A DOUBLE TABOO?

An Exploratory Study of Mental Health Perceptions amongst *Black Aerospace Professionals*



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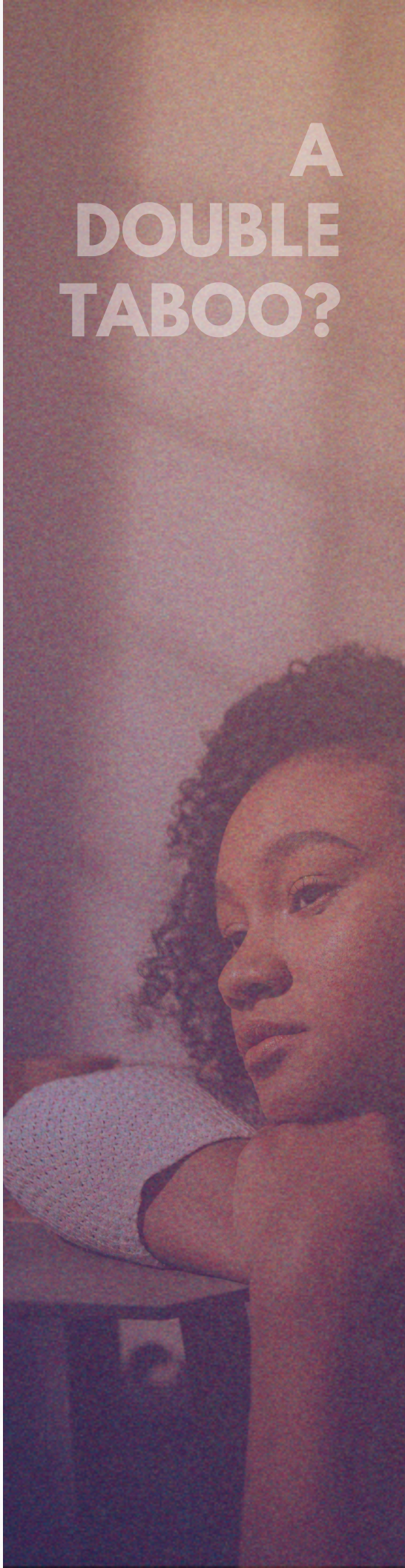
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ABSTRACT

This exploratory study delved into the overlooked realm of mental health needs and experiences amongst Black Americans who are also Black aerospace professionals, shedding light on a ***"double taboo"*** within a historically marginalized community and stigmatized industry, respectively. Due to the paucity of research focusing exclusively on the mental health of Black aerospace professionals and drastic increase in mental health events in the U.S., the purpose of this study was to understand the mental health needs and experiences of Black aerospace professionals.

The central research question that guided this study asked, ***"How do Black aerospace professionals characterize their experiences with mental health?"*** A mixed-methods approach was used to garner the participants experiences and perceptions of mental health through the acquisition of qualitative and quantitative data. The qualitative component resulted in 10 themes emerging: Being a Black American/Aerospace Professional, "Everyday" Struggles, Culture of Fear, Jeopardizing Job Security, Mixed Managerial Messaging, Mental Health Prioritization, Sources of Support (SOS), Representation Woes, Lack of Standardization, and Societal Acceptance, Awareness, and Access. The survey solicited 75 completed responses, and the findings confirmed much of what is already known - the mental health experience for Black Americans and Black aerospace professionals has been largely negative due to fear of reprisal or termination, unsupportive work environments, a lack of access to mental health resources, and when they are sought, a lack of representation in the health services. These results were further supported by the chi-squared tests conducted for the quantitative component.

The study adds a renewed sense of urgency by showcasing that when access is not an issue, the work environment is supportive and leadership provides encouragement, and (representative) sources of support are available (e.g., EAP or trusted confidants), mental health challenges are addressed effectively, efficiently, and mitigated. These findings inform several recommendations for policy and practice governmental and industry leadership should consider to improve the mental health experiences of Black aerospace professionals. The study underscores the importance of breaking the double taboo—mental health within the aerospace community and within the Black community—which requires targeted efforts to destigmatize and promote open conversations about mental health.





CHARACTERISTICS OF THE SAMPLE

TABLE 1 AGE AND AVIATION/AEROSPACE SECTOR EXPERIENCE (N=74)

Table 1 shows detailed participant demographic information as well, but focuses on age range, specified sectors of the aviation/aerospace industry, and the number of years of experience participants have in a specific sector. Those within the 35–44-year age range comprised the largest number of respondents across the five sectors with 17 participants (23%) working as professional pilots, 3 participants (4%) working in management/administration, 2 participants (3%) working in aviation education, 1 participant (1%) working in the military, and 1 participant (1%) falling into the N/A category. working in the military 33% (25 participants). The smallest group was the 75–84-year-old range, which consisted of 1 participant (1%) who worked in the aviation education sector.

