

Mental health issues in Finnish seafaring

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Abstract

Working at sea is quite a unique environment compared to the work on shore. It has its challenges; it is strenuous and stressful both mentally and physically. My study is about the mental health of seafarers, the system of renewing the seafarer's medical certificate in every two years and does it work as it should. It is about revealing the current culture of discussion around mental health issues, can seafarers talk about their problems openly or are they afraid of seeking help for mental health problems. What are the opinions and attitudes considering mental health issues in seafaring today?

The aim was to find out are seafarers suffering from mental health issues and are they getting help for them. Is the seafarer's medical certificate in a way of the open discussion about mental health issues? The idea was also to find out how to improve the mental health of seafarers, spread awareness, and reduce stigma around it.

Quantitative research collected anonymous information from seafarers about mental health issues in Finnish flagged vessels. There was included maritime students and retired

seafarers as well to get wider range of opinions. Qualitative research was conducted by an interview with the Senior Physician, Päivi Miilunpalo, of The Finnish Institute of Occupational Health to get a professional's point of view.

The study showed that improvements need to be done for increasing low-threshold places directed to seafarers to apply help for mental health problems and increase the information of where and how to do it. More information should be available about the seafarer's medical certificate and the criteria concerning mental health in seafaring. The fear of applying help for mental health issues in seafaring is still a big problem.

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Tiivistelmä

Työskentely merellä on melko erilaista verrattuna töihin maissa; se on raskasta fyysisesti ja henkisesti. Tutkimuksessani keskityn suomenlipun alla työskentelevien merenkulkijoiden henkiseen hyvinvointiin ja mielenveysongelmiin. Kärsivätkö merenkulkijat mielenveysongelmista ja haetaanko niihin apua? Keskeisessä osassa on myös nykyinen systeemi merimieslääkärintodistuksen uusimisesta kahden vuoden välein, mikä sen idea on ja toimiiko se niin kuin on tarkoitus. Tarkastelen myös keskustelukulttuuria mielenveysongelmien ympärillä, sen avoimuutta, mahdollisia pelkoja ja stigmaa.

Kvantitatiivinen tutkimus keräsi tietoa anonyymien kyselyyn avulla merenkulkijoilta mielenveyteen ja mielenveysongelmiin liittyen suomalaisessa merenkulussa.

Kyselyyn saivat vastata myös merenkulun opiskelijat, sekä eläkkeelle jääneet merenkulkijat, jotta skaala olisi mahdollisimman laaja eri ikäluokkien välillä.

Mielenveysongelmista käyty keskustelu on muuttunut vuosien varrella hyvin paljon, joten halusin tietää eroavatko eri ikäluokkien asenteet toisistaan. Kvalitatiivista

tutkimusta käytettiin haastatteleamalla Työterveyslaitoksen ylilääkäri, Päivi Miilunpaloa asiantutijan näkökulmaa varten.

Merenkulkijat kaipasivat lisää merenkulkijoille tarkoitettuja matalan kynnyksen paikkoja, josta voisi hakea apua mielenterveyteen liittyvissä asioissa, sekä lisää tietoa miten ja mistä apua voi saada. Lisäinformaatiota tarvitaan myös merimieslääkärintodistuksen mielenterveysongelmiin liittyvissä kriteereissä. Pelko avun hakemiseen on edelleen suuri merenkulkijoiden joukossa, koska pelätään sen vaikuttavan merimieslääkärintodistukseen ja näin ollen työn jatkumiseen.

Kieli: Englanti

Avainsanat: Merenkulku, mielenterveysongelmat, mielenterveys,
merimieslääkärintodistus

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1 Introduction

The topic of my study is mental health issues in Finnish seafaring, and Finnish flagged vessels. I am interested in this subject because there are high and very precise health criteria in order to work on a ship. The seafarer's medical certificate is obligatory and must be renewed in every two years. Mental health issues are not much discussed topic onboard and for example the Ministry of Social Affairs and Health's guidelines for crew medical examinations are very strict in relation to mental health issues.

1.1 Are seafarers suffering from mental health issues?

Mental health issues and mental wellbeing have risen wider to the public discussion within the recent years, and it seems that more and more people are suffering from them at some point of their lives. The interesting point is that do seafarers actually suffer from mental health issues and how it is dealt with. What I have seen and understood personally is that mental health issues onboard ships are quite a taboo and people do not really talk about it.

I want to find out how much people are suffering from mental health issues in the Finnish maritime field and are people seeking and/or getting help for their problems and what are the consequences. If help has been sought for mental health issues through occupational health care for example, has it affected for the granting or renewing of the seafarer's medical certificate or has there risen any problems? Working onboard a ship is hard and strenuous both physically and mentally. Seafarers spend long periods of time away from their families and support network, working with the same group of people day to day and work during the night as well (which might lead to discontinuous sleep). Even though keeping in touch has improved with developed technology and internet, it is still hard to be separated from your loved ones.

1.2 Safety and the seafarer's medical certificate

Safety has a very important role in shipping industry, and it is maintained with various different ways, for example with different safety drills onboard, different courses and training for the crew. The idea of the current system (the seafarer's medical examination in every two years) is to prevent any safety hazards on vessels by not granting those people the permit to work whom has illnesses which may be a threat for safety. This is also important because of the isolated working environment with the same people, long periods of time, could easily trigger some mental problems if one tends to.

However, the question is that is this current system totally flawless? Can it really be that this system has managed to eliminate all mental health issues from ships or what is the reality? My hypothesis is that people working onboard are suffering from mental health issues just like everyone else, but they do not get help for them, because of the criteria of the seafarer's medical certificate is that strict. This has led to the current attitudes as well as the culture of non-speaking. Seafarers do not speak about mental health problems because they are afraid of being stigmatized or afraid to possibly losing their jobs. I think that this leads to a much greater safety risk if the seafarers does suffer from mental health issues but does it in silence and do not seek help for them. We have this ticking time bomb in seafaring that can lead to dangerous situations if nothing is done to prevent it.

In my opinion, it would be important that seafarers would be able to apply for help to issues concerning mental health without any fear. If there are people suffering in silence from mental health issues it is a great safety hazard and it definitely needs to be addressed. Lowering the threshold for applying for help would therefore be particularly important. I hope that this study would open up the conversation around mental health issues and add the understanding of the importance of the matter within the Finnish shipping industry.

1.3 Aim of study

The aim of study is to find out are there seafarers in Finnish flagged vessels, that suffer from mental health issues and are they getting help for them. I am interested to find out what seafarers think about the guidelines regarding mental health issues and the current system of the seafarer's medical certificate. Are seafarers afraid to get help if it affects the medical certificate somehow? Is there something that can be done to make it easier to get help for mental health issues while working onboard? I hope that this study would also raise mental health awareness to increase the understanding and reduce the stigma around it.

1.4 Background of study

The instructions and criteria for the seafarer's medical examination

In Finland the Ministry of Social Affairs and Health determines the medical examinations and what are the criteria for getting the seafarer's medical certificate. International and national guidelines and regulations guide the seafarer's medical examinations, which are based on the ILO (International Labor Organization) and on the IMO (International Maritime Organization) rules and regulations, as well as national guides from different countries, the Finnish Current Care -guidelines, the guidelines used by other modes of transport, and the experience gained from practical work. The guidelines also summarize diagnostic-specific emergency procedures, restrictions, and permanent or temporary barriers to ship labor (Laivaväen lääkärintarkastusohjeet 2019).

In the Ministry of Social Affairs and Health's guidelines is written that if in the initial inspection is found that a person has mental disability, serious mental disorder like bipolarity or psychosis, regardless of whether the treatment has been stopped or if it still continues, the person is not fit to work onboard a ship. In addition, the use of intoxicants (alcohol, drugs, and medication) must be mapped out as well as the possible attempts on suicide and for example eating disorders. If the re-inspection reveals that in the first years of working onboard a ship the person has got any mental disorders it is, in principle, an obstacle to the continuation of ship labor (Laivaväen lääkärintarkastusohjeet 2019).

In mental disorders the guidelines says that there must be evaluated the risk of suicide. In 90% of suicides there are mental health issues or substance abuse behind it. The factors that add acute risk of suicide are among other things; an attempt of suicide within a year, negative life events like divorce, psychological dissatisfaction (hopelessness, negative outlook of the future) and symptomatic psychiatric illness like depression, anxiety disorders, schizophrenia, substance abuse (Laivaväen lääkärintarkastusohjeet 2019).

If for example depression, anxiety or other mental health disorders are an obstacle for working onboard a ship, it is very unlikely that people who might suffer from that kind of problems would actually talk about them in the medical examinations, if they might lose their job because of that. This is the root reason why it would be necessary to re-evaluate the current system. The bigger risk of, for example suicide onboard a ship is that a person has mental health issues, but cannot talk about them, because it might cause to losing his/her job. Then the person will only suffer in silence and the problem will grow and get worse and the safety risks will increase in time. It would be important that mental health issues were evaluated always individually. If a person has received help, for example goes to therapy and the results are getting better, it should not affect the medical certificate. This way people would have lower threshold to seek help and the earlier they get help, the easier it is to treat them. That would lower the safety risks considerably as well. There are also different stages of mental health illnesses, and they affect differently on people, which is also something that should be thought more, rather than just stare the guidelines. In this case I am talking about milder mental health issues, ones that do not

need hospitalization or strong medication and can be treated with the help of psychology or therapy. It is an unfortunate fact, that for example a person suffering from schizophrenia or other severe psychotic disorders cannot work onboard a ship (Laivaväen lääkärintarkastusohjeet 2019, Mental ill health, 2022).

In 16.09.2021 The Finnish Department of Occupational Health has published new guidelines for the doctors who perform the seafarer's medical examinations, which are a bit more detailed than before and have better insight of mental health disorders as well (Tarkastuslista lääkärille laivatyösoveltuvuuden arvioinnissa huomioitavista asioista eri sairaustiloissa 2021). This is definitely the right path but is it enough – time will tell.

2 Mental health issues

2.1 Mental health

What is meant about mental health? Mental health is defined by WHO (World Health Organization) as a *“state of well-being in which every individual realizes their own potential and can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community”*. Mental health issues and disorders are common around the world and are major contributors to morbidity, disability, and premature mortality. The countries do not have enough resources to tackle the increasing problem, which increases the stigma, social exclusion, and discrimination for people with mental health issues -especially in developing countries (PAHO, *Mental Health*).

The WHO says that mental health issues are increasing mainly because of demographic changes. Mental health conditions and substance use disorders have increased 13% in the last decade (to 2017). Around 20% of the world's children and adolescents have a mental health condition and suicide as the second leading cause of death among 15-29-year-olds. Mental health issues effect in all areas of life, such as school or work performance,

relationships, and ability to participate in the community (World Health Organization, *Mental Health 2021*).

Next, I will write about the most common mental health disorders, what are the symptoms, how to recognize them and how they can be treated. I am focusing on mental health issues and disorders that will not necessarily need hospitalizing or continuous medical care. I will also write a little of the behavioral and emotional disorders, like AD/HD, which is very common these days. I want to focus on the minor ones, which are still easily treated with for example therapy, medication, and the patient's own determination. However, I would like to emphasize that everyone is an individual and mental health issues affect differently to everyone, which is why they should be always looked at individually. Also, there are different stages and seriousness of the mental health disorders, so the symptoms vary a lot which should affect to the treatment as well. The most important thing is that the earlier the treatment is started in any kind of mental, behavioral, or emotional disorder, the easier it is to treat them. So, it is vital, that people would be able to apply and receive professional help easily, without fear, and as soon as possible.

2.2 Depression

Depression is a multifaceted illness with different subtypes and degrees. In Finland the medical definition is a depressive disorder or a state of depression (suom. depressio / masennustila) which is more accurate term than depression or dejection (Mielenterveystalo, *Masennustila 2021*). The state of depression is divided to mild depression, moderate depression, or major depression according to the symptoms. A person with mild depression is still able to do normal everyday life such as working, studying, and keeping up the relationships, even though it might be more of a struggle than normally. Moderate depression means that a person who suffers from it, has problems with some areas or with all areas of everyday life, for example the studies are not progressing, they have absences from work and struggle to keep up normal

relationships. When a person suffers from major depression, they cannot perform any daily routines and even struggle to get up from bed. It is a dangerous state, totally paralyzing and need immediate medical attention. These depressive disorders tend to recur and a person with a severe depressive episode has up to a 50% chance of recurrent depression. Each episode of depression also increases this likelihood. Severe and recurrent depressive episodes are associated with an increased risk of suicide (Duodecim *Masennustila eli depressio* 2021, Päihdelinkki *Masennus* 2021).

The subtypes of depression are

- Psychotic depression, which includes delusions and blurring of the sense of reality with the normal symptoms of depression.
- Postpartum depression, where the mother can have severe symptoms of depression and might have difficulties to bond with the baby, the feelings of guilt and fear towards the baby and can cause crying and anxiety. Depression during pregnancy is also common and it can significantly increase the possibility for the child to develop schizophrenia later on if tendencies occur.
- Seasonal depression, which is a recurring depressive disorder that occurs only seasonally. Usually, it is connected to the darker seasons like fall and winter, but some people suffer from it also in springtime, although much rarely.
- Substance abuse and addiction goes hand in hand with depression. Depression can be a cause of addiction and if not, addiction and substance abuse usually then lead to depression.

