



MENTAL HEALTH ASSESSMENT:

A survey to collect the Aeromedical Examiners
and Assessors' point of view

Booklet of results



SURVEY INFORMATION

Objective: Identify current gaps and needs concerning the mental fitness certification process from the point of view of aeromedical examiners (AMEs) and assessors, with special reference to:

- misalignments between the knowledge, skills and competencies obtained during education/training and the knowledge, skills and competencies required for a satisfactory aeromedical examination;
- factors that obstruct or facilitate the applicants' mental health assessment.

Target: the European Medical Experts Group (MEG)

Administration: online questionnaire

Total number of respondents: 102

SECTIONS

SECTION 1

AMEs profiles

SECTION 2

Current aeromedical
mental health
(MH) assessment
procedures

SECTION 3

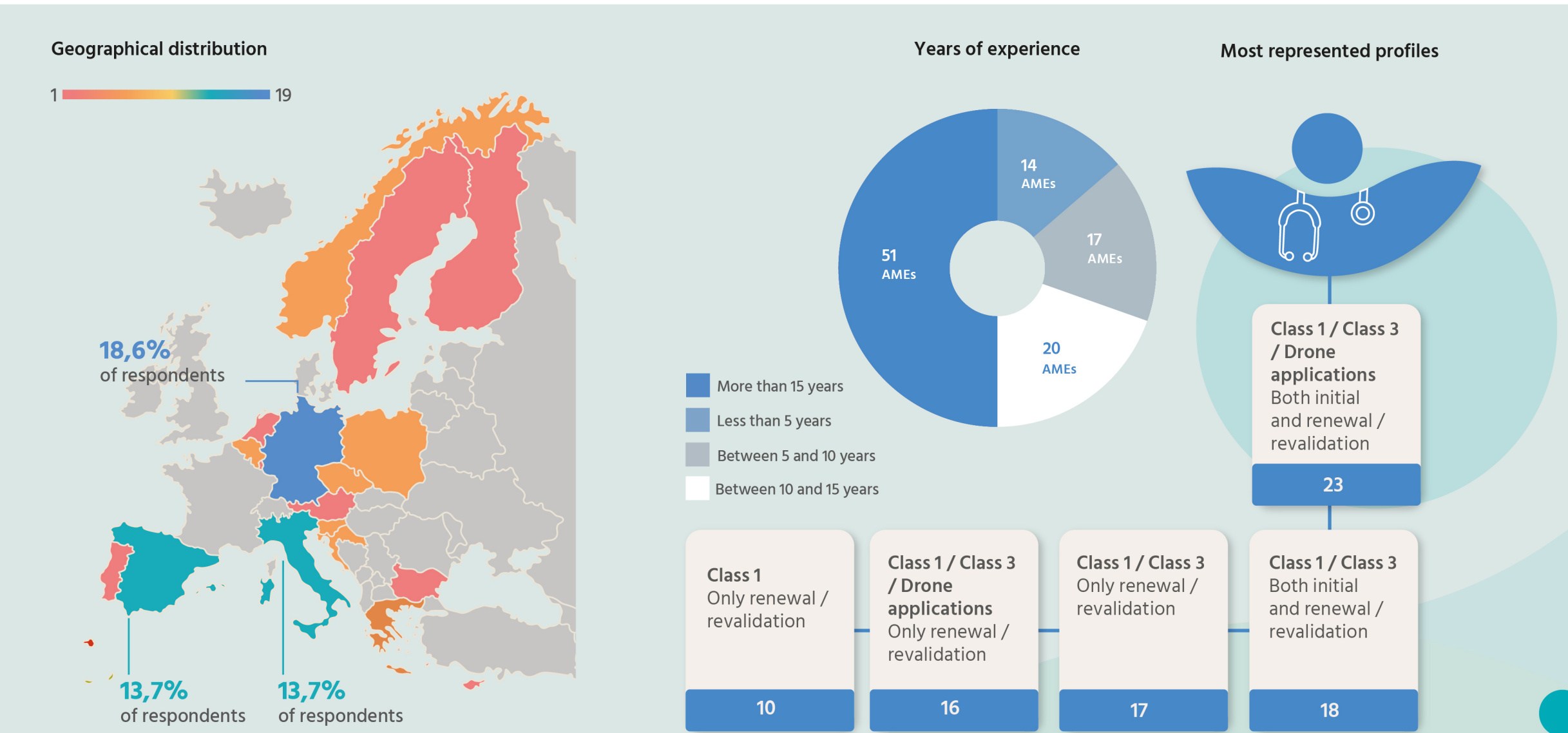
Cooperation processes
between AMEs and
Mental Health Specialists
(MHS)