Age Range	Aviation Sector	Years in Industry						
		< 1	1-3	3-5	5-10	10-15	15-20	> 20
18-24	Commercial/Cargo/Business	1						
	Management/Administration		1					
	Aviation Education		1					
25-34	Commercial/Cargo/Business			2	5			
	Management/Administration		1	1			1	
	Aviation Education		3					
	Military				2	1		
	N/A	1						
35-44	Commercial/Cargo/Business	1	2	2	1	5	6	1
	Management/Administration					1	2	
	Aviation Education	2						
	Military					1		
	N/A	1						
45-54	Commercial/Cargo/Business				3		1	7
	Management/Administration						1	1
	Aviation Education					2		
55-64	Commercial/Cargo/Business							8
	Management/Administration							2
	Aviation Education							1
	Military						1	
65-74	Aviation Education		1					1
75-84	Aviation Education							1



CHARACTERISTICS OF THE SAMPLE

TABLE 2 GENERAL THEME(S) OVERVIEW

Theme	Name	CQ/RQ Addressed
1	Being a Black American / Aerospace Professional	CQ
2	"Everyday" Struggles	CQ
3	Culture of Fear	CQ & RQ #2
4	Jeopardizing Job Security	CQ, RQ #1 & RQ #2
5	Mixed Managerial Messaging	RQ #1
6	Mental Health Prioritization	RQ #1
7	Sources of Support (SOS)	RQ #1 & RQ #2
8	Representation Woes	RQ #2
9	Lack of Standardization	RQ #2
10	Societal Acceptance, Awareness and Access	RQ #2

THEMATIC OVERVIEW

Table 2 outlines the general themes that emerged from the participants' responses to the open-ended survey questions. Traditionally, themes are ranked or presented based on the frequency with which they are mentioned by participants or their prevalence in the research (Johnson, 2023). However, such a ranking system was not utilized for this study because the richness of the themes resides in their detailed, contextual nature, which may be lost or overlooked if categorized in a hierarchical manner. Further, this is an exploratory study, which aims to uncover patterns and generate insights into an under-researched topic. As such, ranking the themes might suggest a level of precision and finality that is not appropriate given the exploratory nature of the research. However, due to the pervasiveness and gravitas of the information shared and knowledge gleaned, it was determined that certain words or phrases should be explicitly numerated and stated. That said, it should be noted the word "fear" was mentioned explicitly 23 times in the six open-ended questions.

Themes could alternatively be presented in the order in which the research questions were posited. This means themes one through four address the central research question, which asked, ***"How do Black Aerospace professionals characterize their experiences with mental health?"***. Themes five and six explicitly address the first sub-research question (RQ #1), which asked, ***"What are the mental health needs of Black aerospace professionals?"***. Themes six through ten address the second sub-research question (RQ #2), which asked, ***"What factors, if any, contribute to the mental health of Black Aerospace professionals?"***. The findings below provide in-depth detail about each of the emergent themes as conveyed by the participants as well as their connection to the aforementioned research questions.



BEING A BLACK AMERICAN / AEROSPACE PROFESSIONAL

The *Being a Black American/Aerospace Professional* theme effectively addresses the central research question guiding this study and serves as an excellent introductory theme into the underpinnings of mental health experiences for Black Americans, who are also aerospace professionals. This is because of the extensive insight provided into understanding how these professionals characterize their experiences with mental health in the aviation/aerospace industry through the functional lens of their race/ethnicity, which is described in an extremely pervasive manner.

Participants explained the profound impact of being ***"Black,"*** whether that be a Black American in the U.S. or Black aerospace professional in the industry, on their mental health. Often, this impact was described in a negative manner, meaning the two identities were one and the same in the type of perceived respect (or lack thereof) they were given by others, specifically by non-minoritized colleagues in the industry. This is eloquently expressed by one participant who shared, ***"[There were] consistent attempts at marginalizing my contribution and almost never given the benefit of the doubt. Most of the time [I am] second-guessed in many ways."*** Such a statement underscores the lack of respect, collegiality, and professionalism one would not expect from colleagues and/or leadership in any industry, let alone an industry predicated upon camaraderie, highly touted credentials, and qualifications. When asked to identify some of the mental health struggles they experienced as Black aerospace professionals, approximately 81% of respondents cited stress, anxiety, and depression as common challenges. Of note, there were 20% of those respondents who mention racial anxiety, which presumably stems from an environment or culture that exists within the aviation/aerospace industry that is highly critical of the performance, actions, or presence of Black or other minoritized professionals.