(WebMD, *Subtypes of depression* 2021)

Depression is common if a person suffers simultaneously of different personality disorders or psychiatric multiple disorders. These are for example:

- Anxiety disorder
- Panic disorder
- unstable personality disorder
- bipolar disorder

- substance abuse disorder

These can occur also simultaneously, like any other mental disorders, in which case we speak of severe psychiatric multi-disorder (Duodecim *Depressio, Psykiatrinen monihäiriöisyys* 2021).

Causes

Depression can be caused by variety of things and usually it is a sum of many different causes. Depression is affected by disorders of the neural networks that regulate the mood and biological rhythms of the central nervous system, but also by current psychological conflicts and problems, traumatic events in childhood or later, or exhaustion from community or social pressures. The causes are both hereditary and environmental risk factors. The environmental causes are for example stressful life situations, like losses, big changes, loneliness, bullying, exclusion, and substance abuse. The neglect of own health, like not exercising, bad eating habits, lack of sleep and rest can predispose to depression (Päihdelinkki, *Masennus* 2021, Duodecim, *Masennustila eli depressio* 2021).

Treatment

The treatment for depression is usually either antidepressants or psychotherapy, but the best results have come from both simultaneously. Also, in the more difficult cases the use of neuromodulation therapy or electrotherapy have been useful. The need of which kind of treatment is prescribed is always evaluated individually and how severe the state of depression the patient has. However, the use and assistance of psychotherapy is strongly related to how motivated a patient is to treat themselves. Exercise is recommended to support the treatment. Monitoring of the treatment is also important, so the patient not only remains a passive recipient of treatment, but also actively seeks to take care of themselves. Follow-up visits also examine the results of treatment, the relief of symptoms, the patient's life situation, possible triggering factors and survival methods (Duodecim, *Depressio* 2021, Duodecim, *Masennustila eli depressio* 2021, Mielenterveystalo, *F32-33 Masennustila* 2021).

2.3 Anxiety

Anxiety as an emotion or emotional state which has a feeling of fear that comes from within or outside due to poorly anticipated danger or feeling of danger. There is also a state of alert readiness, where the patient observes themselves and the environment and have a fear that the worst thing will happen. That takes a lot of energy and can cause fatigue and high blood pressure, when it is impossible to revert (Duodecim, *Ahdistuneisuushäiriöt* 2021, Mieli, *Generalised anxiety disorders* 2021).

The symptoms that occur are usually:

- difficulty at concentrating
- sleeping problems
- restlessness
- fatigue
- inability to relax
- muscle pain
- headaches

Generalised anxiety disorder is a syndrome that makes the patient worry excessively and uninterrupted for a long period of time or continuously, which causes anxiety. It is difficult to take a break, relax, and focus on here and now. It impairs the quality of life and ability to function normally. It is characterized by an abnormally strong episodic or persistent sense of threat and anxiety that may be attempted to be controlled by avoidance behavior (Mayo Clinic, *Anxiety disorders* 2018, Duodecim, *Ahdistuneisuushäiriöt* 2021).

Generalised anxiety disorder can also cause panic attacks, which are sudden and often an unpredictable onset of attacks in which a person experiences an unreasonably strong sense of threat relative to the situation and is accompanied by symptoms of sympathotonia such as palpitations, shortness of breath, chest sensations, and tremors (Duodecim, *Ahdistuneisuushäiriöt* 2021).

Causes

Anxiety disorders are multifactorial diseases with biological, psychological and social factors. Anxiety disorders often occur in families and about 30-60% of the variation in the risk of developing the disease is due to genetic factors. Traumatic experiences of childhood, school bullying, and physical and sexual abuse as well as a negative childhood home upbringing atmosphere are common predisposing factors for the development of anxiety disorders. Substance abuse and addictions increase the risk of anxiety disorders (Duodecim, *Ahdistuneisuushäiriöt* 2021).

Treatment

Treatment and rehabilitation for anxiety disorders are quite similar to depression. There are different psychosocial treatments and medications or the combination of both which have been shown to be effective. Psychotherapy, patients own self-care for example avoiding substance abuse and preventive psychoeducation with exercising are good ways to treat and prevent anxiety (Duodecim, *Ahdistuneisuushäiriöt* 2021, Mieli, *Generalised anxiety disorders* 2021).

2.4 Psychotic disorders

Psychotic disorders is an "umbrella term" for multiple types of mental health conditions such as bipolar disorder, schizophrenia, schizoaffective disorder and delusional disorder. Central to the disorders of this group is the intermittent faltering of the sense of reality, i.e. the distorted / misguided interpretation of the external situation. Sensory hallucinations and delusions are considered to be the main symptoms in this group, but other disorders of thinking also occur. I am only focusing on bipolarity from this category, because it is the only one where it is possible (in the milder spectrum) to live almost entirely normal life, with or without medication and continuous help (Cherney K. 2020, *What Is Considered a Psychotic Disorder and Is That Term Appropriate?*, Mielenterveystalo, *F20-29 Psykoottiset häiriöt* 2021).

Bipolar disorder is a psychiatric disease which includes a variation in periods of depressed mood and elevated moods between which a person may be completely healthy or suffer from only mild symptoms. Bipolar disorder has two types; type 1 and type 2. Type 1 bipolar disorder has both episodes of major depression and actual mania. In type 2, on the other hand, there is never any actual mania, but only milder episodes of mood swings, or hypomanic episodes (Mielenterveystalo, *F30-31 Kaksisuuntainen mielialahäiriö 2021*, Duodecim, *Kaksisuuntainen mielialahäiriö 2021*).

The predisposition to bipolar disorder is highly hereditary, and the disease often occurs in families. Both in the depressive episodes of bipolar disorder and in the acute stages of manic or mixed forms, medication is the best treatment. In the stages when there are no symptoms, the aim is to prevent the recurrence of the so-called maintenance therapy. That can include medication and also different psychological and psychosocial therapies (Mielenterveystalo, *F30-31 Kaksisuuntainen mielialahäiriö 2021*, Duodecim, *Kaksisuuntainen mielialahäiriö 2021*).

2.5 Substance abuse disorder

Substance abuse is when there are clear risks associated with its use, but no actual dependence has developed. How easily for example a drug addiction is formed depends on both the drug and the individual. Addiction is characterized by compulsion and uncontrollability. Much of life begins to revolve around the use and acquisition of drugs. In addiction the substance abuse continues, even though it causes harm to other aspects of life, such as economic and social problems. The physical harms of heavy drug use can also be serious (THL-Terveystieteiden tutkimuskeskus, *Päihderiippuvuus 2019*, Mieli, *Päihderiippuvuus vaikuttaa koko elämään 2021*).

Causes

The development of substance abuse requires repeated use of the substance, leading to cerebral and psychosocial changes associated with the addiction. Hereditary factors have a significant effect on an individual's risk of developing drug dependence, and hereditary factors predisposing to alcohol dependence, for example, have been estimated to increase the risk of developing the addiction by about 50 percent. Some mental disorders and social factors are associated with an increased risk of addictions. Men are more likely to be addicted. Substance abuse can develop at any age (THL-Terveystieteiden tutkimuskeskus ja hyvinvoinnin laitos, *Päihderiippuvuus* 2019).

Substance abuse is a holistic problem with lifelong effects. The addiction is usually multidimensional; there is the physical addiction where the user's body is accustomed to the substance and cessation of use causes various withdrawal symptoms. Then there is the mental addiction that refers to the craving for drugs and the compulsive need to use drugs. The use of drugs can be about numbing emotions or relieving anxiety, for example. Also the social dimension of drug use can be a significant factor in increasing use and making it more difficult to quit. In social addiction, social relationships have built significantly or even entirely around substance use (Mieli, *Päihderiippuvuus vaikuttaa koko elämään* 2021).

Treatment

Withdrawal therapies reduce withdrawal symptoms and related side effects. However, detoxification treatments are only a small part of the treatment and the treatment mainly consists of the treatment of mental addiction, which aims to reduce compulsion and craving for use. Both psychosocial (e.g., conversational therapy) and medication are used to treat mental addiction. There are varying degrees of dependence and the treatment is mainly outpatient. In mild dependencies, a caring relationship with one employee may be sufficient. Severe forms of chronic addiction require long-term treatment and rehabilitation by multidisciplinary teams (THL-Terveystieteiden tutkimuskeskus ja hyvinvoinnin laitos, *Päihderiippuvuus* 2021).

2.6 Behavioral and emotional disorders

Behavioral disorders are commonly starting in childhood or youth and can negatively affect normal life and relationships if they are not treated. The earlier the treatment is started, the more likely it is for an individual suffering from it will be able to control their behavior. There are different kinds of behavioral disorders, for example Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive-Compulsive Disorder (OCD). Here I will delimit this only to ADHD, because that is very common disorder and also has a spectrum from milder to more major symptoms depending on the individual (PsychGuides, *Behavioral Disorder Symptoms, Causes and Effects* 2021).

ADHD is a condition where the person has difficulties to focus and control their impulses. It can also make the person hyperactive. ADHD is more common with boys than girls and is normally detected in childhood. ADHD is also associated with difficulties in regulating social skills and emotions in both children and adults. The causes are normally genetic and hereditary, and the brain neurotransmitter dopamine regulation abnormality is one of the main causes of the disorder. There is medication that helps to focus better, reduce impulsive behavior, and reduce motor restlessness but also psychosocial treatment is recommended along with the medication (ADHD tutuksi, *ADHD aikuisella* 2021, PsychGuides, *Behavioral Disorder Symptoms, Causes and Effects* 2021).

3 Previous research

3.1 Seafarers' mental health

There is a mental health study conducted for seafarers in 2019 by Lefkowitz and Slade from the Yale University, funded by the ITF seafarer's Trust, which found that

international seafarers had higher rates of depression than the normal population (Lefkowitz R. & Slade M. 2019 *Seafarers mental health study*). They used PHQ-9 (9-Item Patient Health Questionnaire) and GAD-7 (7-Item General Anxiety Disorder Questionnaire) for the study and got a total of 1572 completed surveys from international seafarers from different vessel types, gender, region, age, and rank. They found that 25% of these seafarers had scores suggesting depression, which is higher for example compared to German general population, that had 6% using the same questionnaire. The prevalence of anxiety (17%) and suicidal ideation (20%) was also notably high.

I also read a peer's thesis (Armand N. K. 2021 *Depression, the unspoken threat to life at sea and measures taken towards the fight of depression*) where was a lot of information about depression among seafarers and he showed that seafarers suffer more depression compared to non-seafarers.

I also found an article about how to improve seafarers' mental well-being (Sampson H. & Ellis N. 2020 *Stepping up: the need for Proactive Employer Investment in Safeguarding Seafarers' Mental Health and Wellbeing*) where was quite specific measures and recommendations listed and which parties should be involved. For example: "*Companies and stakeholders should reconfigure their efforts to support mental health and wellbeing on board in order to proactively reduce the incidence of unhappiness and of recent-onset anxiety and depression among seafarers.*"

A thesis by Hokkanen M. and Pirkkalainen N. studied what affect the premature departure of workers from seafaring. The aim was to map the well-being of personnel working at sea and to find ways to promote well-being at work and prolong careers. Their study showed that a significant challenge in occupational health care was the differing views of occupational health care and seafarers on the state of health of seafarers, as well as the fragmentation of occupational health care in the maritime sector (Hokkanen M. & Pirkkalainen N. 2014 *Työterveyshuollon näkemyksiä merityössä pysymisestä*).

3.2 Safety risks concerning mental health problems onboard

3.2.1 Stress factors of seafaring

Seafaring has particular characteristics as work and has a specific context from a physical and psychosocial point of view. There are different stress factors working in a vessel than working on shore. Work of seafaring is characterized by subjective and objective stress factors. Subjective factors are dependent of the persons own condition and satisfaction that work produces. Subjective factors are very difficult to assess concerning accidents onboard, but they probably are a cause to more than 50% of them. Objective factors rely on the conditions in which the work is done leading to physical, chemical, mechanical, and structural risks. Objective factors are also social and organizational factors such as excessive responsibility, monotony, lack of career prospects, sleep difficulties and long separations from home. These elements can have a negative influence on the physical and psychological efficiency of the crew. Working under stress worsens the quality of life, wellbeing, and can negatively affect the health of the employees (Carotenuto A., Molino I., Fasanaro A. M., Amenta F. 2012 *Psychological stress in seafarers: a review*).

3.2.2 Why are mental health conditions a safety risk onboard?

Because of the nature of work onboard has high stress factors both physically and psychosocially it can increase the probability of mental health conditions. Mental health issues decrease the well-being and ability to work normally, which is a safety risk already, especially if not treated. At sea it is important to stay vigilant and alert and overall, in good condition mentally and physically. If not, the occupational safety hazards increase for example in higher risks of injuries or other damage of the cargo, vessel or machines and tools. Untreated mental health issues can be dangerous for the person themselves as well as the crew, because if they cannot perform their duties, others have to fill in, which increases the workload of others and decreases their rest hours (Carotenuto A., Molino I.,

Fasanaro A. M., Amenta F. 2012 *Psychological stress in seafarers: a review*). Untreated depression is also a greater risk for suicide and for example drinking or other substance abuse problems can in worst case scenarios lead to violent behavior and delirium (Duodecim, *Masennustila eli depressio* 2021, Duodecim, *Alkoholiriippuvuus* 2021).

4 Methods and procedures

I used both quantitative and qualitative methods for this study. I gathered information straight from seafarers with a questionnaire that I send to some Finnish shipping companies, students at my school (Novia UAS) and two other maritime schools in Rauma, everyone I had contacts to in the maritime field and on social media platforms for seafarers. I also interviewed a senior physician, Päivi Miilunpalo of the Finnish Institute of Occupational Health and got her professional opinion. I will attach the questionnaire and the interview questions in the end of this Thesis.