SECTION 4

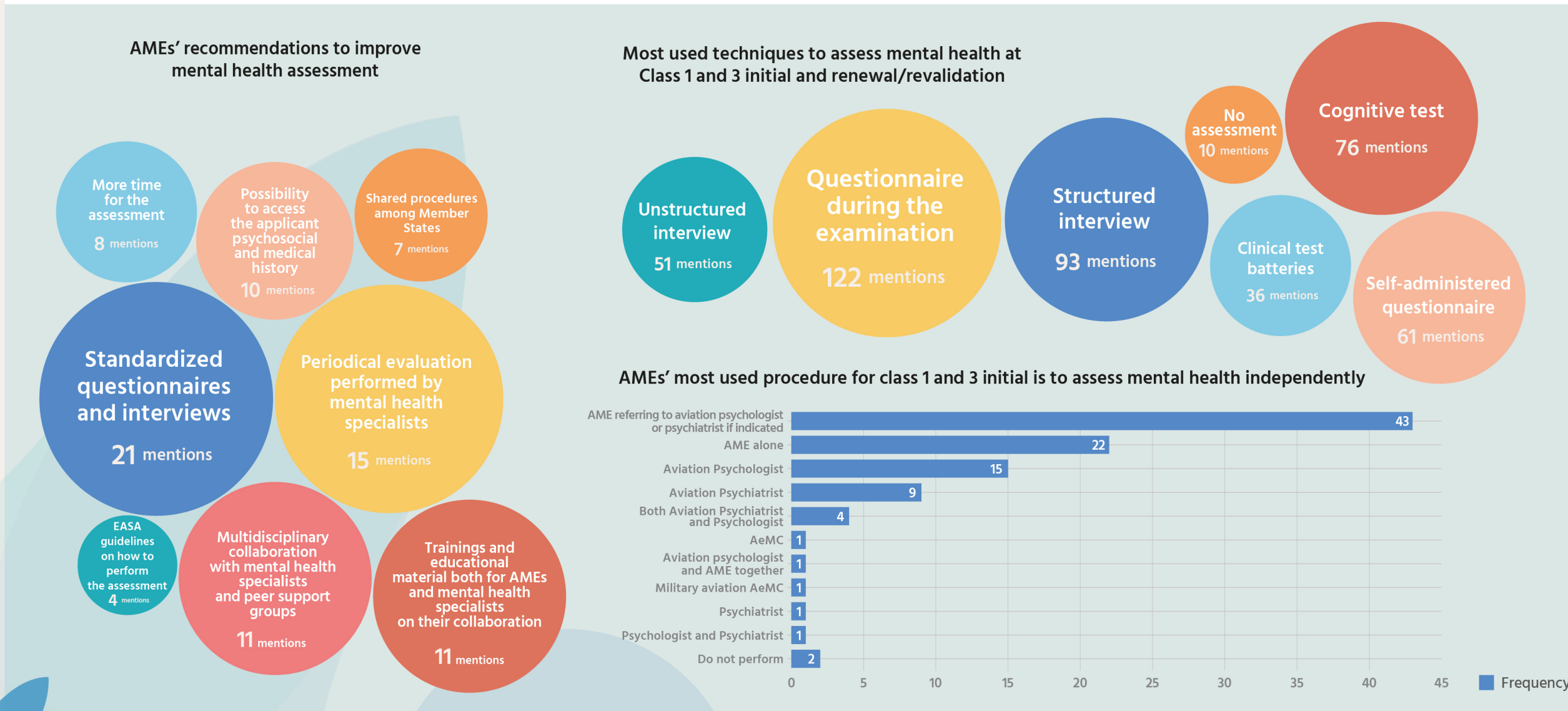
Cooperation processes
between AMEs and
Peer Support Groups
(PSGs)