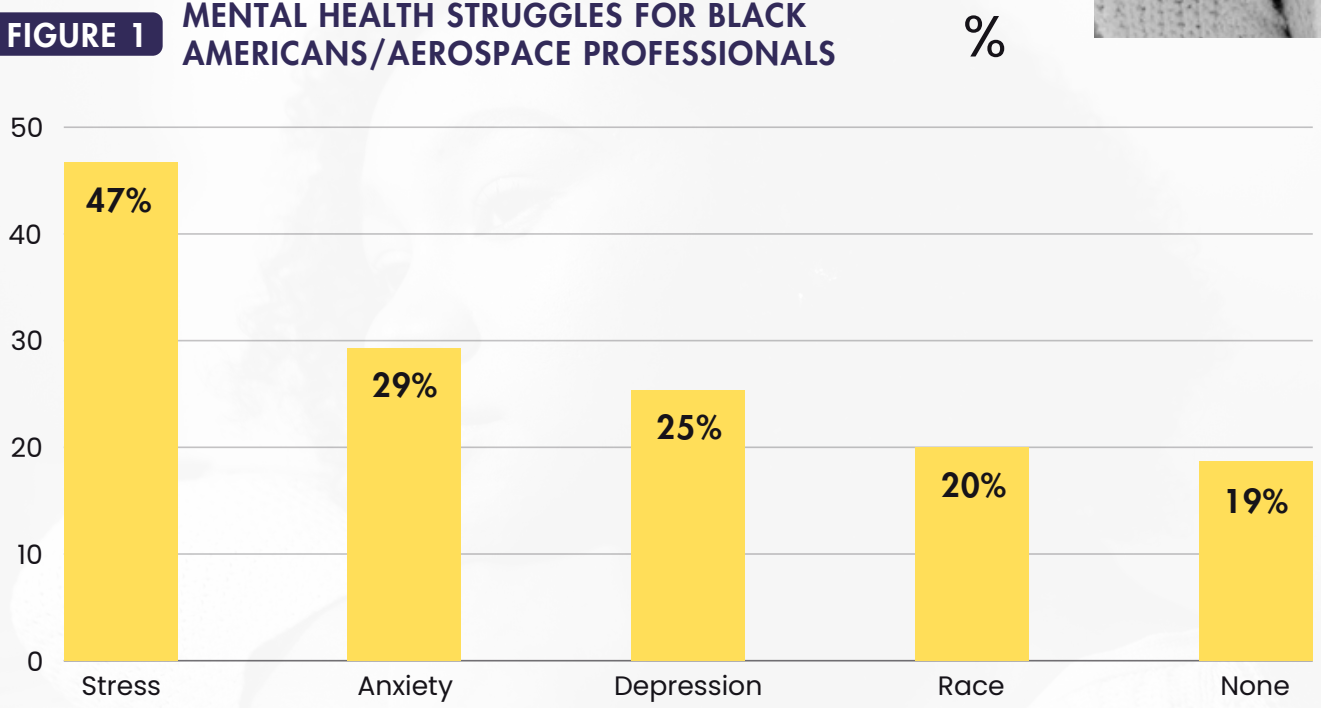
Evidence of such an environment was alluded to by two participants who stated, ***"A little stress. Sometimes uncomfortable with being The ONLY One"*** and ***"Every black aerospace professional has to deal with people that think the black pilot only got the job because of a diversity program."*** Both statements point to mental health challenges stemming from functions of race while discrediting and diminishing the knowledge, skills, and abilities (KSAs) of these professionals. When factoring in gender, the mental health narrative surrounding Black Americans/Aerospace Professionals only worsened as posited by one participant who said, ***"As a Black woman, I have experienced a heavy amount of racism and misogyny. This has created training hiccups, increased financial stress, and lack of upward mobility as an instructor."***



"EVERYDAY" STRUGGLES

The *"Everyday" Struggles* theme also effectively addresses the central research question guiding this study and complements the *Being a Black American/Aerospace Professional* theme. This is because the theme yields pivotal insight into the common or general struggles these professionals experience in their everyday life that impact their mental health (often in an adverse manner). This is in addition to whatever negative experiences they experience as a function of their racial identity as Black Americans/aerospace professionals. Some of the most commonly shared mental health characterizations by participants centered anxiety, stress, and depression. This was supported by one participant who stated, ***"Stress due to extended/complicated work schedule changes due to weather, maintenance issues, etc."***. While describing their mental health experiences, another participant expressed issues with work-life balance and its impact on their mental health, stating, ***"Work-life balance, rest concerns, and the impact of not getting rest"***.