The questionnaire was anonymous and formed in a way that people would not be recognized from it, so they would feel safe to answer it. There were a lot of propositions where the answer was given in a scale of 1-5, where 1 was "I strongly agree" and 5 was "I strongly disagree". In the end of the questionnaire, I left an empty space where people could leave their comments and opinions or if they wanted to add something. The interview I made with Microsoft Teams, but before that I sent an e-mail to the Senior Physician Päivi Miilunpalo with some questions, so she would know what we were going to discuss, and she could think about the answers beforehand as well. It was more an open discussion rather than an interview, but we went through the topic around the questions and got a fruitful conversation out of it.

With the questionnaire I wanted to find out seafarers' honest opinion about mental health issues onboard and how they feel about the discussion around it. One important topic was also the seafarers' medical certificates and does seafarers feel that it is an obstacle for getting help for mental health problems. I hoped to gather information in a

wide range of different age groups of people, because the topic has not been discussed that much in the past than it is today. I also wanted to know how seafarers would maybe improve the situation and which improvements they would root for and which would not work onboard.

I wanted to interview the Senior Physician Miilunpalo to see if there were differences between the opinions and information between the seafarers and a professional. Were the experiences of the seafarers in uniform of what the doctor had? If not, how could it be brought more closer together and what the actions should there be to improve the situation?

5 Results

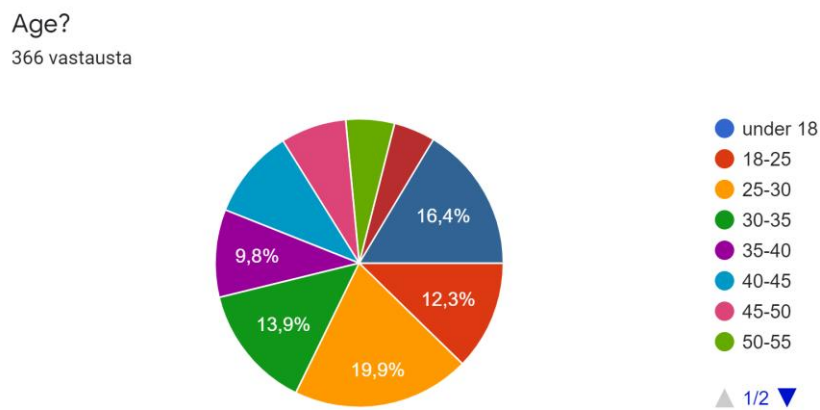
5.1 Quantitative research

The questionnaire was for seafarers in Finnish flagged vessels. I wanted to have a wide range of respondents in different age groups to have a wider scale of opinions, because I think that the discussion about mental health has been very different before than it is today, so I included the questionnaire also maritime students as well as seafarers that has already retired. I made quite sharp propositions to arouse opinions and comments and to see how much seafarers actually have knowledge about the system regarding the seafarer's medical certificate and mental health disorders.

The questionnaire was outspread to different Finnish shipping companies, three maritime schools, to social media platforms for seafarers and my own networks of seafarers (friends and people I have worked and studied with). I got total of 366 respondents and the questionnaire was open for two weeks. I was not sure that there would be many respondents at all, because of the sensitivity of the topic, but I am very pleased that people understood the importance of it. The questionnaire sparked quite a lot of discussion in social media, which was one of my goals in the begin with.

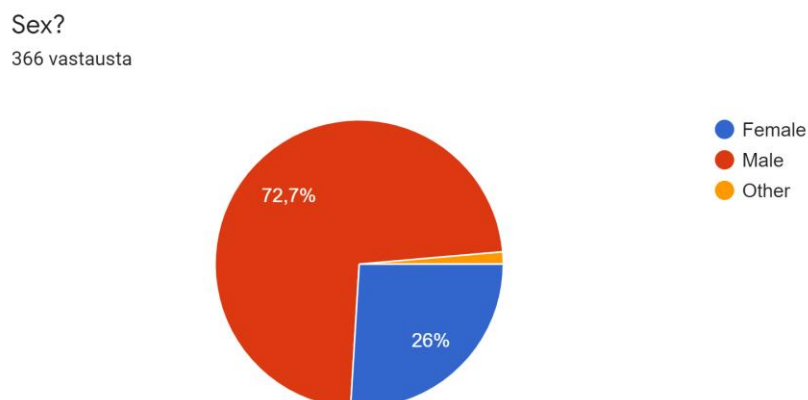
Here I will list the results and continue analyzing them in the next chapter.

Figure 1. Age distribution



I got a wide range of answers from different age groups of people, as I hoped for. Most of the respondents were in a group of 25-30 (19,9%) and in a group of over 60 (16,4%). Least was the age group of 50-55 (5,5%) and 55-60 (4,6%).

Figure 2. Sex distribution

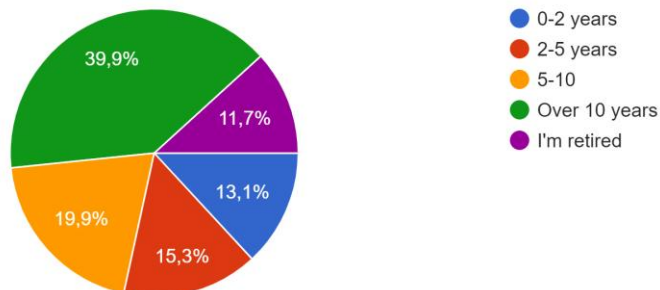


Most of the respondents were male.

Figure 3. Time worked onboard

How long have you worked or studied onboard a ship?

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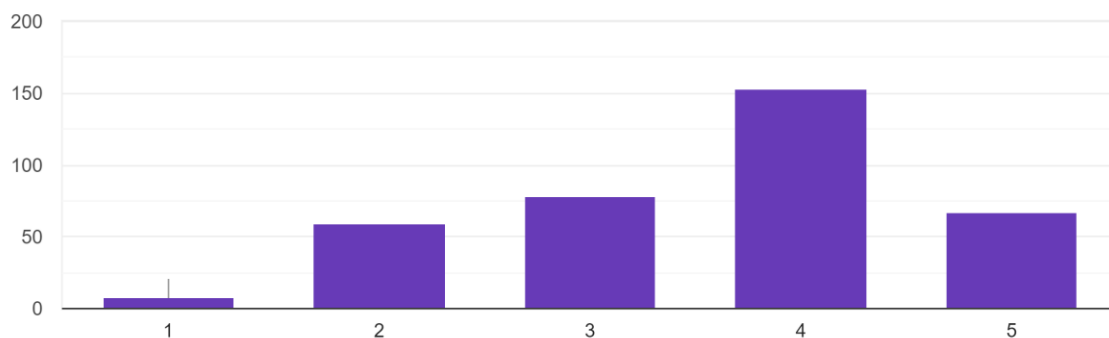


The distribution of respondents was quite even, majority (39,9%) had worked over 10 years or 5-10 years (19,9%).

Figure 4. The discussion culture onboard

The discussion culture is open onboard ships regarding mental health.

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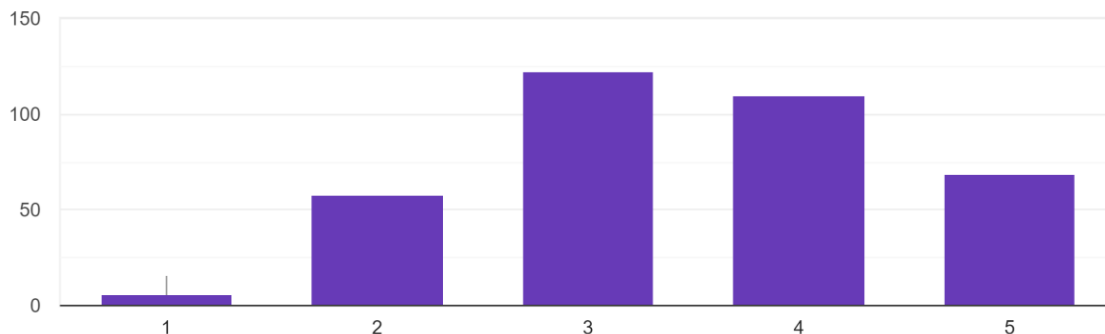


The majority of respondents (41,9%) answered 4, which can be interpreted to disagreement. There were 18,4% who answered 5 (I strongly disagree). Only 2,2% of the respondents answered 1 (I strongly agree).

Figure 5. Getting help

Getting help for mental health problems is easy as a seafarer.

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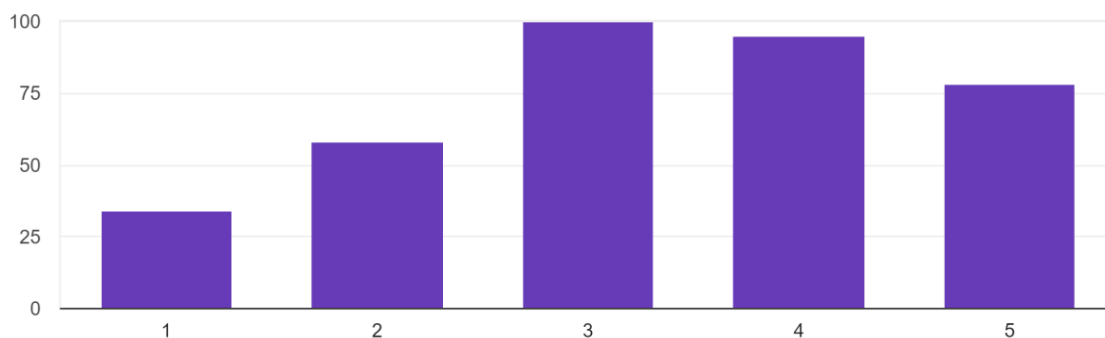


Most of the answers has fallen in between here, number 3 got 33,4% of the votes, which is the majority, but if we look at the diagram, there are still more answers in 4 (30,1%) and 5 (18,9%), than in 1 (1,6%) and 2 (15,9%).

Figure 6. The criteria of the medical certificate

The criteria of the seafarer's medical certificate is too strict considering mental health issues.

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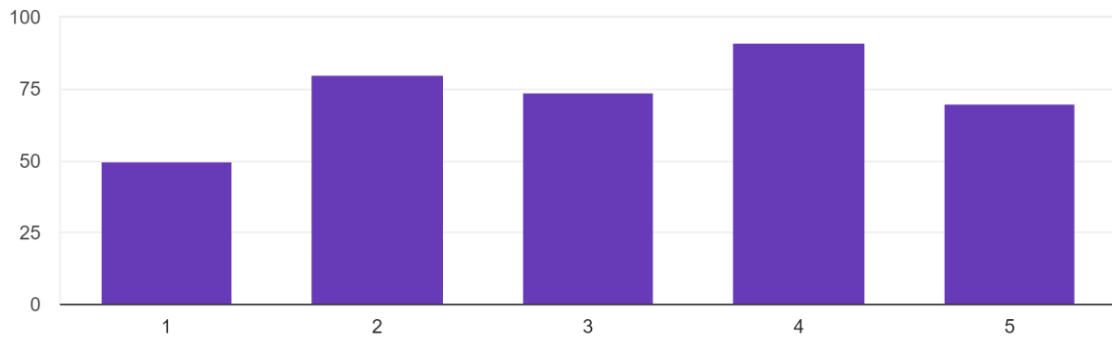


This question got more divided answers and most of them were in the middle. Still 1 and 2 got least of the answers (1=9,3% and 2=15,9%).

Figure 7. The current system

The current system (renewing the seafarer's medical certificate in every two years) is a good way of preventing safety hazards onboard considering mental health issues.

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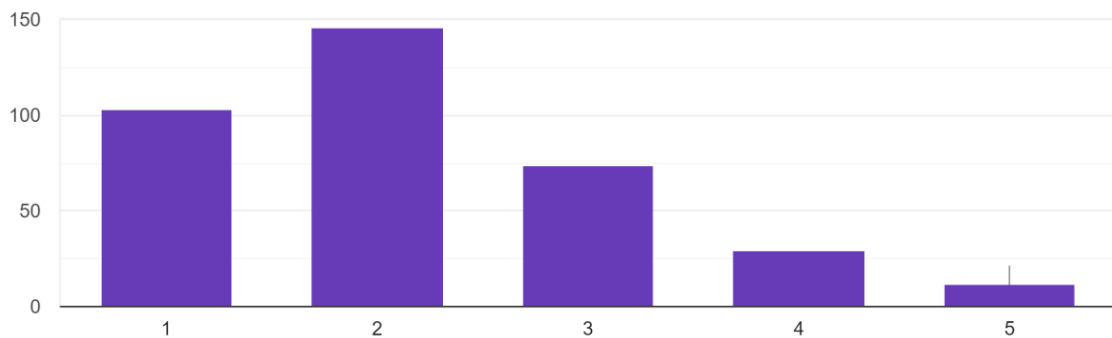


This question was apparently difficult and divided opinions almost evenly.

Figure 8. The fear of seeking help

Seafarers are afraid to seek professional help for mental health problems.

