

**Statement**

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**WWW.DGPPN.DE****Statement on the crash of flight 4U9525**

The German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN), Professional Association of German Specialists for Neurology and Psychiatry (BVDN) and Professional Association of German Specialists in Psychiatry and Psychotherapy (BVPD) are deeply shocked by the tragedy of the crash of Germanwings flight 4U9525.

We mourn for the people who died in the crash. Our thoughts are with the relatives and their unimaginable suffering. They should be given all possible psychological and medical assistance not only now but also in the long term.

The relatives and also the entire population want an explanation for this unspeakable tragedy: What motivated the co-pilot to probably intentionally crash a fully occupied passenger plane?

The public discussion, which is mostly being conducted on the basis of speculation, quickly focussed on the diagnosis of depression, which the co-pilot allegedly suffered from several years ago.

The DGPPN, as a scientific professional association, feels it is inappropriate to discuss on the basis of incomplete information the possible role of a mental illness in the alleged decision of the co-pilot to crash the plane. Information is missing on his life story, personality development, medical and treatment history, prevailing symptoms and treatment, use of medications, prevailing living conditions and the specific details of his actions. Only if this information were available would it be possible to make a sound diagnosis and a causal attribution.

With great dismay we are experiencing a completely premature, speculation-based forming of an opinion that mental illness was the cause of the probably deliberate plane crash.

For any mental illness the diagnosis denotes a pattern of symptoms that develops because of very different mental developments, psychosocial stresses and biological preconditions. In some people with an acute mental disorder, for example, a difficult personality development with self-esteem problems, excessive ambition and stressful current personal circumstances can be much more decisive for their actions than a concurrent 'acute mental disorder'. These contexts should also be considered – besides many others – in the further discussion of the co-pilot's motives.

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About 90% of the approximately 10,000 suicides in Germany each year occur on the background of an often unrecognised or suboptimally treated mental illness. These suicides are almost exclusively performed alone. Murder-suicide, in which the killing of another person or several other people precedes the suicide, is very rare. In such cases, the victims are mostly people close to the ill person who he does not want to leave behind in a situation he deems hopeless. In no way do the suspected actions of the co-pilot fit this pattern. Cases of a pilot probably intentionally causing a passenger plane to crash are extremely rare. Internationally, suicide could be proven beyond doubt to be the cause of a plane crash in only one case.

In the public discussion the impression is being wrongly conveyed that mental illnesses, in particular one of the most common, depression, represent a risk to the general population and that protective measures need to be taken against them. As a consequence, people with mental illness (in total more than 25% of the population, same figures in the EU or the US) are openly discriminated against. The anxiety and shame which many people with a mental illness still have today and which they often want to hide from others is being reinforced by the reporting of the past days. The desire and motivation to make use of available, effective and successful treatment methods (psychotherapy and medication) are being further reduced. As it is, far fewer than 50% of people with depression, for example, seek medical and psychotherapeutic help – among other reasons because of concern about disadvantages if the diagnosis becomes known.

The stigmatising effect of forming opinions about possible risks arising from people with mental illness has been further exacerbated in recent days through voices from the world of politics. Leading politicians are demanding the relaxation of medical confidentiality if patients with mental illnesses hold positions of responsibility.

Such demands are insulting to people with mental illness and threaten the doctor-patient relationship. They will result in affected people seeking help and treatment less often and perhaps too late. If a doctor determines that a patient may be a potential risk because of his mental illness – and this applies to risk to both self and others – the doctor is already obligated according to the laws of his profession to undertake targeted preventative measures or measures to counteract the risk. If greater legal interests, e.g. life and limb of others, are at risk, medical confidentiality is normally no longer binding. Legally a doctor can apply Section 34 of the German Criminal Code ('justified emergency') and in particular the states' mental health assistance laws, which provide for immediate admission to the secure area of a psychiatric-psychotherapeutic hospital.

A further-reaching reporting requirement would prevent patients talking about taboo thoughts and feelings and perhaps entice doctors to underestimate risks in order not to harm their patients in their social and occupational environments.

The members of the DGPPN, BVDN and BVDP are currently feeling profound shock, mourning for the people killed in the plane disaster and compassionate sympathy for the relatives' suffering.

Nevertheless premature, speculative explanations for the possible motive for the crime and in particular for a possible diagnosis of mental illness in the co-pilot as the cause of the plane disaster should be avoided.

One in four people in the world will be affected by mental disorders at some point in their lives and should not be discriminated against or stigmatised by the public and media discussion.

A so-called obligation to report mental illness and the breaching of medical confidentiality will increase the fear and shame of people with mental illness and prevent early and appropriate treatment.

The overriding concerns in a vast number of people with mental illness are early recognition and systematic professional treatment.

For the Executive Committees of the DGPPN, BVDP and BVDN

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