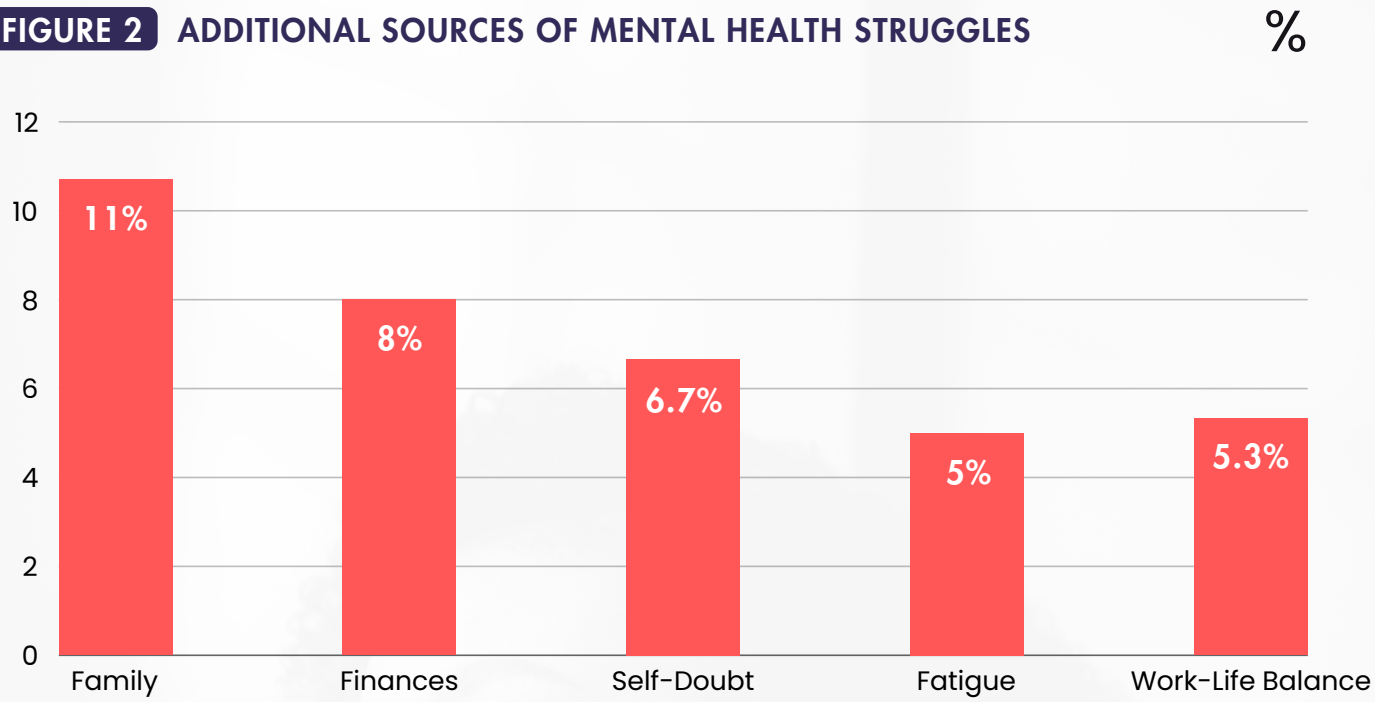
FIGURE 1 MENTAL HEALTH STRUGGLES FOR BLACK AMERICANS/AEROSPACE PROFESSIONALS



It should be noted, in response to one of the open-ended questions that inquired about the types of mental health struggles experienced, the words ***"stress", "anxiety"*** and ***"depression"*** were explicitly mentioned by 47%, 29% and 25% of respondents, respectively (Figure 1). The frequency and prevalence of these terms demonstrate the pervasiveness of mental health struggles in the lives of Black aerospace professionals. However, 19% of respondents also indicated they did not believe they experienced any mental health struggles solely based on being Black, but from being in the aviation/aerospace profession (Figure 1).

There were also other sources of mental health struggles mentioned such as family issues, concerns for finances, self-doubt, fatigue and work-life balance, though less frequently (Figure 2).

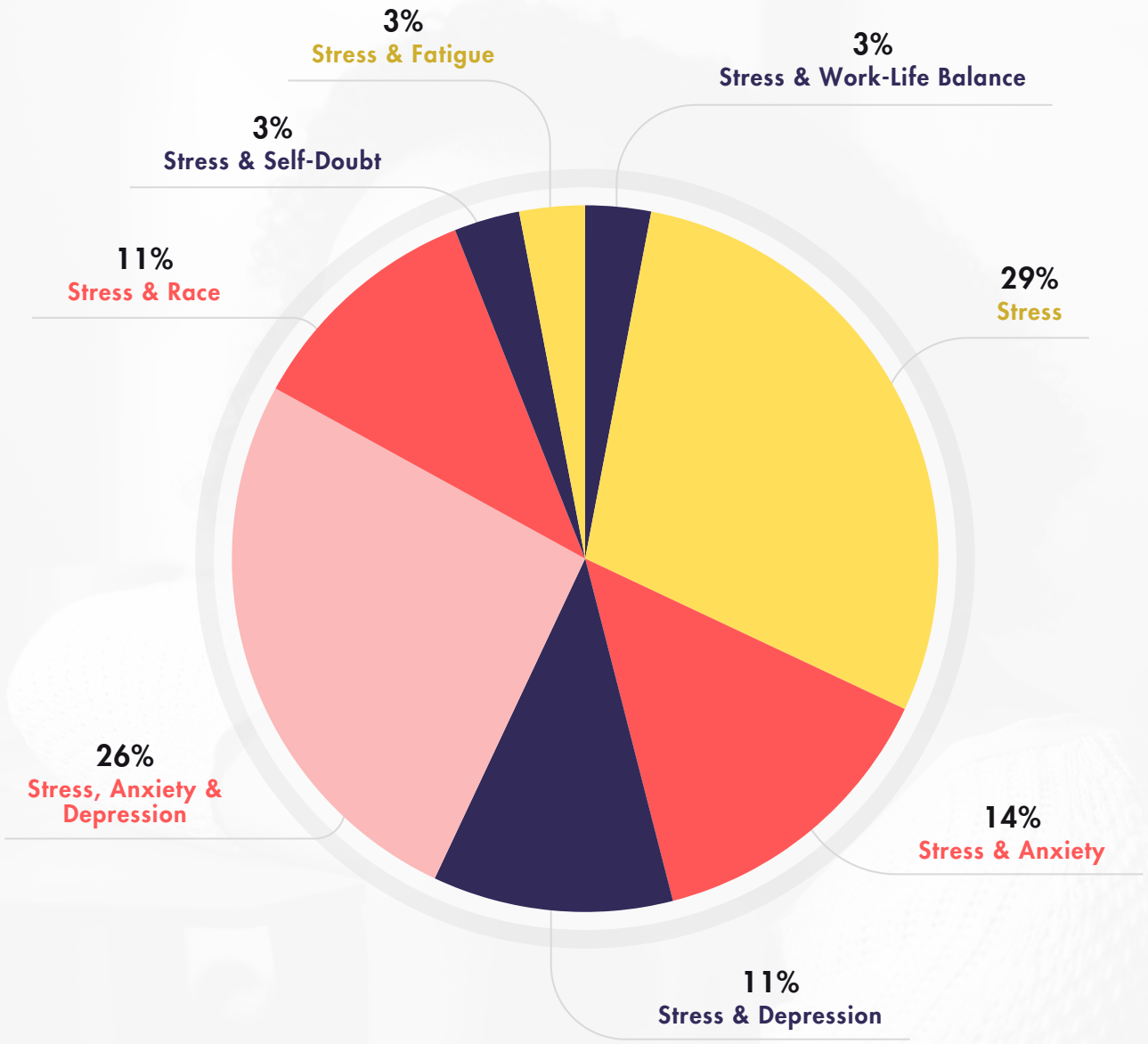
FIGURE 2 **ADDITIONAL SOURCES OF MENTAL HEALTH STRUGGLES**





