual report.
19. Squadron Commanders should be encouraged to invite any input from their aircrew without recourse, which may involve poor mental health issues.
20. Aircrew must be encouraged to look after one another and to be open to discussion without judgement! I would go so far as to encourage them to share experiences and then align any issues as a way of helping themselves whilst helping others.
21. A purpose built reduction in workload during the last year of our aircrew career would help reduce the shock affect of no longer flying in the military. This would also allow for better resettlement planning as well as affording people to spend greater time with their families, as it is quite an upheaval. This shouldn't be an end to flying but perhaps a step backward into a non-deployable flying status such as day flying only especially given that a reduction in flying pay already comes into affect.

### Conclusion

I think that as a civilian now I fully understand the amount of duress the Military are under and realise that some great work is being carried out by a number of charities as well as the NHS to alleviate trauma of the brain.

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I do believe that the MOD could and should be doing more but have tried to focus on the particular threat to our often over worked aircrew.

I have always been a believer of helping oneself when in need and throughout the past few years I have also tried to help others that I know are also suffering. Indeed just today whilst writing this conclusion I have been contacted by another serving pilot looking for help. I can always help and will always do so even though it at times reminds me of my own decline.

As an organisation that provides such high caliber of personnel to carry out very difficult sorties in very hostile environments there is a lot of work that needs to be done to address this hidden injury. A lot of my suggestions are in my view very easy to implement and most Squadrons could implement many of them with relative ease.

I would like to apologise if I have caused anybody to reach into his or her own psyche and unravel any overburdening memories as I have tried my hardest not to include anything so severe as to trigger such thoughts.

I would hope that at the very least this paper could be the impetus necessary to get our aircrew discussing the issue, as that simple step is one in the right direction.

I have added a section after this conclusion for the civil sector as I hadn't considered the affinity in this until I took advice from former colleagues and have therefore included a brief explanation on the next page.

Finally I am aware that mental health can affect anyone but I have very little expertise or experience of such matters and I hope for those that might suffer within the Military that there be sufficient read across from this document. I wish everyone a happy, fulfilling career without the worries and fears I am now left with.