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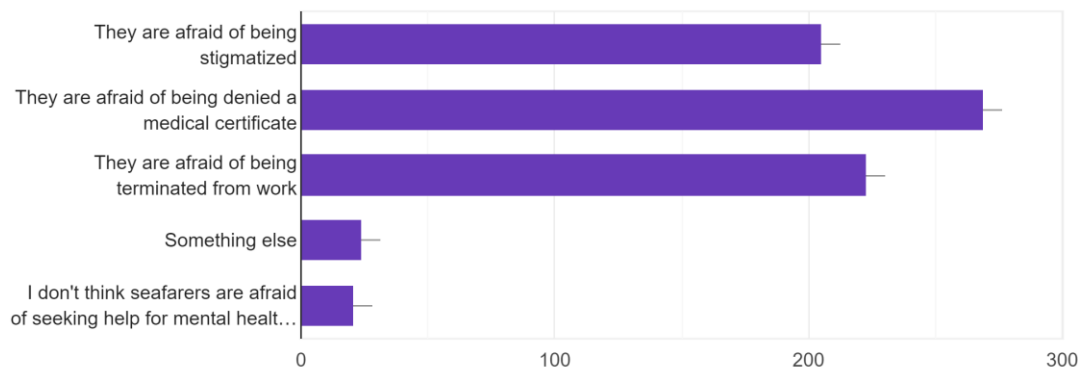


Here is quite a unanimous point of view. Only 8% answered 4 and 3,3% answered 5 (I strongly disagree).

Figure 9. The reasons why seafarers are afraid to seek help

What do you think are the main reasons (you can choose more than one) why seafarers might be afraid to seek help for mental health issues?

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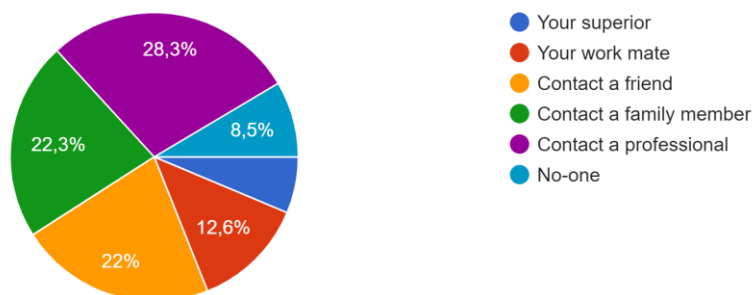


In this one only 5,8% of the respondents answered the last option. Most of the answers got the first three options.

Figure 10. Whom to talk about mental health problems

If you would have some mental health problems, to whom would you rather talk about it while working?

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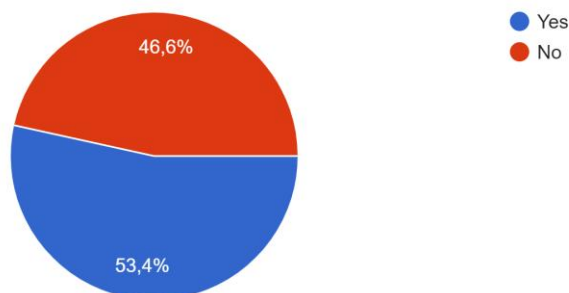


This question had three options that got most of the answers. Seafarers would preferably talk to a professional, a family member or a friend about their mental health problems. Only 6,3% would talk to their superior, but 8,5% would not talk to anyone.

Figure 11. Work mates

Has any of your work mates opened up to you about their mental health issues?

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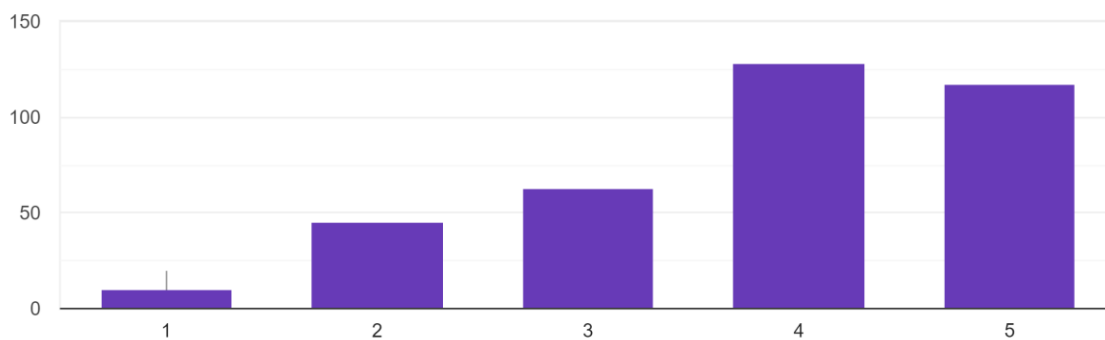


More than half of the respondents have been told about mental health issues by their work mates.

Figure 12. Open discussion

Seafarers can talk about their mental health problems openly onboard.

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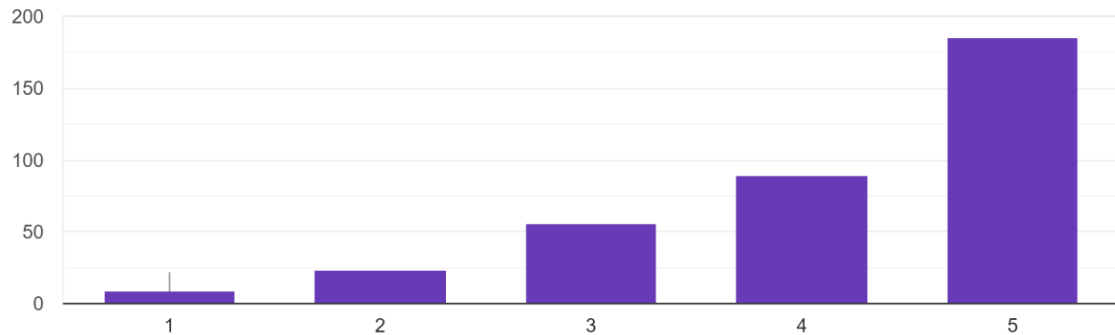


Most answers divided between 4 and 5 and only 2,8% answered 1.

Figure 13. Seafarers' mental health issues

Seafarers do not suffer from mental health issues.

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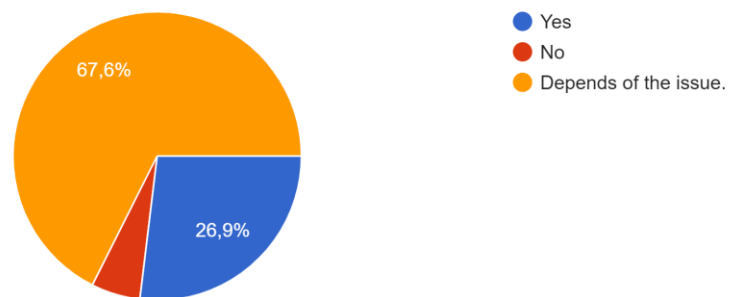


This was quite unanimous, 51% answered 5.

Figure 14. Mental health issues as an obstacle for working onboard

Do you think that mental health issues are an obstacle for working onboard a ship?

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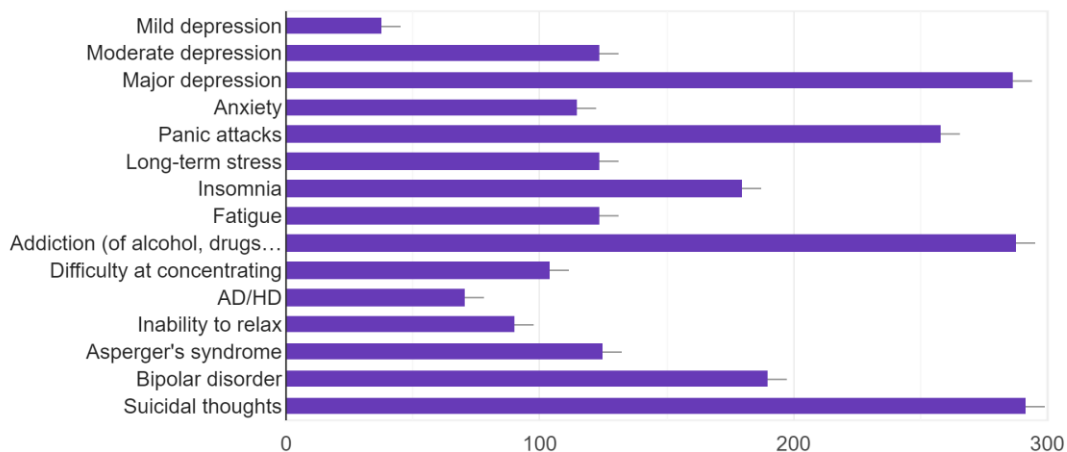


Most of the respondents (67,6%) answered "Depends of the issue".

Figure 15. List of mental health issues and opinions which would be an obstacle for working onboard

In your opinion, which of these listed below would be an obstacle for working onboard a ship? You can choose more than one.

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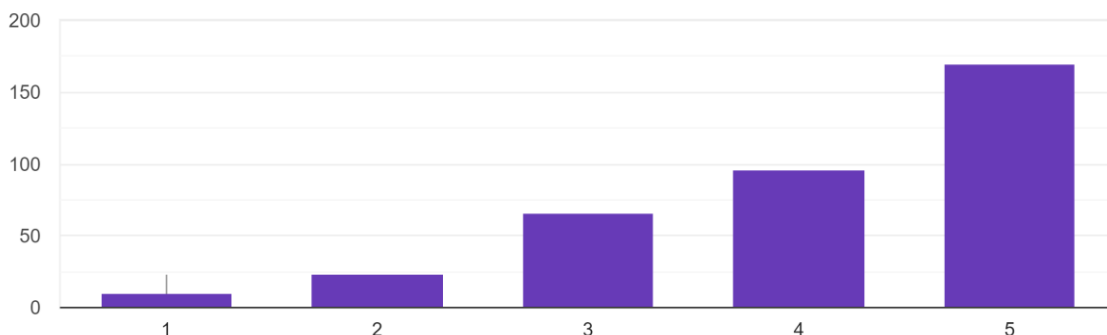


Most of the respondents almost unanimously answered that an obstacle for working onboard would be suicidal thoughts (80,7%), addiction (79,6%), major depression (79,3%) and panic attacks (71,3%). Mild depression (10,5%), AD/HD (19,6%) and inability to relax (24,9%) received the least of the votes.

Figure 16. Therapy as a safety risk

A person working onboard a ship, who has gone to therapy, is a safety risk.

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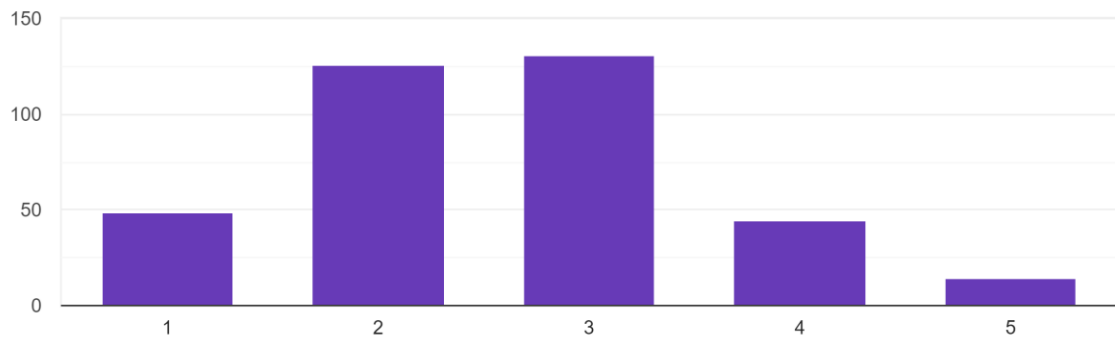


This proposition shows that seafarers do not see a problem in therapy. Only 2,7% answered “I strongly agree”.

Figure 17. Stigmatization for mental health issues onboard

People are being stigmatized for mental health issues onboard.

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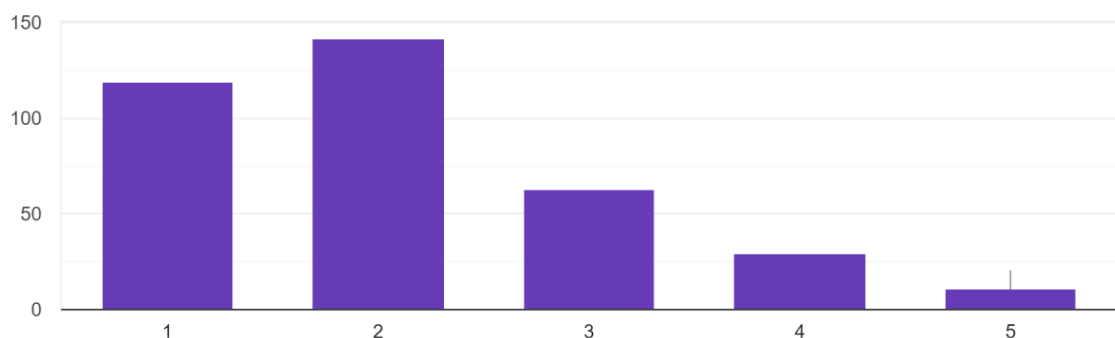


Many of the respondents agreed that there is stigma around mental health issues onboard Finnish flagged ships (13,5% answered "I strongly agree" and 34,6% answered 2). Still the most answers went to the middle (36%), but there were only 3,8% that answered, "I strongly disagree".

Figure 18. Stress factors of working onboard

Working onboard is strenuous and stressful both mentally and physically.