The remaining 81% of participants who indicated they had mental health struggles (Figure 1) mentioned stress most frequently - both alone and in conjunction with one or more other struggles. This can be seen in Figure 3, which shows these frequencies by percentage. Stress was mentioned 47% of the time, exclusive of other frequently cited mental health struggles (e.g., anxiety, depression, and race) as seen in Figure 1, or less frequently cited struggles (e.g., family, finances, self-doubt, fatigue, and work-life balance) as depicted in Figure 2. Regarding their work experiences, the combination of stress, anxiety and depression were mentioned by 26% of participants, stress and anxiety by 14%, stress and depression by 11%, and stress directly related to their race by 11%. When combined with the less frequently cited struggles, each was mentioned by 3% or less of the participants.

FIGURE 3 **MENTAL HEALTH STRUGGLES STEMMING FROM STRESS** %



CULTURE OF FEAR

The *Culture of Fear* theme relates to both the central research question and RQ #2 because of the potential ramifications these professionals may experience if they are candid or transparent about any/all mental health struggles they experience. The fear of repercussions, such as losing their medical or being "grounded" from their employer or the Federal Aviation Administration (FAA), respectively, prevents them from being open about their mental health. Such a fear is supported by 56% of participants who expressed they were reluctant to share their concerns with their employer. When asked why they were reluctant to share and/or seek help with their mental health concerns, participants posited: ***"[I am] nervous about the repercussions that could result from speaking up about the issues."***, ***"I'm not sure what repercussions I would face if I were to talk about my mental health candidly."*** and, ***"Because I fear that my employers will see me as a liability rather than an asset."***

Further preventing participants from sharing details about their mental health is an apparent *"culture of fear"* that is incumbent to the FAA as described by one participant. This fear-mongering culture was directly supported by the fact that 43% of participants believe the FAA and other agencies committed to the promotion of aviation safety show far too little concern for their mental health. This is evident in the statements of several participants who, when expressing their reasoning for not being forthcoming about their mental health, shared: ***"Always fear FAA repercussions."***, ***"Time and fear of FAA."***, and ***"The FAA will not work with you for the best solution."*** It should be noted the word "fear" was explicitly mentioned 11 times by participants in their responses to two of the open-ended questions that inquired about their hesitancy to share and seek support for their mental health.



JEOPARDIZING JOB SECURITY

The theme of Jeopardizing Job Security directly addresses RQ #1 and RQ #2 and complements the previously discussed theme: Culture of Fear. The culture of fear causes participants to strongly believe that transparency about their mental health challenges could inevitably jeopardize their job security. When asked why participants were hesitant to share their mental health challenges and/or what has prevented them from seeking help, the commonality amongst the responses stemmed from an immense fear of losing their ability to fly and thereby, losing their job. Such a fear was expressed by numerous participants; one participant stated, ***"Fear of losing medical [certificate]."*** In a similar vein, a different participant elaborated upon several reasons that factored into their decision to not seek help, specifically positing, ***"Stigma, fear of being dismissed, fear of being viewed as unfit to train for a profession in aviation."*** While the previous two participants shared their mental health concerns as professional pilots, the needs of and factors contributing to the mental health of professionals on the administration/management side are extremely similar. This similarity is evident as one participant expressed, ***"If I discussed my mental health, management would hold back on company/professional progression."*** It should be noted participants directly or indirectly expressed a fear of losing their medical (e.g., deferral or revocation), being "grounded", and/or being deemed "unfit to fly" 29 times in their responses.

MIXED MANAGERIAL MESSAGING

The Mixed Managerial Messaging theme directly addresses RQ #1 because there was a dichotomous response, namely a lack of concern or support exhibited by organizational leadership. This was expressed by 43% of the participants relative to the messaging they received from their respective employers surrounding mental health needs and concerns. When asked why participants were reluctant to share their mental health concerns with organizational leadership, several participants cited a clear lack of concern or care by their leadership (e.g., direct supervisors or upper-level leaders). Such lackluster concern was explicitly expressed by one participant who stated, ***"[I] felt like management didn't care."*** This was underscored by another participant who exclaimed, ***"It seems as if they do not care, like you are talking to a brick wall. I am a student pilot. There is a lot on my plate however, they do not genuinely care as long as the crew arrives and the plane gets out."***

Alternatively, approximately 57% of participants had completely different experiences with their organizational leadership and received the mental health support they wanted and needed. This was eloquently encapsulated by one participant who shared, ***"My employer has emphasized the options available and that my employment would not be in jeopardy."*** The alignment of words and actions surrounding mental health support provided to employees was a salient need expressed and appreciated by participants. As conveyed in a succinct manner by one participant, ***"My employer makes it clear through words and behavior that they highly value our mental health and stand ready to assist if you desire help."*** Such supportive management was accentuated by a different participant who said: ***"My current employer, NetJets, is very aware of mental health issues and has a robust program to address these issues in a non-punitive way. If I had any serious mental health issues today I would feel very comfortable talking to the union at my employer about it since they are the ones that manage the program."***