Aeromedical Mental Health assessment: the experience of 102 EU Aeromedical Examiners (AMEs)

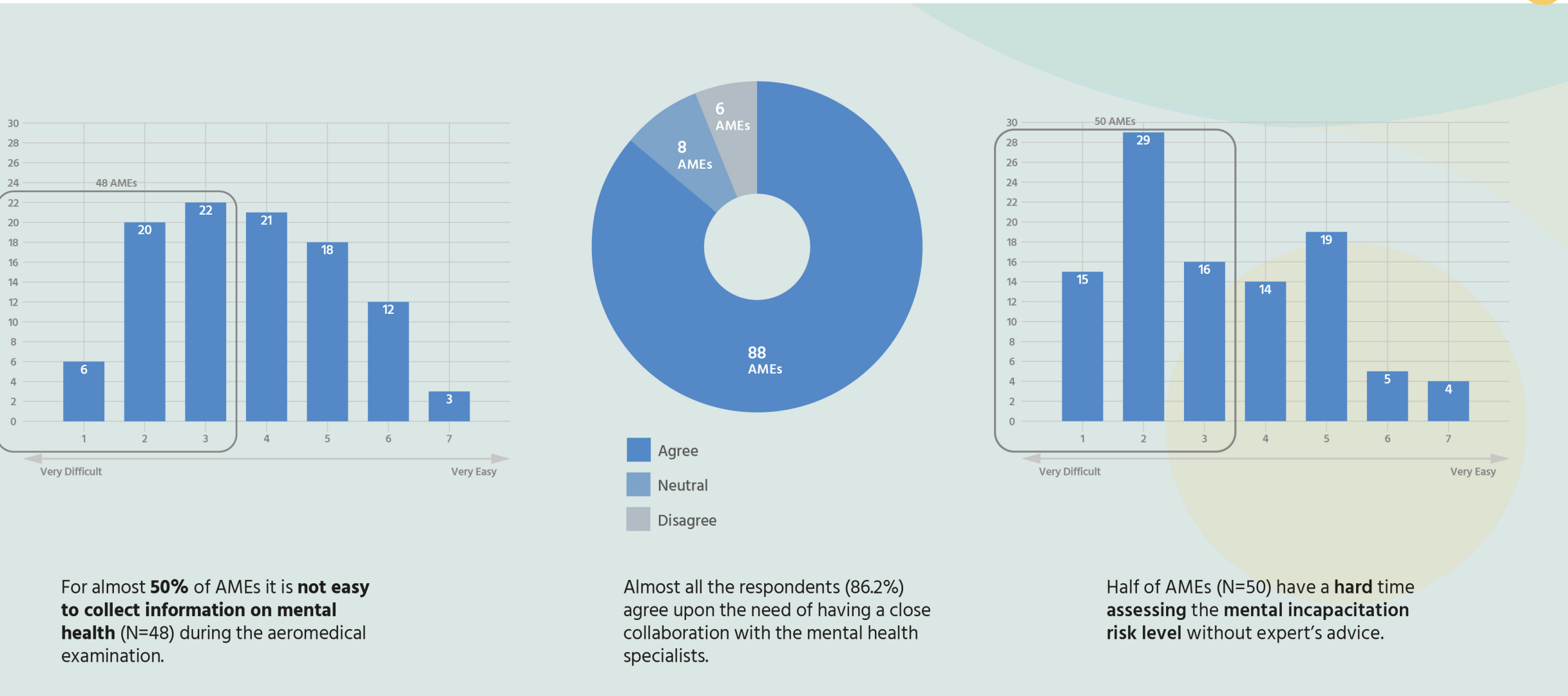