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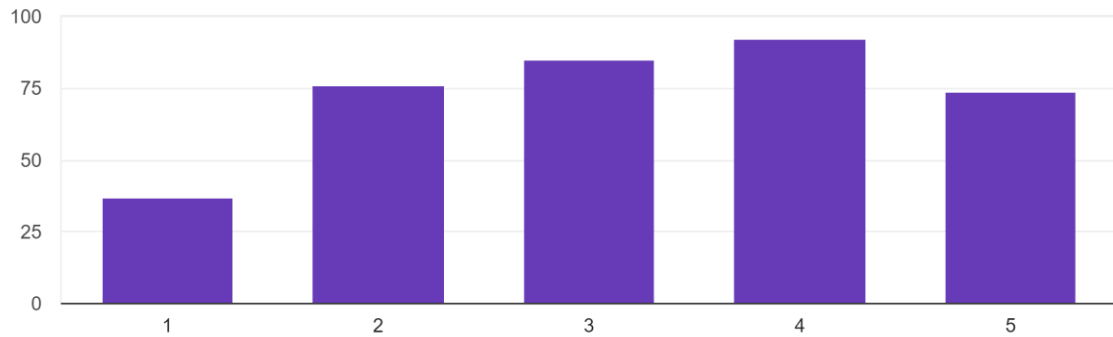


This is quite obvious; majority of the respondents agrees.

Figure 19. Mentality of a seafarer

Seafarers needs to be tough, work hard and not complain.

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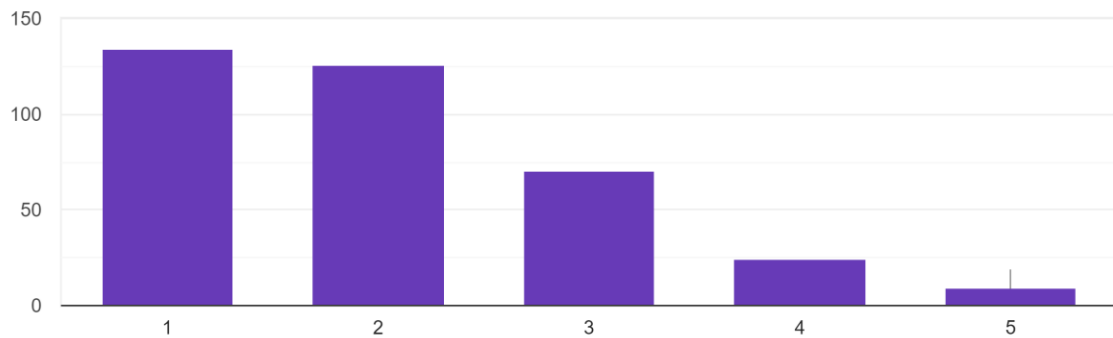


The opinions are quite divided in this table, but least votes (10,2%) got 1 “I strongly agree”.

Figure 20. More open discussion onboard

There should be more open discussion about mental health onboard ships.

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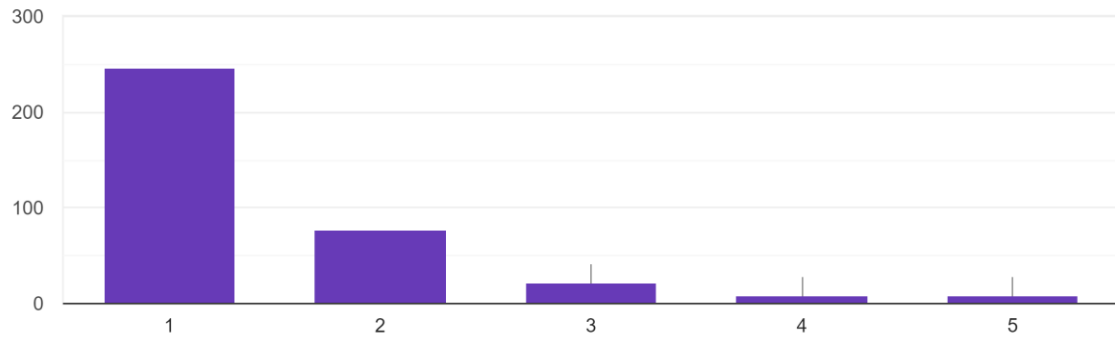


This is again quite unanimous 1 and 2 got most answers.

Figure 21. The timing of seeking help

People should seek help as early as possible to their mental health problems.

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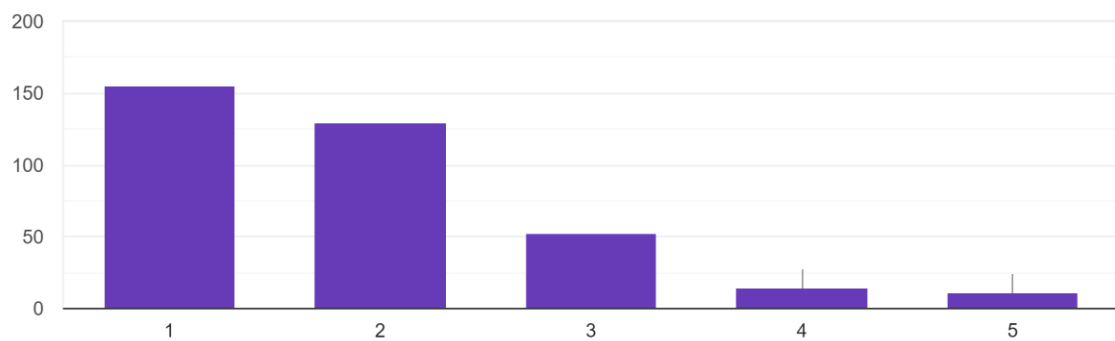


Majority of the answers (68%) went to 1 "I strongly agree".

Figure 22. More open discussion in medical examination

There should be more open discussion about mental health in the seafarer's medical examination.

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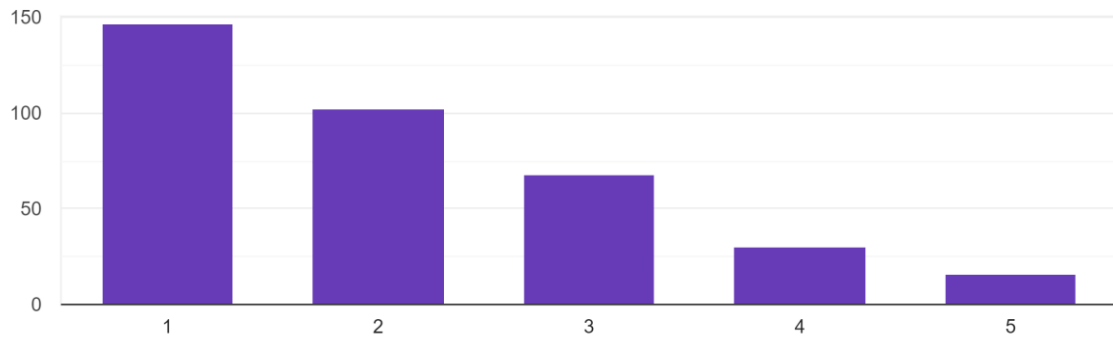


Majority of the respondents agreed on this proposition.

Figure 23. Anonymous helpline for seafarers

There should be an anonymous 24/7 help line directed to seafarer's for discussing mental health problems.

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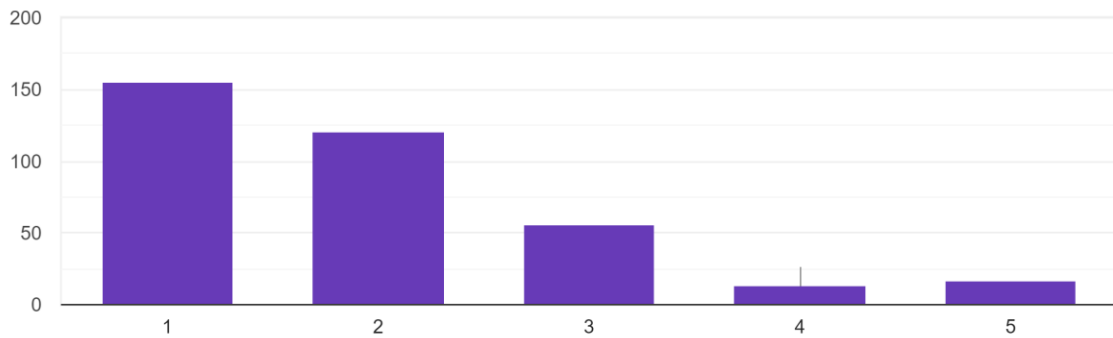


The majority of the respondents agrees with this proposition.

Figure 24. More information for seeking help

There should be more information about how to seek help for mental health problems directed only to seafarers.

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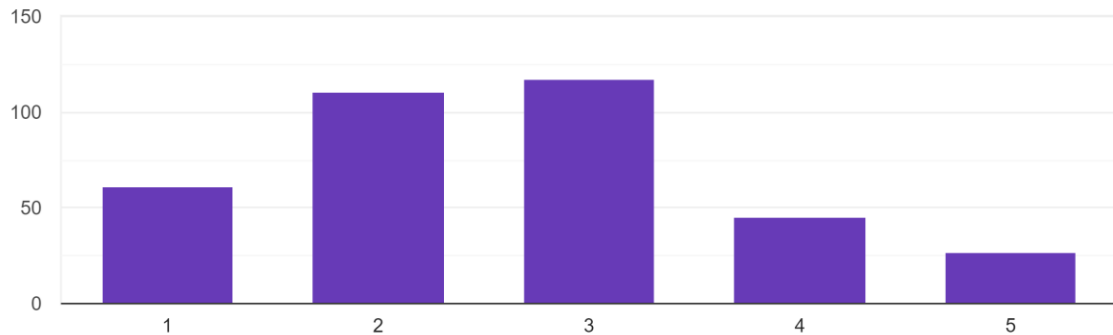


Again, majority agrees here. 4 got only 3,6% and 5 got 4,7% of the answers.

Figure 25. Mandatory shipboard programs

There should be mandatory shipboard programs regarding mental health.

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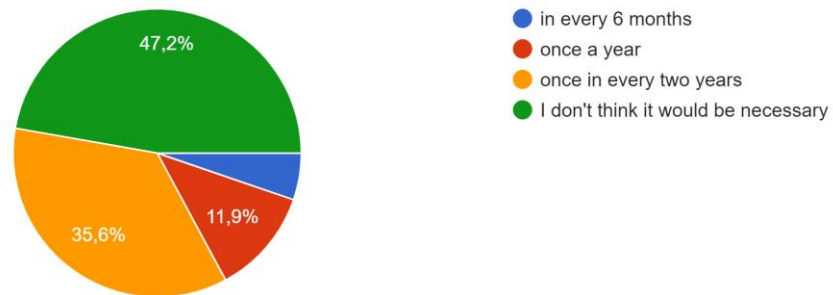


Here the answers divided in the middle. There were 12,5% who answered 4 and 7,5% that answered 5. 16,9% strongly agreed.

Figure 26. Forcing to talk to psychology

Every seafarer should be forced to talk to a psychology

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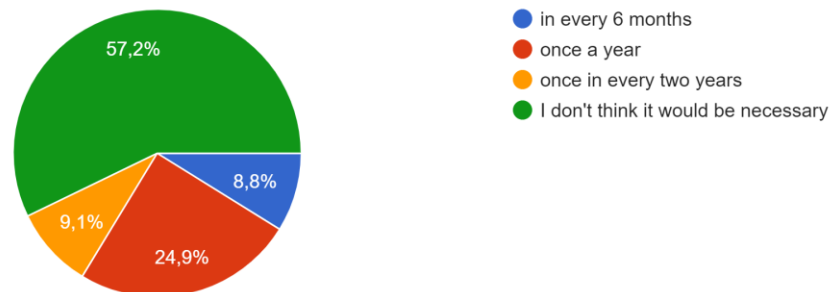


Majority answered that "I don't think it would be necessary" but 35,6% answered "once in every two years".

Figure 27. Mandatory health discussions onboard

There should be a mandatory one-on-one health discussion with the master or a designated person onboard

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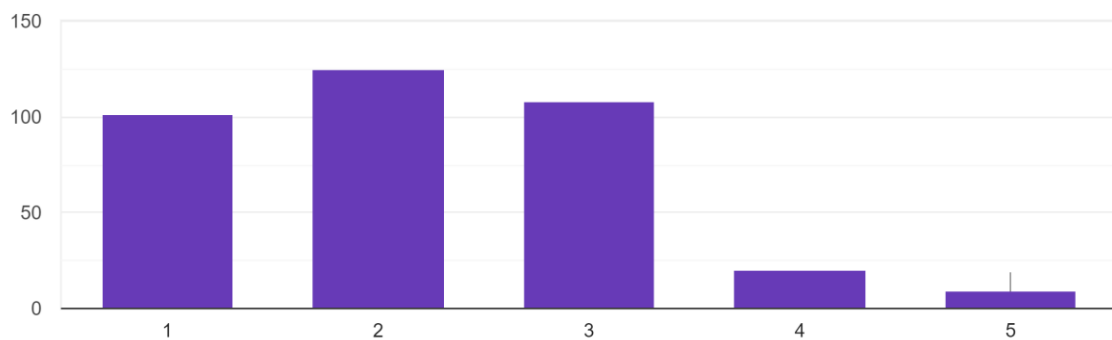


Here majority (57,2%) agreed that it would not be necessary but 24,9% of the respondents answered, "once a year".

Figure 28. Information of the criteria of the medical certificate

There should be more easily accessible information about the criteria of the medical certificate regarding mental health.