MENTAL HEALTH PRIORITIZATION

The *Mental Health Prioritization* theme also directly addresses RQ #1 since participants know their mental health is a priority, recognize what they need to manage it, and take action to ensure those needs are met and that resources remain to continue prioritizing mental health. The responses to the questions that alluded to prioritizing mental health, internal and external to the workplace, demonstrated participants were not reluctant to share their mental health concerns. The responses also suggested participants were aware of mental health resources that could help. Specifically, outside of the workplace, 56% of participants believe their mental health is extremely important, 35% believe it is very important, and only 8% believe it is moderately important. With respect to inside the workplace, 57% of participants believe their mental health is extremely important, 29% believe it is very important, and 9% believe it is moderately important. Still, some participants expressed strong sentiments about keeping personal matters such as mental health separate from work-related matters due to privacy concerns. One participant shared, ***"Because mental health has a privacy aspect to it, I don't allow my employer into my personal life beyond the job. My employer should leave enough flexibility for me to be human and handle my affairs outside the workplace."*** This, however, was not a sentiment shared by all. On the contrary, another participant boldly described their reasoning for not being hesitant to share their mental health concerns while also showcasing how their mental health is a priority:

"I wasn't reluctant to share because I don't think I have done anything wrong or something that my employer could hold against me. I actively participate in maintaining my mental health. It is very important to me and it's something I wouldn't waver on. I also believe that what I do enhances the safety and wellbeing of my company and all my colleagues as well. And I believe my employer sees it as such."

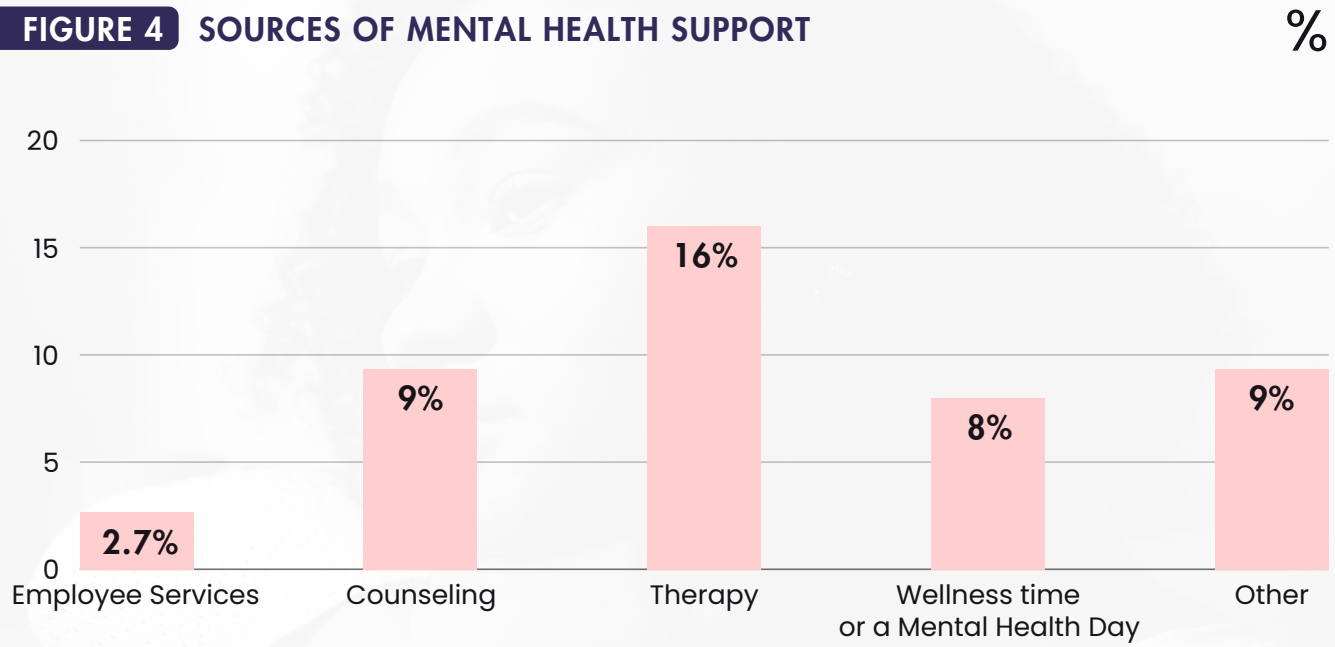
Such a profound statement about mental health prioritization was further supported by another participant who boldly shared, ***"My mental health is extremely important to me and I am unwilling to sacrifice that for a job."***

SOURCES OF SUPPORT (SOS)

