



THE SEAMEN'S CHURCH INSTITUTE
CENTER FOR SEAFARERS' RIGHTS

Seafarers' Mental Health Roundtable Report

Port Newark, New Jersey
February 21, 2018

The Seamen's Church Institute's Center for Seafarers' Rights (CSR) advocates for seafarers' well-being, including their mental health. On February 21, 2018 CSR convened a roundtable at SCI's International Seafarers' Center in Port Newark, New Jersey. The roundtable, which included representatives from flag states, shipowners, P&I Clubs, the medical profession, academia, and seafarer welfare agencies¹ was devoted to discussing seafarers' mental health issues. No attempt was made to arrive at any conclusions or agreements. Rather, the roundtable was a neutral forum for experts from various maritime sectors to share their experience with seafarers' mental health issues, providing them with a better understanding of the challenges, and identifying areas where further work is needed.

The following summarizes discussions at the roundtable:

Seafarers' Medical Certificates. International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) and the Maritime Labour Convention, 2006 require medical certificates for seafarers to be issued by flag states. For most seafarers, the medical certificates are valid for two years. Discussions included whether mental illnesses and associated medications are disqualifying and whether medical certificates can be viewed as assurances of seafarers' good mental health.

- In the United States, the US Coast Guard has regulatory authority to determine seafarers' fitness for certification. Fitness for certification is a defined by regulation

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and is not the same as fitness for duty. The regulatory criteria for certification include: that the seafarer is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to endanger the health and safety of other personnel on board; and the seafarer is not taking medication that has side effects that will impair judgment, balance or any other requirements for effective and safe performance of routine and emergency duties on board.

- Flag states that have ratified the Maritime Labour Convention, 2006 issue medical certificates that attest that seafarers are medically fit to perform the duties they are to carry out at sea.
- Because regulations and the MLC, 2006 lack specificity for medical certificates, flag states have great discretion in determining, by policy, specific requirements for medical certificate standards. Some flag states accept medical certificates issued by other countries that issue certificates based on MLC, 2006 and STCW standards.
- Policy guidance for medical certificates is provided by the Coast Guard in NVIC 04-08. The NVIC lists several psychiatric disorders, including clinical depression and psychotic disorders that are subject to further review by the Coast Guard. Seafarers have the right to appeal initial USCG disqualification determinations.
- Medications that cause drowsiness, or impair cognitive ability, judgement or reaction time such as anti-depressants and anti-psychotic medications are subject to further review by the Coast Guard. Use of illegal or illegally obtained dangerous drugs are disqualifying. Medical certificate waivers are not possible for illegal, illegally obtained dangerous drugs, or hallucinogens.
- Potentially disqualifying conditions and medications are reviewed by the Coast Guard on a case-by-case basis for possible waivers and limitations on an individual's medical certificate.
- Medical certificates rely on seafarers' disclosing their medical condition and any medications they may be taking. Because disclosing a possible disqualifying condition or medication could jeopardize their career, seafarers have an incentive to conceal potentially disqualifying conditions or medications.
- Seafarers select medical professionals to examine them for medical certificates. Medical doctors' ethical obligation to protect patient confidentiality can prevent them from disclosing their patients' potentially disqualifying conditions or medications.
- Because medical certificates rely on seafarers' self-reporting, they may not be reliable indicators of seafarers' mental health.
- Medical certificates certify a seafarer's medical condition at the time they are issued. They are not valid predictors of a seafarer's future health or vulnerability to mental illness.
- Many other flag states have procedures for issuing medical certificates that are similar to those in the United States.

Pre-Employment Medical Examinations (PEME)

- Fitness for duty determinations are different from shipowners' and insurers' loss prevention concerns.

- In order to ensure that, prior to employment, seafarers are medically fit to perform routine and emergency duties and are not suffering from any medical condition likely to be aggravated by service at sea, or liable to endanger their own health or the health and safety of others on board, shipowners and P&I Clubs often require more stringent medical standards, including restrictions on medications, for seafarers than those required for flag states' medical certificates. Accordingly, P&I Clubs and some shipowners require some seafarers to get a PEME before being hired.
- Although P&I Clubs require shipowners to conduct PEMEs for some seafarers, shipowners, not P&I Clubs, determine medical standards for the seafarers they hire.
- PEME's do not conflict with regulatory or MLC, 2006 standards, but they may include more comprehensive standards intended to prevent illness at sea arising from pre-existing conditions.
- PEMEs are conducted by medical professionals that are selected by P&I clubs or shipowners. Large companies and P&I clubs have the resources to vet and audit medical providers. Smaller shipowners rely on medical professionals to provide independent PEMEs.
- PEMEs include a mental health questionnaire, but results are based on seafarers' self-reporting.

Response to traumatic events and mental health problems. Seafarers can be subjected to stressors such as loneliness, isolation, bullying and harassment, cultural conflicts, generational conflicts, extreme weather, dangerous work, and job insecurity that make them vulnerable to mental health conditions. No research has shown that seafarers suffer different rates of mental health problems from the general population or other occupations. However, seafarers are exposed to a relatively high incidence of traumatic events and other stressors compared to people in more sedate careers. Most people, including seafarers, experience some mental health symptoms after experiencing traumatic events but most people also recover without long-term distress.