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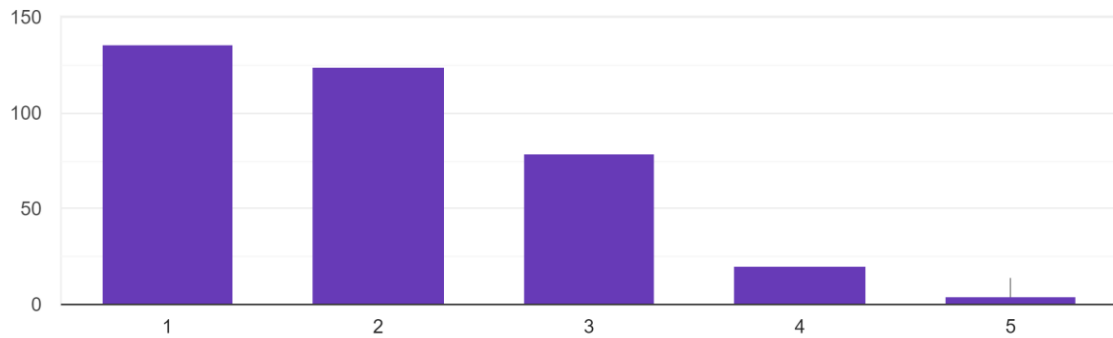


Most of the answers divided between 1, 2, and 3. Only 2,5% strongly disagreed.

Figure 29. Low-threshold places to seek help

There should be more easy, low-threshold places to seek help for mental health problems directed to seafarers.

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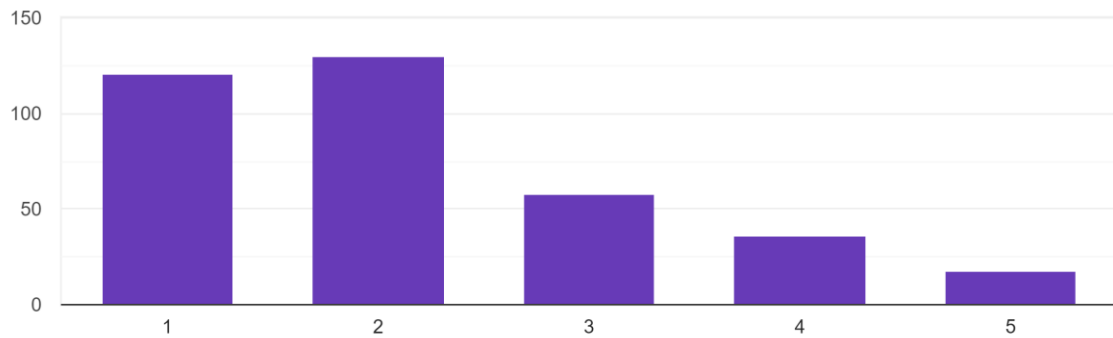


Majority agrees here 37,5% answered 1 and 34,2% answered 2. Only 1,1% answered 5.

Figure 30. Mandatory course for maritime students about mental health

There should be a mandatory course about mental health for maritime students to increase the awareness around it.

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Majority of the respondents agreed on this proposition as well, most votes got 2 by 35,8%.

5.1.1 Comments

There was an open box in the questionnaire where the respondents could leave their comments, opinions, criticism, or something they would like to add considering mental health issues and seafaring. Many were happy to see that this subject was getting more attention and felt like it was an important matter to discuss. There was also criticism about some of the questions, which I will point out in the Problems -section.

Many had opinions about the attitudes towards mental health issues in seafaring and proposals how to improve things. Few of the commentators told their own experiences about mental health problems and how it had affected their work onboard. Some also told for example that they are afraid to seek help for mental health problems.

5.2 Qualitative research

I interviewed Päivi Miilunpalo, the Senior Physician of Finnish Institute of Occupational Health about mental health issues in Finnish shipping. The interview was conducted with Microsoft Teams, so I was able to save it for later review. The interview was in Finnish, but I have transferred the questions and the quotation here to English, the questions are attached at the end of the thesis.

We discussed about the criteria of the seafarer's medical certificate, the openness of seafarers about mental health issues and the culture onboard ships, her experience about mental health problems among seafarers and what would be the case if she had rejected the medical certificate. We also discussed about how to improve the openness of the discussion regarding mental health issues and what can seafarers do if they have problems with mental health. I sent her the questions via e-mail beforehand, so she had time to think about the answers a little before the interview.

Firstly, she told me about her expertise and career as a Senior Physician of the Finnish Institute of Occupational Health. She said that she has mainly done the first medical

examinations for students who are starting their career as seafarers and that she had been involved in various development projects as well as updating the criteria for seafarers' medical examinations.

One of the main things she wanted to emphasize was the importance of the timing of seeking help in mental health problems, as well as any other medical problems; the earlier the better. Quotation: *“Yleensä asiat on hoidettavissa olevia asioita, et ne hoitamattomina yleensä muodostaa sen sitten lopullisen esteen päästä laivalle, mut silloin kun niihin oikea-aikaisesti tartutaan ja hoidetaan, niin sillähän nimenomaan pyritään tukemaan sitä terveyttä, työ- ja toimintakykyä niin, ettei siitä muodostuisi sitä estettä.”* (eng. *“In general things (mental health issues) are manageable, but if they are left untreated that usually forms the ultimate barrier to work onboard a ship, but by catching and treating the problems in a timely manner the aim is to support health and ability to work and function so that the problem does not become an obstacle for working onboard.”*)

We discussed about what could be an obstacle for working onboard when talking about mental health problems and she said that it is always the more serious issues that usually are left untreated. For example, everyone has hard times in life, crisis situations and maybe temporary depression, which are not a problem, and in which she encourages to seek help from the occupational health. But the more difficult and severe mental health issues that might worsen while working onboard, where there is no help at hand, and which might be a risk for safety, are the ones that can form an obstacle for seaworthiness. There is still a possibility to apply for an exemption procedure for more serious and prolonged situations, where are assessed whether the person has the necessary support and possible medication to maintain their ability to work. However, there has to be particularly compelling reason to get the exemption according to the law. Miilunpalo also wanted to emphasize that every case should be looked individually, and it is very hard to compare different cases, because mental health issues always occur differently with different people.

I also asked that would therapy and medication be a reason to deny the seafarer's medical certificate, and she said that there apply the same principles as mentioned above; the severity of the mental health issue, the possible renewing of the disease, and how it affects to the performance and ability to work. Therapy and medication themselves are not an issue, she says, instead they can be supportive factors if they are helping to preserve the ability to work and perform in everyday life. A bigger risk factor is a medical term "*numbness of the disease*" (suom. "*sairaudentunnottomuus*"), where the person does not understand their own condition and what is good for them. When the person understands their own need for help, seeks help in time and is committed to it, that is looked at as positive factors when discussing about the seaworthiness, she says.

The question "Have you made any decisions during your career in which the seafarer's certificate was denied due to mental health problems? What symptoms has the person had at that time?" she answered that the ones she has rejected, besides the reasons mentioned above, has been people, who are already in a fragile state in their lives. People who have had difficulties for a long time and are not in a stable state, there comes the risk of worsen their condition and mental health, if they go to work in a strenuous, isolated environment, where might be impossible to keep in touch with family and friends or professional help. These cases may also include problems with alcohol and/or drugs, mood problems, developmental- and neuropsychological problems like AD/HD and Asperger's syndrome and different learning disabilities. There might be a broad spectrum of these kind of conditions simultaneously, which then becomes too much of a burden in the ship environment.

We also discussed the amount of mental health issues occurring in Finnish shipping compared to work on shore. Doctor Miilunpalo said that she thinks that because the system is pruning in the beginning (because of the psychological tests and the medical examination where the criteria is quite high when applying to studying in maritime schools, especially the higher ranks like officers), there would be less people suffering from mental health issues compared to workers on shore. It is also common for many students to end their studies in the early stage, usually after first onboard training,

because they realize that the work is not for them – for various of reasons. She also said that she had had a conversation with the Senior Physician of the Seafarer’s Pension Fund (suom. merimeiseläkekassan ylilääkäri), which revealed that there are less people seeking disability pension because of mental health issues in Finnish shipping, compared to other work on shore, which would support this theory.

Then I asked her about how to improve the attitudes and open discussion culture regarding mental health issues onboard ships. She found it a difficult question, because every ship has their own environment and individuals and it depends on the trust inside the work community, but she gave few examples on how it may be improved. One example was with different campaigns regarding mental health targeted to ships and seafarers, to gain knowledge and understanding about mental health issues. Another good tip was online platforms, for example Mielenterveystalo (in Finnish, but also available in English), where is information about different mental health problems and guidance for seeking help and applying for example online therapy. That is a good, low threshold place to seek help and at least to get started. I also wanted to know are seafarers open about their mental health problems in the medical exams, which Miilunpalo answered that it differs case by case, but she feels that people are not afraid to talk about their problems. She also said that the doctor should ask about the things that affect mental well-being, like sleeping habits and stress control.

At the end of the interview, we discussed more about the criteria of the seafarer’s medical certificate and Miilunpalo said that the disease-specific guidelines have been improved and renewed to more detailed ones in Finland and there is more information regarding mental health issues than before. She said that in December 2021, there has been released a new check list for the doctors who do the seafarer’s medical examinations (in which she was also involved), which has more detailed information disease by disease and for example what examinations there must be done before for the application for the exemption procedure. That includes more detailed information of the mental health disorders as well, however Doctor Miilunpalo also says that because of the extent of what goes under “mental health” is so big, it is impossible to write instructions

and guidelines for everything. The main point of the more detailed guidelines is that it makes the medical examinations and the assessments more consistent and more equal. Nevertheless, she also says that mental health issues still must always be assessed case by case.

6 Interpretation of results

6.1 Distribution of the respondents

I got a wide range of answers from different age groups of people, as I hoped for. As Figure 1. shows; most of the respondents were in a group of 25-30 (19,9%) and in a group of over 60 (16,4%). Least was the age group of 50-55 (5,5%) and 55-60 (4,6%). At the very least, it could be inferred from this that people over the age of 60 may already be retired and have time to respond to such surveys. Also, the group of 25-30 can still be students, close to graduation or already graduated, so they know what it is like to write a thesis and may feel obliged to answer a peer's questionnaire. Another conclusion could be that the topic might actually interest more younger respondents because they might be more used to discuss these kinds of themes.

Figure 2. showed that the majority of the respondents were male. It was also interesting to find out that most of the respondents had actually worked already over 10 years (Figure 3.). I think that respondents who have worked 5-10 years or more has also most experience about the discussion culture onboard as well as the overall attitudes concerning mental health. They probably also have the most to say on the subject, so I feel that the questionnaire reached just the right people for this study.

6.2 Discussion culture

One topic I wanted to know more about was the discussion culture around mental health issues in Finnish shipping and can seafarers talk openly about their problems. Figure 4. shows that the respondents thought that discussion culture onboard ships are not open, another proposition was “Seafarers can talk about their mental health problems openly onboard” and answers were almost the same (Figure 12.). I also had a proposition which was “There should be more open discussion about mental health onboard ships” and the respondents quite unanimously agreed to that as well (Figure 20.).

Another thing I was interested about, was that to whom seafarers would rather talk about their problems, so I made a proposal “If you would have some mental health problems, to whom would you rather talk about it while working?”. According to the answers in Figure 10., a professional, a family member or a friend. Least votes got superior (6,3%), but what I find concerning is that 8,5% would not talk to no-one. More than half of the respondents have been told about mental health issues by their work mates (Figure 11.), which seems that there are trust and fellowship onboard Finnish flagged vessels. It is interesting, because on Figure 10. only 12,5% would talk about their mental health problems with a workmate. It also seems that there are more seafarers with mental health issues working on Finnish flagged vessels than expected if 53,4% have been told about them. This can be also interpreted from Figure 13. where majority answered; “I strongly disagree” to “Seafarers do not suffer from mental health issues”.

Many commented in the open comment section about the masculine culture, where talking about feelings is seen as weakness and how “seafarers should be tough” is still present in the maritime field. That is one reason why mental health problems are being stigmatized and people do not talk. Fortunately, most of these commentators thought that the old traditions and culture is changing for better. Quote: *“Alalla vallitsevat pitkät merenkululliset perinteet ja maskuliininen kulttuuri, jossa tällaisista asioista puhutaan lähinnä muutaman kaljan jälkeen. Onneksi asiat ovat kuitenkin muuttumassa parempaan, mutta silti avoimuutta asiasta saisi olla laivan päällä enemmän ja tabuja sen ympäriltä*

olisi hyvä poistaa.” (eng. “The industry has a long maritime tradition and a masculine culture, where such things are talked about mainly after a few beers. Fortunately, things are getting better, but there should still be more transparency on board and taboos around it should be removed.”)

6.3 Opinions and attitudes

Opinions and attitudes concerning mental health issues among seafarers based on this questionnaire are quite open. Most of the respondents thought that it depends on the issue (Figure 14.) and for example therapy seemed not to be a problem for working onboard a ship according to the results (Figure 16.). I asked about which mental health problem the respondents think would be an obstacle for working onboard and most of the votes got suicidal thoughts, major depression, addiction, and panic attacks. Least votes got mild depression, AD/HD, and inability to relax (Figure 15.). Interestingly AD/HD, where the symptoms include e.g., inattention, hyperactivity, and impulsivity, got less votes (19,6%), than difficulty at concentrating (28,7%). One respondent commented about this, quote: *“About the obstacles to working onboard. Adhd/mild depression/anxiety/aspergen should be evaluated personally. But information about criteria should be more easy to access and it should not be a problem for working on board if it's stable with or without medication. Medicated person with ex. Adhd is less a risk than the person who hides the problem and survives without medical help. When being scared of to not pass medical examination”.*

Many of the respondents agreed that there is stigma around mental health issues onboard Finnish flagged ships, but still most of the answers were in the middle (Figure 17.), which can be interpreted that the respondents do not have an opinion about this or maybe they do not have personal experience about it. Still there were only 3,8% that answered, “I strongly disagree”, which I would interpret to that even if they are not sure, they would still assume that there might be stigmatization, rather than not.