AMEs PROFILES



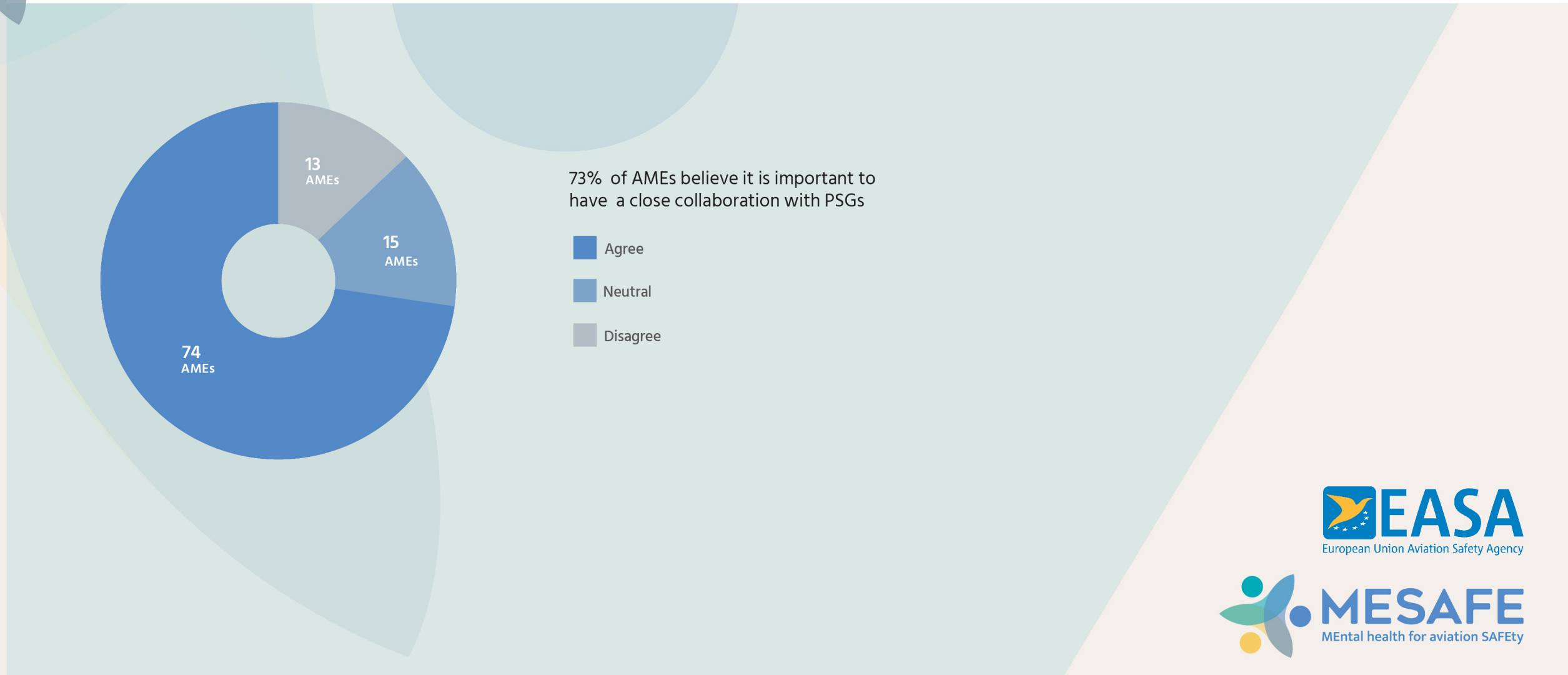
CURRENT MENTAL HEALTH ASSESSMENT PROCEDURES