- Mental health therapies have been shown to be very effective in treating post-traumatic symptoms in other populations, and there's no reason to believe that seafarers are different.
- Short term mental health symptoms are not predictive of long term mental health impairments. PTSD cannot be diagnosed in the short term.
- The degree of trauma (such as violence, duration of traumatic event) is not predictive of future mental impairments. Some seafarers suffer significant mental health symptoms following what appear to be minor traumatic incidents, and some seafarers are only slightly affected by severe trauma.
- Many shipowners follow check-lists for seafarers' mental health evaluations following traumatic incidents, however, they do not usually take into account long-term care for conditions that might occur later.
- P&I clubs cover repatriation of seafarers for medical purposes, including mental illness. Reportedly, some seafarers dissatisfied with shipboard service believe that the only way to get off the ship is to claim mental illness.

- One company repatriates seafarers who claim mental health problems without requiring the seafarer to undergo medical evaluation before being repatriated.
- No data exists that identifies mental health problems as contributing factors to maritime casualties.
- Small multi-cultural crews can be very isolating for seafarers
- Ship masters need to provide leadership on board to reduce seafarers' isolation by breaking down cultural barriers, encouraging group activities, and recognizing individual seafarer's special events (such as birthdays).
- Ships should designate a trusted person, trained in identifying and responding to the symptoms of mental health problems to whom seafarers could go for help.

Mental Health Stigma. Stigma associated with mental health problems and therapies persist, even in countries like the United States where mental health care is widely accepted. Stigma associated with mental health problems and treatment continues to be universal.

- Many seafarers who have experienced severe traumatic events, such as piracy attacks, encountered stigma and were treated as “damaged goods” by employers and shipmates.
- Stigma around mental health issues creates obstacles to healthy seafarers' employment as well as deterring seafarers from disclosing symptoms of mental health problems and seeking help with them.
- Training and leadership is needed to overcome mental health stigma. Training programs must take into account and respect seafarers' cultures.

Seafarer Suicides. Data available on seafarer deaths indicate a sizeable number of seafarers' deaths are due to suicide. Most of the data on seafarers' suicides is dated and limited to European seafarers.

- Data on seafarer suicide is incomplete. The few studies that exist do not reflect the international composition of seafarers.
- Seafarers contemplating suicide have access to lethal means by going overboard while underway. The disappearance of a seafarer at sea (going overboard) is often determined to be suicide.
- Anecdotal evidence reveals that almost all suicides and suicidal behaviors by seafarers on cruise vessels are by hotel staff, however, most seafarers working on cruise vessel are hotel staff.
- Anecdotal data on United States seafarers in the domestic towboat industry (brown water) suggest that their suicides occur off-duty at home by self-inflicted gunshots, often within 48 hours before or after deployment to or from their vessel.
- Data on seafarers serving on deep sea vessels (blue water) suggest high incidence of suicide by young seafarers serving on their first contract.
- No data exists on blue water seafarer suicides while at home between deployments.

- Because payment of contractual death benefits can be denied in suicide deaths, there is incentive for shipowners to determine deaths to be suicides and for seafarers to hide intention to suicide.
- Suicide intervention training, such as Applied Suicide Intervention Skills Training (ASIST) training is designed to prepare seafarers and shore staff to recognize persons with thoughts of suicide and to work with them to protect their safety.

Future work. The round-table discussions raised several matters related to seafarers' mental health that warranted further review. No attempt was made at the roundtable to endorse the merits of the ideas or to scrutinize their feasibility.

- It is necessary to create an environment that encourages seafarers to self-disclose conditions and medications accurately. This could be accomplished by creating a culture where disclosures are dealt with compassionately, with a view towards granting waivers or limitations and where failures to disclose are not forgiven. Because medical certificates and PEMEs rely on seafarers' own self-reporting there is a need to encourage seafarers to be forthright in disclosing conditions or medications they are taking. While some conditions must remain disqualifying, flag states and employers can encourage disclosure by compassionately reviewing individual circumstances when seafarers disclose potentially disqualifying conditions, and by strictly reacting to seafarers' failures to disclose known conditions.
- Shipowners should include mental wellness reviews of seafarers following traumatic incidents (such as extreme weather, marine casualties, piracy attacks) and periodic follow-up check-ups.
- Post incident check-lists should include long term monitoring and follow-up mental health care where indicated.
- Much more research is needed on seafarers' mental health including the incidence of mental illness among seafarers, screening seafarers for mental illness and mental health problems, the long term effects of traumatic events on seafarers' mental health, factors in seafarers' work environment as well as their home communities that affect seafarers' mental health, the costs associated with seafarers' mental illness, the effects of contract duration on seafarers' mental health, seafarers at risk for suicide, the short-term and long-term effectiveness of different therapies, and mental health promotion.
- Review the efficacy of adding mental health and suicide prevention training to some seafarers' STCW requirements.
- Initiate dedicated advocacy campaign to raise awareness of mental health promotion among all crewmembers, thereby reducing stigma associated with mental health care, and to encourage seafarers to disclose mental health problems. Mental health problems need to be viewed like any other medical issue.
- Encourage on-board programs that train seafarers to identify the symptoms of mental health problems, provide mental health first-aid, and reduce stigma associated with mental health.