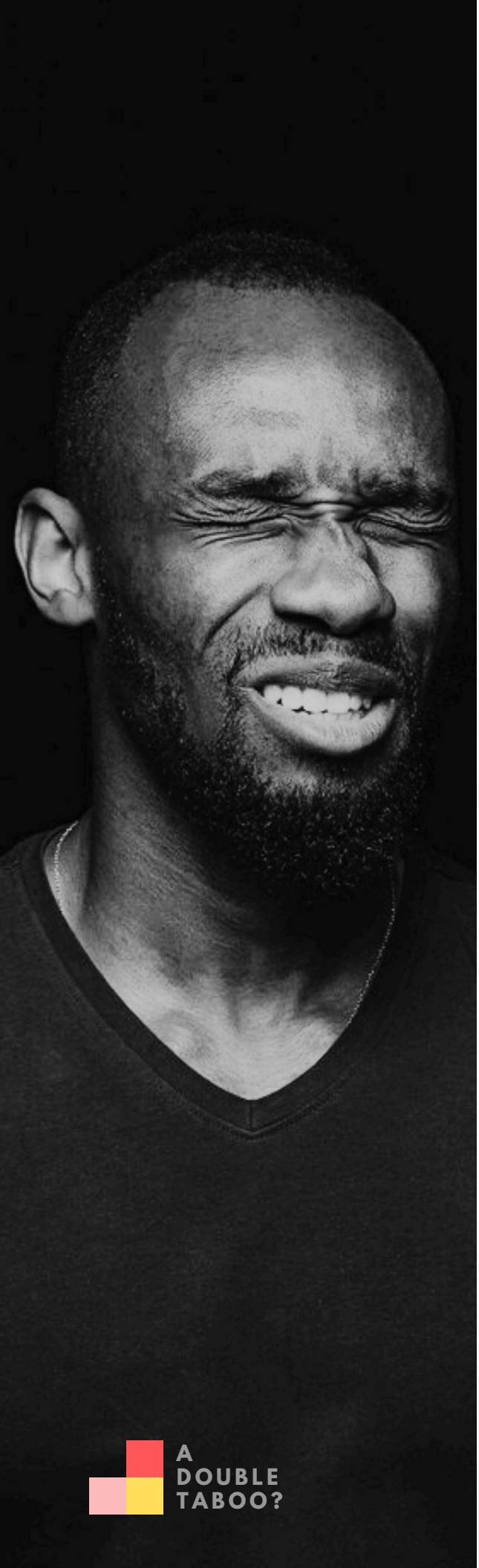
The *Sources of Support (SOS)* theme directly addresses RQ #1 and RQ #2 because the theme focuses on the participants' various support systems they leveraged to help them navigate their mental health needs. While also understanding the factors that either positively or negatively contributed to their mental health. The notion of having access to support programs and/or people one could depend on, especially when experiencing challenging times or adversity, was a common undertone amongst the responses. The primary sources of support for participants consisted of their friends/peers, family members, and/or counseling services (e.g., therapy or Employee Assistance Programs). The reliance on various sources of support such as counseling, therapy, and/or from peers/colleagues (represented in Figure 4 as other), was prevalent in participant responses and described as extremely beneficial for their mental health as expressed by one participant who shared:

"I sought out the support from friends that I safely determined also navigated mental health. As I cannot afford a therapist right now while my finances are tight, seeking out support from friends has been my go-to method of navigating anxiety, burnout, etc."

FIGURE 4 SOURCES OF MENTAL HEALTH SUPPORT



Approximately 3% of participants who worked for organizations that offered Employee Assistance Programs (EAPs) or specialized mental health support groups/services took advantage of these programs and found them beneficial. Such a benefit was eloquently outlined by one participant who shared, "That period when I had access to a therapist was invaluable. I wish companies took such services seriously." However, some participants described how they lacked access to mental health services (e.g., a therapist) due to financial limitations and lack of EAP services from employers. As an alternative, they sought support from their friends, family, or self-managed based on the mental health challenge at the time.



REPRESENTATION WOES

The *Representation Woes* theme directly addresses RQ #2 because not having adequate racial and/or gender representation within the participants' place of employment impacted their inclination to share their mental health challenges and made them more reluctant to seek mental health support. Consequently, the lack of representation directly contributed to their mental health in an adverse manner since 53% of participants felt as if they had no one who looked like them or they could identify with who would understand the underpinnings of their mental health challenges. When asked what type(s) of support participants possessed to assist in handling their mental health, the beneficence of having representation was underscored. This benefit was highlighted as one participant stated, ***"Just good old brotherhood and sisterhood from other Black aerospace professionals."*** Such racialized peer-support showcases the positive contribution to mental health for individuals since those who were sought out for support shared similar racial and professional identities and, likely similar experiences and mental health challenges due to the shared identities of operating in akin spaces.

Of the participants who felt they had no one they identified with to confide in, 31% of them felt they did not have anyone (regardless of racial or gender identity) to confide in. The lack of representation contributed negatively to the mental health of participants in two ways. First, they were more reluctant to be transparent about their mental challenges. This resulted in participants feeling alone and worried about being stereotyped. As noted by one participant, ***"Feeling alone as there are very few Black aviators on the same base as me,"*** and another shared, ***"I don't want to be labeled or stereotyped when sharing my thoughts and feelings with my superiors who don't share my ethnicity."*** Secondly, participants were hesitant to seek mental health resources or help with various challenges because they felt uncomfortable sharing information with mental health professionals who were not racially similar or of the same gender. Such a feeling was elegantly encapsulated by one participant who postulated, ***"I would be most comfortable talking with a Black woman therapist, but the effort to find candidates, spend time with each one to see if they are both trustworthy and knowledgeable, etc., [has proven difficult]."***