COOPERATION AME & MENTAL HEALTH SPECIALIST



COOPERATION AME & PEER SUPPORT GROUPS (PSGs)



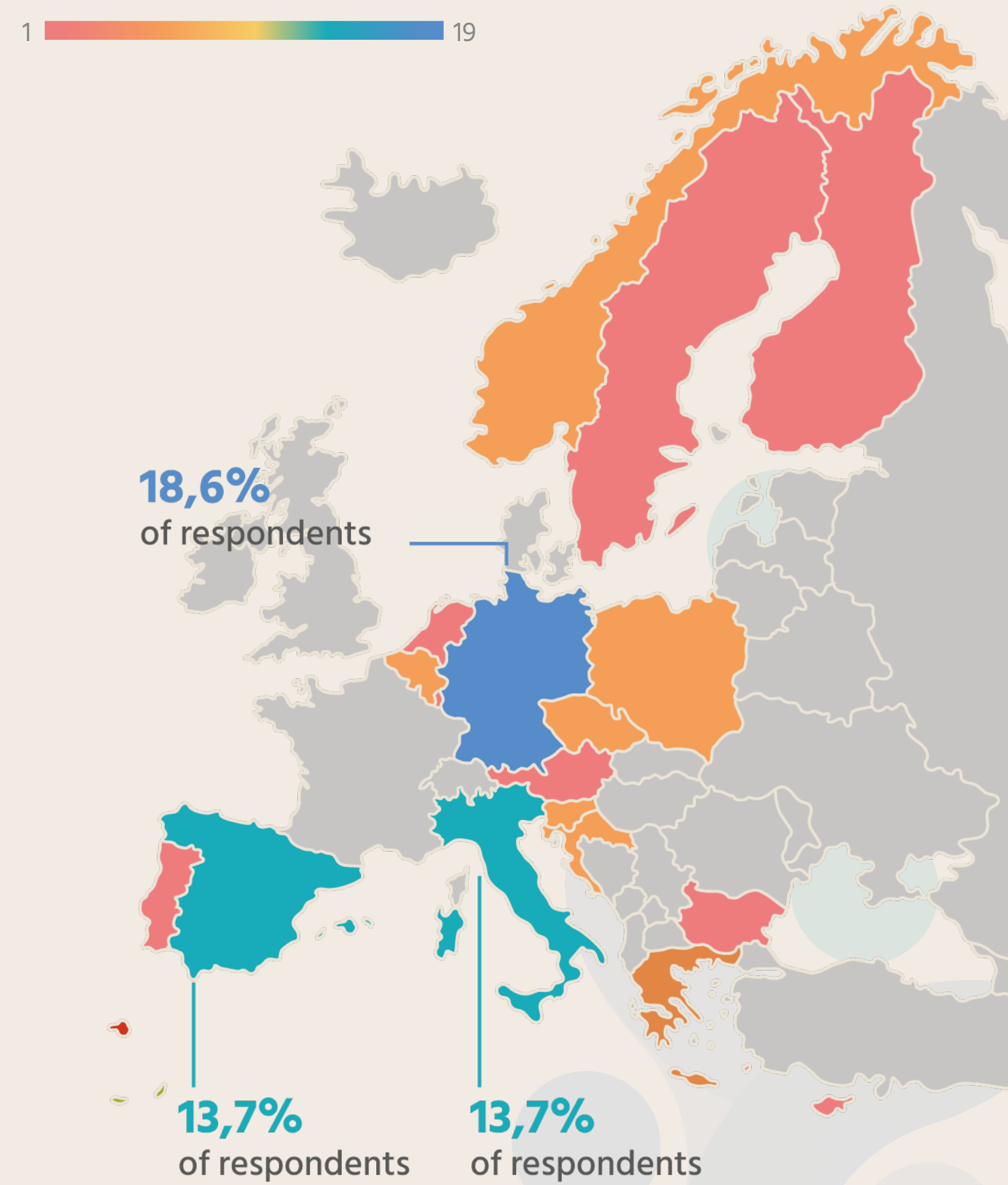