One commented like this, quote: *“Mental health issues are a tabu in seafareing, as in every work with male majority in work force. Smothering issues may cause serious security risks onboard.”*

6.4 Applying help for mental health problems

Applying help for mental health problems as a seafarer seemed to be somewhat difficult. Figure 5. shows that most of the answers went in between, number 3 got 33,4% of the votes, which is the majority, but if we look at the diagram, there are still more answers in 4 (30,1%) and 5 (18,9%), than in 1 (1,6%) and 2 (15,9%). I guess this shows that people do not know if it is easy or not if they have never applied for help to mental health problems. Then again it seems that it is not easy if 49% have answered 4 and 5 (I strongly disagree). The respondents were also quite unanimous about the proposition “There should be more information about how to seek help for mental health problems directed only to seafarers”; majority agreed (Figure 24.).

The discussion about are seafarers afraid to get help to their mental health problems was quite obvious. The proposition “Seafarers are afraid to seek professional help for mental health problems” majority of the respondents agreed (Figure 8.) and when I asked reasons why they might be afraid, there were three reasons standing out; seafarers are afraid of being denied a medical certificate, being stigmatized, and being terminated from work (Figure 9.). Some of the respondents said in the comment section that they have mental health problems but are afraid to seek help for them because of the possibility of losing their job. A few commentators told that they knew someone who had lost their job due to mental health problems and a couple of them personally had lost their jobs because of it.

Quotes: *“Menetin vakituisen paikan bibolaarin takia. Vaikka ongelmia ei ollut.”* (eng. *“I lost a permanent job because of bipolarity, even though there were never any problems.”*)
“I have been struggling with mental health problems and i havent seeked help for them because i was afraid that i would not get a job :/ not anymore tho.”

6.5 Seafarer's medical certificate

This leads us to view the propositions about the seafarer's medical certificate; the proposition "The criteria of the seafarer's medical certificate are too strict considering mental health issues" got more divided answers (Figure 6.), but what could be interpreted about it, is that probably the criteria of the medical certificate are not that known among seafarers. Even more divided answers got the proposition about the current system (the renewing of the medical certificate in every two years), do seafarers think that it is a good way of preventing safety risks concerning mental health issues (Figure 7.). It looks like the respondents think it is a good way of keeping those people out of ships who have more serious mental health issues, which would decrease the safety hazards onboard, but probably many of the respondents think there could be a better way. According to the results in Figure 28. seafarers would also want more easily accessible information about the criteria of the medical certificate concerning mental health issues, which supports the theory above.

One responder on the comments section suggested that the criteria about mental health issues should depend on the position where people work on board. For example, as a captain or a chief engineer the responsibility is much higher than for example as an ordinary seaman or a motorman. Quote: *"Captain & Chief Engineer example have totally different responsibilities than motorman or ordinary seaman so mental health level can be variate according responsibilities carried onboard."*

There also were many comments about how more information should be available concerning the medical criteria and how to seek help without the fear of being terminated from work. Most thought that if people are smothering their problems without getting help, it is a big safety risk.

Quotes: *"I think the most important thing concerning mental issues is to be able to seek help easily, and if with medication all symptoms are in control, there should not be any problems to have a valid medical certification. I dont know if there are a list of medications that are allowed, or is it just always a permit of exception, a statement from*

a psychologist, and then just fingers crossed? More information about this would be nice. A very good and important subject.”

“Current system with one year examinations for medical exemption is adding to stress and fatigue.”

“About the obstacles to working onboard. Adhd/mild depression/anxiety/aspergen should be evaluated personally. But information about criteria should be more easy to access and it should not be a problem for working on board if it's stable with or without medication. Medicated person with ex. Adhd is less a risk than the person who hides the problem and survives without medical help. When being scared of to not pass medical examination.”

6.6 Improving mental health awareness

The respondents had quite unanimous views on how to improve things considering mental health. Majority thought that it is important to seek help as soon as possible (Figure 21.) and there should be more open discussion about mental health issues in the seafarer’s medical examinations (Figure 22.). A 24/7 helpline directed only to seafarers was also in favor of the respondents (Figure 23.).

When it came to the mandatory mental health programs and discussions, majority disagreed. Seafarers have a lot of mandatory courses and certificates they need to renew often, so I understand that they do not want more of them. Exception was a mandatory course about mental health for maritime students, which most of the respondents agreed on (Figure 30.). There were many comments about the mandatory discussion with psychologist in every two years that proposed it to be an option rather than forcing people to talk. Quote: *“I believe that it would be helpful to PROVIDE AN OPTION to discuss with a psychologist for example every two years in combination with renewing the certificate. But FORCING EVERYBODY to do so would only add to the problem and make it harder to identify those actually in need of help. It would also further add to the burden of mental healthcare, that is already massive, when perfectly fit people are sent to a shrink.”*, which I think made a very good point. Another commented, quote: *“..forcing employees*

to a psychiatrist should only be done through medical professional or after a trauma. Otherwise I think it should be voluntary, but easily available service."

Another suggested it to be a bigger part of the medical examination itself, which would make sense as well. Quote: *"Läkärintarkistuksen yhteydessä voitaisiin puhua enemmän jaksamisesta ja jos tarvetta ilmenee, niin ohjaus terapiaan/ammattilaiselle puhumaan enemmän. Varustamon kehityskeskusteluissa/työhyvinvointi kyselyssä voisi mielenterveys ongelmia kysellä."* (eng. *"In the context of a medical examination, there could be more talk about coping and, if the need arises, guidance to the therapy / professional to talk more. In the company's development discussions / well-being at work survey, mental health problems could be asked."*)

It seems according to the results, that seafarers would like to have more information about how things work around applying help and how it may affect to the renewing of the medical certificate. Also, low-threshold places to seek help for mental health issues was agreed on (Figure 29.). Quotes: *"Talking about these should be as easy as possible in order to not cause more harm for human lives at sea."*

"Maritime is closed community where mental issues are hidden. Low-threshold services should be available always in mental health issues and this is not just related to maritime."

7 Conclusions

7.1 Differences between the results and professional view

7.1.1 Seaworthiness

There were some contradictions about the results I got from the questionnaire and The Senior Physician Päivi Miilunpalos' professional views. For example, when applying for help for mental health issues or denying the seafarer's medical certificate, she said that it depends how serious the issue is and how it would affect in the future is what affects to

the seaworthiness. She said that passing stress or depression for example would not be a problem if they are treated in time. Quote: *“Ne on sit aika pitkää työkyvyttömyyttä aiheuttavii tilanteita yleensä, mitkä sitten niinku on siihen merityökelpoisuuteen vaikuttavia asioita sitten myöhemmässä työurassa ja siinä on taas keskeistä se, että pyritään ensin toki niinku tukemaan ja kuntouttamaan henkilö.”* (eng. *“These are situations that cause a rather long period of incapacity for work in general, which then matters affecting seaworthiness in a later career, and it is again important to try to support and rehabilitate the person first.”*). Therapy or medication are not a problem themselves; it is always about how serious the issue is and what kind of treatment it needs. Quote: *“Pikemminkin jos on sellainen suojaava tai ennaltaehkäisevä hoito tai lääkitys, niin se on se puoltava seikka”* (eng. *“Rather, if there is a protective or preventive treatment or medication, that is a positive thing”*). Also, that the problems should be always looked case-by-case.

What the results revealed about getting help and denying the seafarer’s medical certificate was slightly different. The respondents probably also did not have enough information about the criteria of the medical certificate, and it was their own experiences or second-hand experience. For example, one of the comments was, quote: *“Menetin vakituisen paikan bibolaarin takia. Vaikka ongelmia ei ollut.”* (eng. *“I lost a permanent job because of bipolarity even though there were never any problems.”*) This is of course only one separate case, but that clearly has not been monitored individually if the person felt that his condition does not affect his ability to work.

Another commented, quote: *“The amount of detail the certificate goes into as its right now, would most likely make a LOT of sailors over 40 jobless if they didnt know a doctor who is more “chill”. I mean I’m under 30 and have been deemed “unfit for service” once already until I got a second opinion. Military medical grade A (best grade, fully fit for all service), so really minor stuff rendered me “unfit”.*” It seems that the reality is not that positive as Miilunpalos’ views on the topic and there is a reason why people are afraid to talk about their mental health problems. What I interpreted from the questionnaire and the comments was, that if it is revealed that someone has a mental health issue, it is quite

straight forward a rejection of the medical certificate. It probably depends quite a lot on the doctor as well.

7.1.2 The occurrence of Mental health problems in Finnish shipping

We discussed with Päivi Miilunpalo about the occurrence of mental health issues in the maritime field overall and does the current system of renewing of the medical certificate has the effect as it should. Miilunpalo thought that the system is pruning from the beginning with the psychological tests and the first medical examination, which is a little more specific. Her view on the case was that there would be less people suffering from mental health problems in the Finnish shipping industry compared to the shore-based work.

What I found out from the previous research was that it is actually opposite. Seafarers actually seem to have more mental health problems than normal population. (Lefkowitz R. & Slade M. 2019 *Seafarers mental health study*). The study was conducted with international seafarers, so it does not necessarily mean it is the same with Finnish seafarers, but that is something that would need further research. The results I got from my questionnaire showed that there are mental health problems in Finnish maritime sector and probably more than is seen from the statistics, because seafarers are afraid to seek help. Another supporting evidence was a thesis from a peer, Armand N. K. (2021) "*Depression, the unspoken threat to life at sea and measures taken towards the fight of depression*", which showed that the rate of depression in the maritime sector is higher when compared to non-seafarers.

7.1.3 Seafarer's medical examination

Senior Physician Miilunpalo has been involved in the renewing of the new the disease-specific guidelines that was released in December 2021 for the doctors who does the seafarer's medical exams. That includes more detailed information of the mental health

disorders as well, however Doctor Miilunpalo also says that because of the extent of what goes under “mental health” is so big, it is impossible to write instructions and guidelines for everything. The idea was to make the guidelines of the medical examinations and the assessments more consistent and more equal. I think that it is good to give the doctors more information about mental health disorders but still it would be important not to stare only the guidelines but evaluate the person individually and hear what the patient him/herself thinks about the affection of the problem in their own lives.

The information I got from the questionnaire was that seafarers do not really know that much about the criteria concerning mental health that is assessed in the medical examination and that is one reason they are afraid to seek help for mental health issues. The information is available in the Finnish Institute of Occupational Health and there can be found also these new disease-specific guidelines, but maybe the information could be somewhere onboard as well so that seafarers would have them more easily. The results showed that seafarers would want to emphasize the individuality when it comes to assessing mental health issues and seaworthiness. Everyone should be assessed based on the problem and is it in control, how it is treated and how it affects the ability to work. Quotes: *“Question about different problems did not specify if they are in control and in treatment (medication, professional contact, under observation, state of the condition, therapy etc) or if they are undiagnosed wild cards. Quite a big difference there. Also some of them were conditions that in active phase anykind of work is quite impossible.”*

“About the obstacles to working onboard. Adhd/mild depression/anxiety/aspergen should be evaluated personally. But information about criteria should be more easy to access and it should not be a problem for working on board if it's stable with or without medication. Medicated person with ex. Adhd is less a risk than the person who hides the problem and survives without medical help. When being scared of to not pass medical examination.”

At the moment it says in the disease-specific guidelines for example about bipolarity that it is “in principle an obstacle for working onboard a ship” (suom. *“kaksisuuntainen mielialahäiriö on lähtökohtaisesti este laivatyölle”* Työterveyslaitos, *Tarkastuslista lääkärille laivatyösoveltuvuuden arvioinnissa huomioitavista asioista eri sairaustiloissa*).

What there was about AD/HD is that *“Suitability for shipboard work should be assessed on a case-by-case basis among other things; job function, maritime safety and medication.”* (suom. *“Soveltuvuus laivatyöhön tulee arvioida tapauskohtaisesti huomioiden mm. työtehtävä, meriturvallisuus ja lääkitys.”* Työterveyslaitos, *Laivaväen lääkärintarkastusohjeet - Tautiryhmäkohtaiset soveltamisohjeet*). I find it interesting that bipolarity is such an obstacle for working onboard, because if it is treated and in balance the person suffering from it can live quite a normal life. It should be evaluated personally if the patient does not see any problem for their ability to work.

7.1.4 The openness of seafarers concerning mental health problems

The Senior Physician Miilunpalo had the assumption that seafarers can talk openly about their mental health problems and that they also do talk openly about them, but she also said it is very case-by-case. *“Se on niin tapauskohtasta, mutta kyllä niistä ihan puhutaankin ja toki ne on niinku semmosia jota on ihan hyvä aina kysyä myös et miten voi ja onko mielialan kanssa, nukkumisessa, stressin hallinnassa niinku jotain vaikeuksia.”* (eng. *“It is very case-by-case, but yes, they (mental health problems) are talked about, and it is also good to ask about them, like how are they doing, is there any problems with mood, sleeping and stress management.”*) What the results showed was that seafarers do not really talk about their problems openly onboard and are afraid to seek help, which indicates that they would not talk about the problems in the medical examinations either. Figure 22. showed also that seafarers would like to have more open discussion about mental health problems in the medical examinations.

7.2 Proposals for reducing mental health problems onboard

What the results revealed was that there should be more action towards reducing mental health issues in Finnish shipping. The industry is so unique with high demands for good health and coping in stressful situations and environment that there should be more help and information about mental health directed only to seafarers. The information and help

should be easily available also onboard and there should be opportunities to have support and possibilities to talk about mental health problems with a lower threshold.