LACK OF STANDARDIZATION

The *Lack of Standardization* theme addresses RQ #2 because not having a standardized process or streamlined information available in one place users (i.e., participants) can easily navigate to utilize mental health resources during their time of need, adversely contributes to their mental health. While providing reasoning for their reluctance to share information about their mental health challenges, participants expressed what appeared to be dissatisfaction with the lack of clarity and immense subjectivity surrounding the evaluation standards on mental health. This was best described by one participant who stated, ***"The FAA doesn't seem to have any clear standards on mental health, so that makes the standards subjective."*** A different participant shared similar sentiments that underscored the earlier statement, specifically saying, ***"[My] employer tries to address mental health concerns, but the FAA does not have a real plan for addressing it appropriately without impacting someone's career."***

The feeling of being overwhelmed and stressed due to the lack of a streamlined database for mental health resources was a commonly cited factor participants described as a negative contributor to their mental health. Specifically, participants shared they were less inclined to seek support services to handle their mental health challenges because they did not know where to start the process. This was described by one participant who said, ***"Not knowing where to start. At times the stress feels overwhelming to the point where it's hard to figure out the first step to get relief."*** Another participant accentuated this feeling of being overwhelmed when seeking help, stating, ***"[I] wouldn't even know where to begin if I were seeking those resources."***



SOCIAL ACCEPTANCE, AWARENESS, AND ACCESS

The *Social Acceptance, Awareness, and Access* theme directly addresses RQ #2 because the lack of acceptance and awareness in larger societies, within cultural upbringing (e.g., households) of many Black aerospace professionals, and a lack of access to mental health resources brought about by financial constraints are factors that negatively contribute to their mental health. When participants were asked about their reluctance to share their mental health struggles and/or seek help to resolve them, they shared sentiments about the notion of mental health not being something that was accepted or acknowledged in their home(s). Instead, mental health was stigmatized and not discussed. These sentiments were best described by two participants. One shared,

"Culturally, mental health wasn't really discussed in my household, or if it was, it came with stigmatization. Due to this reason, it took me a long time to normalize seeking help and support from mental health professionals when facing difficulties and on a regular basis."

A different participant stated:
"I grew up in a household that did not really discuss mental health, it was off limits. So I would read books and learn from school. It was once I was an adult that I was able to reach out into my community to learn more about it and use some services for myself and for family members."

The lack of acceptance or acknowledgement of mental health in U.S. society, coupled with lacking discussions in the homes of participants, resulted in many of them lacking awareness about mental health resources that could have been beneficial when needed. Consequently, participants expressed that as adults, they were more reluctant to seek help for mental health and were not sure where to start since mental health was a topic not discussed in their households as youth. This lack of awareness, stigma, and reluctance was emphasized by one participant who said, ***"In the past, mainly due to lack of awareness and due to the fact seeking mental health was stigmatized in my household."***

The access, or lack thereof, to mental health support or resources (e.g., counseling, therapy, EAPs, etc.) was a frequently shared reason by participants as to why they did not seek assistance when experiencing mental health challenges. A key reason expressed by participants stemmed from financial constraints. The financial burden of seeking mental health support was posited by one participant who simply stated, ***"[Mental health support was] not accessible due to financial reasons"*** and another who said, ***"The limited resources available for me, made by the company and limited income while pursuing the pilot career path."*** Such difficulty accessing these resources was succinctly encapsulated by one participant who propounded:

"Not everyone has the same privileges in accessing and creating the space for mental health, let alone learning what helps or realizing there is a mental health issue. I feel like that's what a lot of communities are special to start creating especially for people of color."



RECOMMENDATIONS FOR POLICY AND PRACTICE

Based upon the findings and discussion, the following recommendations around policy and practice should be considered:

POLICY

01

Call-to-Congress: Make the current Mental Health Aviation Rulemaking Committee a permanent body of the Federal Aviation Administration.

02

Call-to-Congress: Enhance the accessibility to mental health resources for professionals seeking help to streamline the process and lessen financial obstacles that impede mental health service(s) retention.

03

Call-to-Congress: Mandate employers to offer health insurance coverages that include mental health and substance use disorders to enhance the affordability of and access to mental support services. Such a recommendation is timely and necessary since only 43% of U.S. employees reported that their employer offered such health insurance coverage (American Psychological Association [APA], 2023).



RECOMMENDATIONS FOR POLICY AND PRACTICE

PRACTICE

01

Create explicit mental health policies (e.g., allowance of mental health days) employees can utilize when experiencing mental health challenges rather than relying on an all-encompassing fatigue policy.

02

Implement mental health "safety stand-downs" to add a source of support for employees, demonstrate mental health prioritization within the organization, and to clarify any mixed messaging occurring between various leadership levels.

03

Aviation/aerospace employers should adopt mandatory mental health training for managers at all levels (including those in the C-Suite) to mitigate mixed messaging and complement the recommendation pertaining to safety stand-downs. More importantly, this recommendation adds another level of safety to the organization and support for employees by equipping managerial personnel with the knowledge and tools necessary to be able to assist others experiencing mental health challenges.

04

Aviation/aerospace employers should implement anonymous mental health reporting systems to improve organizational transparency and cognizance of mental health challenges. Such a system could also facilitate "temperature checks" within the organization, especially around certain social, political, economic, and/or environmental issues that may arise and impact employees. A good first step to accomplish this may be implementing an anonymous safety reporting system within the organization that can be used to receive general safety items, but include specific questions or a section relative to employee mental health and/or well-being.