DETAILED RESULTS

SECTION 1: AMES' PROFILES



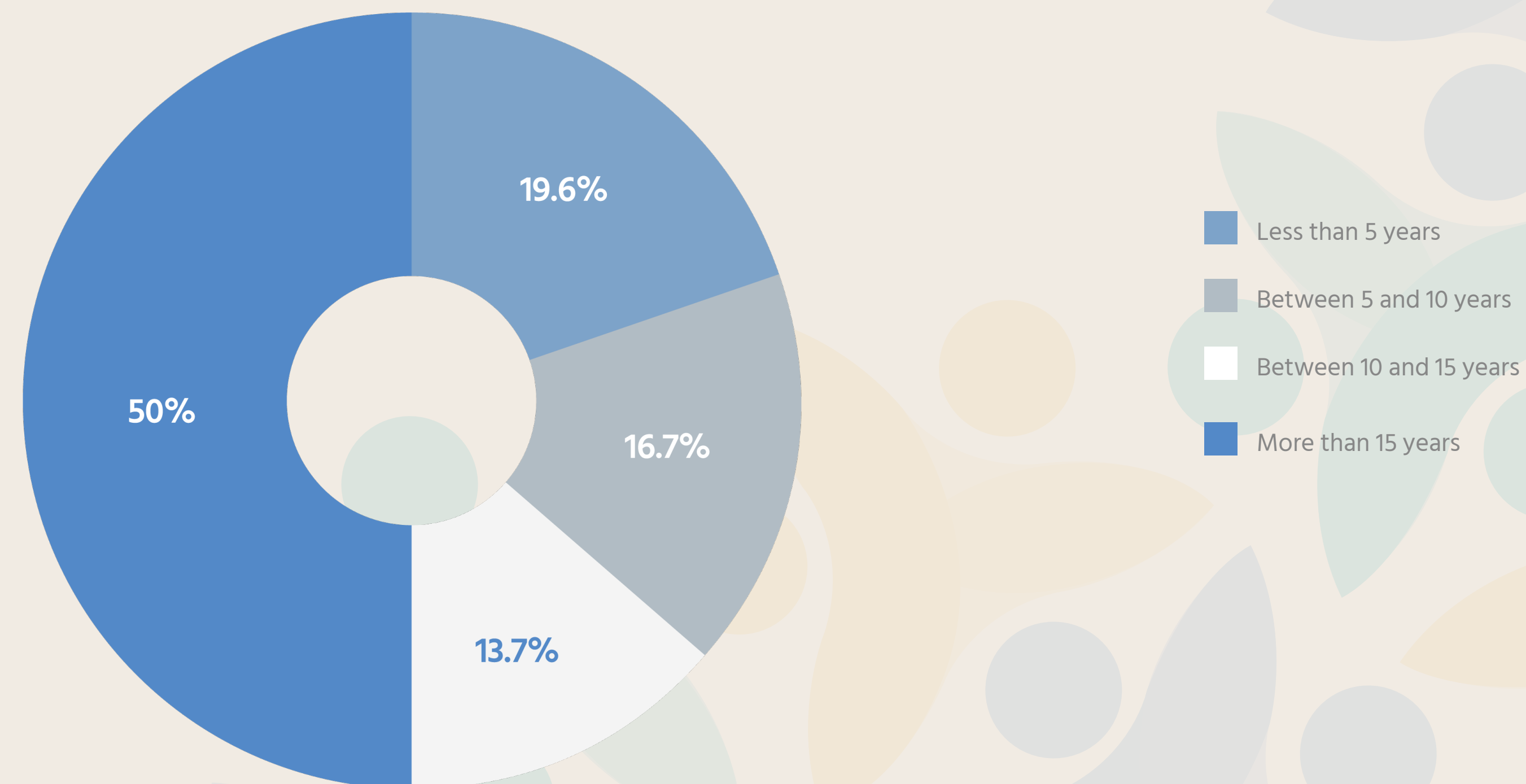
Geographical distribution



Respondents mostly work in:

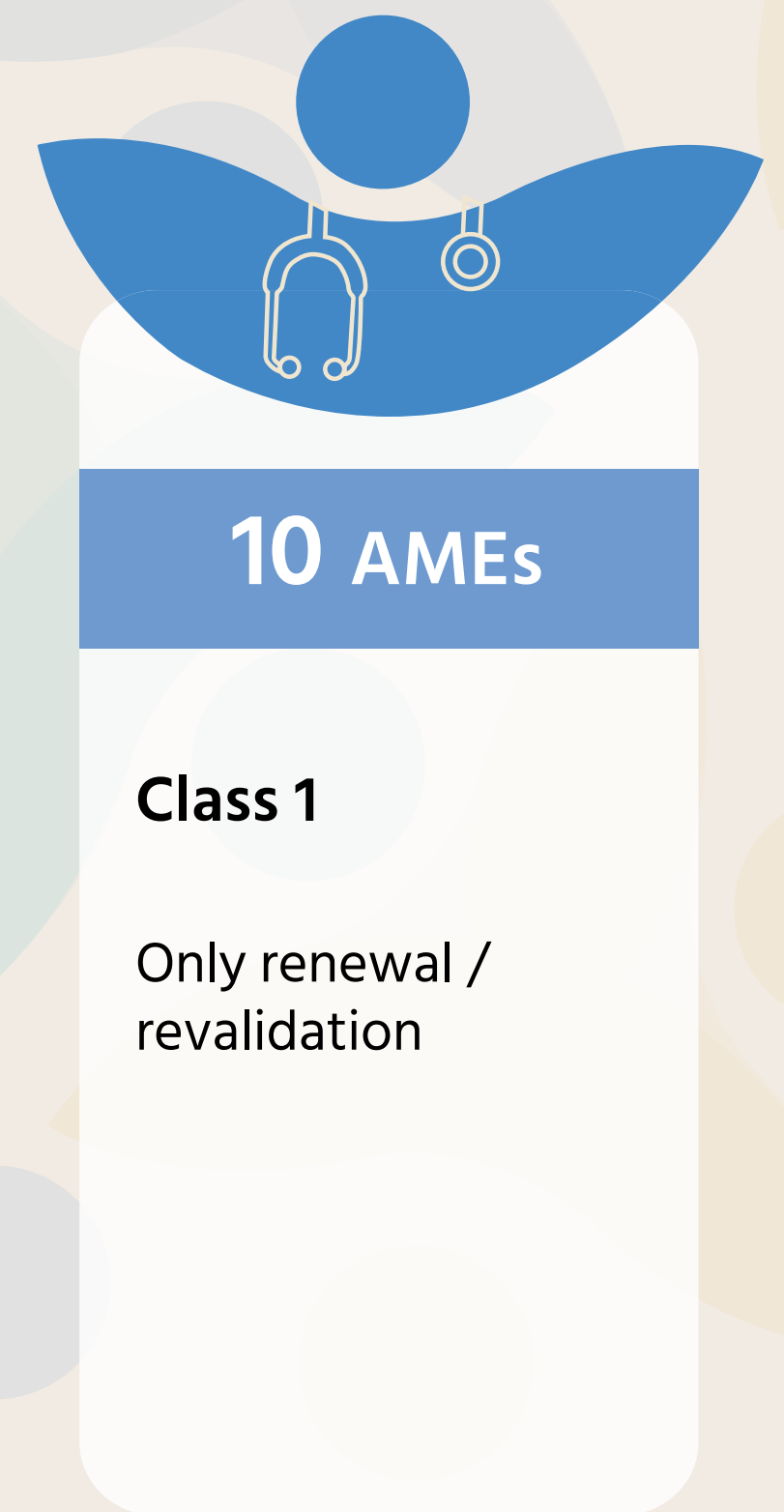