Many of the respondents answered that it is difficult to apply help for mental health issues as a seafarer and that many are afraid to do so, because of the strict criteria of the medical certificate. I think that this is one of the main problems in this area. Apparently, the current system with the medical examinations in every two years is more suppressing than helping regarding mental health problems. There should be a way to spread information to seafarers that there is help available and that the sooner they get help, the easier it is to treat the problems, like Senior Physician Miilunpalo said as well. However, there were many comments from seafarers that had applied help to mental health problems, and they did not have the results they hoped for, in fact, they had gotten more problems for opening their mouths. Maybe there should be some kind of a link in between, where seafarers could talk about their problems without the fear of it affecting their seafarer's medical certificate. Or maybe the criteria could be re-evaluated a little to more humane ones. Something to get the fear and stigma away, to open up the discussion and make the environment gentler and safer. That would probably increase the actual safety onboard as well when there would not be seafarers with suppressed mental health problems.

In the questionnaire, there came up some good proposals for increasing the awareness for mental health issues which the respondents agreed on. For example, an anonymous 24/7 helpline for seafarers. I actually found one from The Nautical Institute's web page, where they say that "Seafarers anywhere in the world can contact *SeafarerHelp* for 24/7 assistance, 365 days per year". Probably this is something that many does not know about so I will put it here just in case.

Here are the contacts:

www.seafarerhelp.org

Skype: Info-seafarerhelp.org

Tel: +44 20 7323737 and request call-back

SMS: +44 7624 818 405 Email: help@seafarerhelp.org

Other agreed proposals were more information about how to apply for help for mental health problems and more information about the criteria about the seafarer's medical certificate. This would be quite easily provided with a campaign, e-mail, or information sheet in the messroom for example. The respondents also voted for more easy, low-threshold places to apply help for mental health issues directed to seafarers and a mandatory course for maritime students about mental health to spread awareness and reduce the stigma. There were some propositions about mandatory shipboard programs or meetings with psychology, but the respondents did not like the idea of forcing. Nonetheless, many commented that it would be good to have the opportunity to talk to a psychologist more often and more easily.

8 Problems and critical examination

I conducted my questionnaire in a way that it can be answered anonymously and that the respondents can not be recognized from it, because of the sensitivity of the topic. This way the data gathered was not personal and it had to stay in the general level. I sent the questionnaire to a few Finnish shipping companies, three different Finnish maritime schools, shared it on social media platforms directed to seafarers and used my own networks of friends and workmates from the maritime field. There is still not a certainty of the sampling like was there for example people that answered the questionnaire, who are not seafarers. I got total of 366 responses, but only the first three questions were mandatory, so it can affect the results. The majority of the respondents were male, which correlates with the whole industry being male dominant.

I also realized that I made a mistake in the question 2 with the age groups, because I started and ended them with a same number. For example; a person who would be 25 years old, could be in both groups of 20-25 and 25-30, which can be an error in the results. Fortunately, it does not affect that much on the whole questionnaire.

Another mistake was that I used the Likert's scale, where 1 means "I strongly disagree" and 5 means "I strongly agree", in a wrong way. I had them the other way around, which might affect the results if the respondents have not read the assignment carefully.

Criticism from the comment section

Few respondents commented the question "In your opinion, which of these listed above would be an obstacle for working onboard a ship? You can choose more than one" (Figure 15.). Quote: *"In the question about the listed symptoms or behavioural patterns which "would be an obstacle for working onboard a ship", I opted all the alternatives. That said, my answer could have been just other way around so that I would have left all the alternatives unselected. This is because the alternatives (could) be a problem when working onboard, but I cannot say that they "would" as was asked. It is important that this subject is a target to examination. This kind of assumptions are sometimes strengthened by media in a negative light and that is often transferred to public opinions and thinking as well."* Many thought it was a difficult question, because it depends so much for example the stage of the problem, and is it treated or not. I understand that maybe it could have been phrased better and not be so generalized. One reason for the generalization was that I wanted to test seafarers' own knowledge and assumptions about these disorders (mild depression, moderate depression, major depression, anxiety, panic attacks, long-term stress, insomnia, fatigue, addiction, difficulty at concentrating, AD/HD, inability to relax, Asperger's syndrome, bipolar disorder, suicidal thoughts).

One commentator also said that, quote: *"Your thesis subject is interesting, but I feel based on this questioner, that you have already decided upon certain attitudes to be true. I hope that you will be able to stay impartial throughout your work."* This is good criticism and in some way it might be true, but I have tried to stay as objective as I can. I wanted to write about this subject because I have worked onboard and heard stories about mental health issues that have not been treated and that people have had problems with the medical certificate. It is a problem I have seen and now I am trying to find out that how big of a problem it actually is, which is the reason for me to even write about this. That

said, I base this thesis on facts, previous research, the answers of the questionnaire and the interview of Doctor Miilunpalo.

9 Final words

I felt that there was a problem that has not been detected or discussed enough of in the Finnish seafaring, which was mental health problems. I hope that this study would gain more visibility for mental health problems in seafaring and that there would be further research about it here in Finland. I would have like to include much more to this thesis about this topic, for example the problematics of the sick leaves and their codes concerning mental health issues and what follows from them. Unfortunately, I had a time frame and cannot possibly include everything to a one thesis.

There were concerns about the sensitivity of this topic and would seafarers want to even reply to a questionnaire about mental health issues. Fortunately, I got much more answers than I ever expected, and it raised a lot of discussion in the social media. I also got two contact requests from random people who wanted to tell their stories and experiences after answering my questionnaire, which shows how important this subject actually is.

I would like to thank my supervisor Ritva Lindell, who gave me support and help with my work and understood straight away the importance of the study. I also would like to thank Senior Physician Päivi Miilunpalo about the professional views and interview as well as everyone who answered the questionnaire. A big thanks to my family and friends for support and especially Niina Tapaninen for being my most reliable secretary and helping with technical problems and Roosa Heiska, from whom I received a lot of help with keeping it all together and keeping the hold on of the essence and importance of my work.

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Appendices

Haastattelukysymykset työterveyslaitoksen ylilääkäri Päivi Miilunpalolle:

1. Koetko merimieslääkärintarkastuksessa olevat kriteerit merityölle sopiviksi?
2. Olisiko jotain, mitä muuttaisit mielenterveysongelmiin tarkoitetuissa ohjeistuksissa?
3. Oletko urasi aikana tehnyt päätöksiä, joissa merimieslääkärintodistus on hylätty mielenterveysongelmien vuoksi? Millaisia oireita henkilöllä on tällöin ollut?
4. Onko sinulla ollut merenkulkijoita potilaina, jotka ovat kertoneet avoimesti jostakin mielenterveyteen liittyvästä ongelmastaan?
5. Onko sinulla ollut merenkulkijoita potilaana, jotka ovat hakeneet sairauslomaa mielenterveysongelmien vuoksi?
6. Jos on, onko siitä seurannut merkintöjä merimieslääkärin todistukseen tai ongelmia sen uusimiseen?
7. Ovatko mielestäsi merenkulkijat avoimia mielenterveysongelmista puhuttaessa?
8. Onko mielestäsi merenkulkijoiden helppo hakea apua mielenterveysongelmiin?
9. Miten mielestäsi mielenterveysongelmiin suhtaudutaan yleisesti merenkulussa tai merenkulkijoiden keskuudessa?
10. Olisiko jotain ehdotuksia, millä keskustelukulttuuria voisi parantaa mielenterveyteen liittyvissä asioissa laivoilla?
11. Olisiko jotain ehdotuksia, miten merenkulkijat voisivat hakea apua mielenterveysongelmiin matalammalla kynnyksellä?
12. Mikä on ammatillinen näkökulmasi seuraavaan väitteeseen: merenkulkijat eivät uskalla hakea apua mielenterveysongelmiinsa, koska he pelkäävät merimieslääkärintodistuksen hylkäämistä ja näin työpaikkansa menettämistä.
13. Muita kommentteja/ajatuksia mielenterveysongelmiin merenkulussa?

Questionnaire for Päivi Miilunpalo, the Senior Physician of the Finnish Institute of Occupational Health:

1. Do you consider the criteria in the seafarer's medical examination to be suitable for seafaring?
2. Would there be anything you would change in the guidelines (in the medical examinations) for mental health problems?
3. Have you made any decisions during your career in which the seafarer's certificate was denied due to mental health problems? What symptoms has the person had at that time?
4. Have you had any seafarers as patients who have openly reported any of their mental health problems?
5. Have you had any seafarers as patients who have applied for sick leave due to mental health problems?
6. If so, have there been any entries in the seafarer's medical certificate or problems in renewing it?
7. Do you think seafarers are open when it comes to mental health issues?
8. Do you think it is easy for seafarers to seek help for mental health problems?
9. How do you think mental health problems are perceived in general in Finnish shipping or among seafarers?
10. Would there be any suggestions on how to improve the culture of discussion on mental health issues on board ships?
11. Would there be any suggestions on how seafarers could seek help for mental health problems at a lower threshold?
12. What is your professional perspective on the following statement: Seafarers are afraid to seek help for their mental health problems for fear of being denied a seafarer's medical certificate and thus losing their job.
13. Other comments/thoughts about mental health issues in seafaring?

Questionnaire for Thesis

This is a questionnaire for seafarers about mental health issues in Finnish shipping industry and onboard Finnish flagged vessels. The questionnaire is anonymous and the information is handled confidentially.

***Pakollinen**

1. Age? *

Merkitse vain yksi soikio.

under

18 18-

25

25-30

30-35

35-40

40-45

45-50

50-

55

55-60

over 60

2. Sex? *

Merkitse vain yksi soikio.

Female

Male

Other

3. How long have you worked or studied onboard a ship? *

7. The current system (renewing the seafarer's medical certificate in every two years) is a good way of preventing safety hazards onboard considering mental health issues.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

8. Seafarers are afraid to seek professional help for mental health problems.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

9. What do you think are the main reasons (you can choose more than one) why seafarers might be afraid to seek help for mental health issues?

Valitse kaikki sopivat vaihtoehdot.

- They are afraid of being stigmatized
- They are afraid of being denied a medical certificate
- They are afraid of being terminated from work
- Something else
- I don't think seafarers are afraid of seeking help for mental health issues.

10. If you would have some mental health problems, to whom would you rather talk about it while working?

Merkitse vain yksi soikio.

- Your superior
- Your work mate
- Contact a friend
- Contact a family member
- Contact a professional
- No-one

11. Has any of your work mates opened up to you about their mental health issues?

Merkitse vain yksi soikio.

- Yes
- No

12. Seafarers can talk about their mental health problems openly onboard.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

13. Seafarers do not suffer from mental health issues.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

14. Do you think that mental health issues are an obstacle for working onboard a ship?

Merkitse vain yksi soikio.

- Yes
- No
- Depends of the issue.

15. In your opinion, which of these listed below would be an obstacle for working onboard a ship? You can choose more than one.

Valitse kaikki sopivat vaihtoehdot.

- Mild depression
- Moderate depression
- Major depression
- Anxiety
- Panic attacks
- Long-term stress
- Insomnia
- Fatigue
- Addiction (of alcohol, drugs or medication)
- Difficulty at concentrating
- AD/HD
- Inability to relax
- Asperger's syndrome
- Bipolar disorder
- Suicidal thoughts

16. A person working onboard a ship, who has gone to therapy, is a safety risk.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

17. People are being stigmatized for mental health issues onboard.

Merkitse vain yksi soikio.

	1	2	3	4	5	
--	---	---	---	---	---	--

I strongly agree I strongly disagree

18. Working onboard is strenuous and stressful both mentally and physically.

Merkitse vain yksi soikio.

1 2 3 4 5

I strongly agree I strongly disagree

19. Seafarers needs to be tough, work hard and not complain.

Merkitse vain yksi soikio.

and

1 2 3 4 5

I strongly agree I strongly disagree

Questions

Propositions
section 2

Here are some multiple choice questions and propositions about how to increase the awareness about mental health problems onboard. Please answer the propositions in a scale 1-5 (1=I strongly agree and 5=I strongly disagree).

20. There should be more open discussion about mental health onboard ships.

Merkitse vain yksi soikio.

1 2 3 4 5

I strongly agree I strongly disagree

21. People should seek help as early as possible to their mental health problems.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

22. There should be more open discussion about mental health in the seafarer's medical examination.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

23. There should be an anonymous 24/7 help line directed to seafarer's for discussing mental health problems.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

24. There should be more information about how to seek help for mental health problems directed only to seafarers.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

25. There should be mandatory shipboard programs regarding mental health.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

26. Every seafarer should be forced to talk to a psychology

Merkitse vain yksi soikio.

- in every 6 months
- once a year once
- in every two years
- I don't think it would be necessary

27. There should be a mandatory one-on-one health discussion with the master or a designated person onboard *Merkitse vain yksi soikio.*

- in every 6 months
- once a year once
- in every two years
- I don't think it would be necessary

28. There should be more easily accessible information about the criteria of the medical certificate regarding mental health.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

29. There should be more easy, low-threshold places to seek help for mental health problems directed to seafarers.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

30. There should be a mandatory course about mental health for maritime students to increase the awareness around it.

Merkitse vain yksi soikio.

	1	2	3	4	5	
I strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I strongly disagree

31. Any comments, opinions or something you would like to add considering mental health issues and seafaring:

Google ei ole luonut tai hyväksynyt tätä sisältöä.

Google Forms