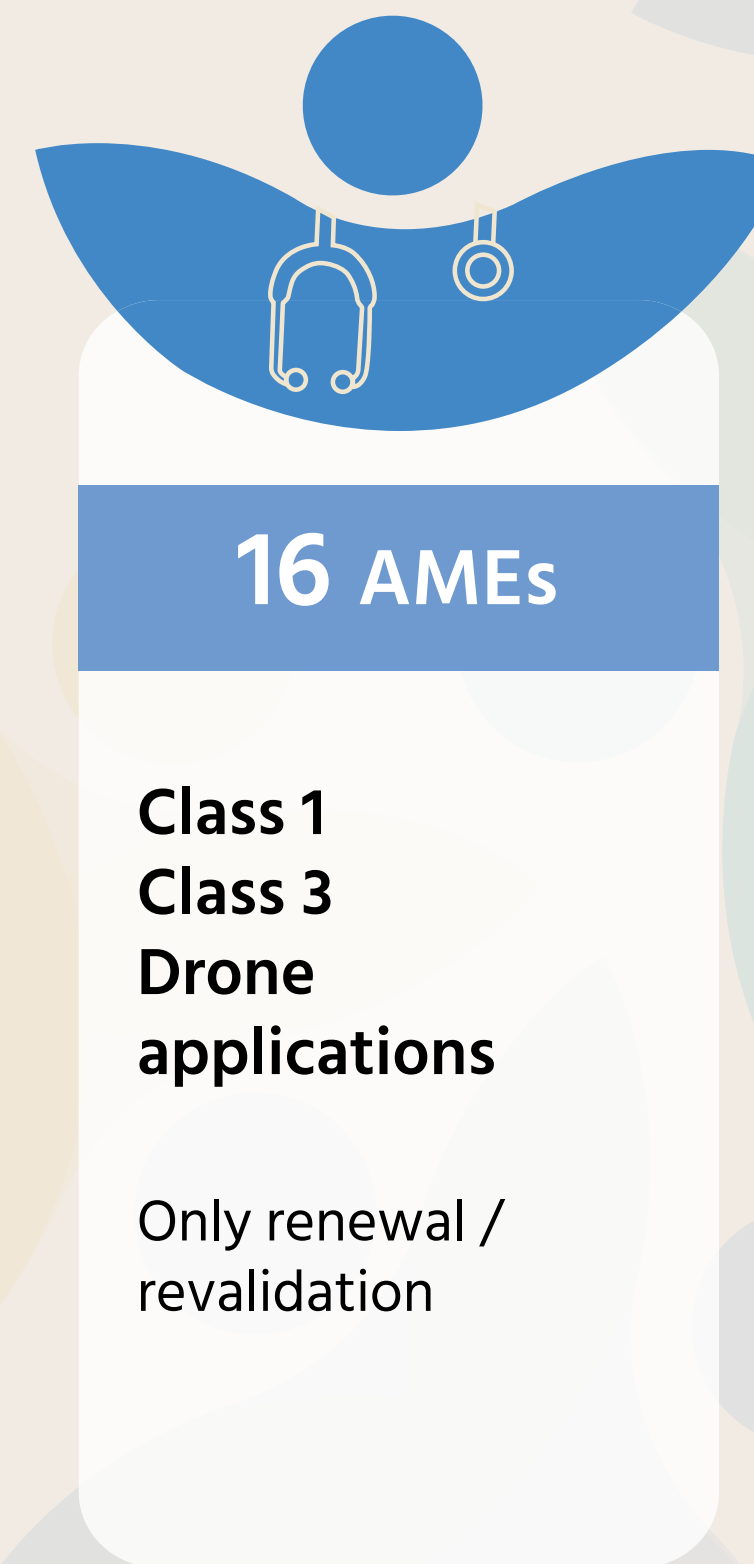
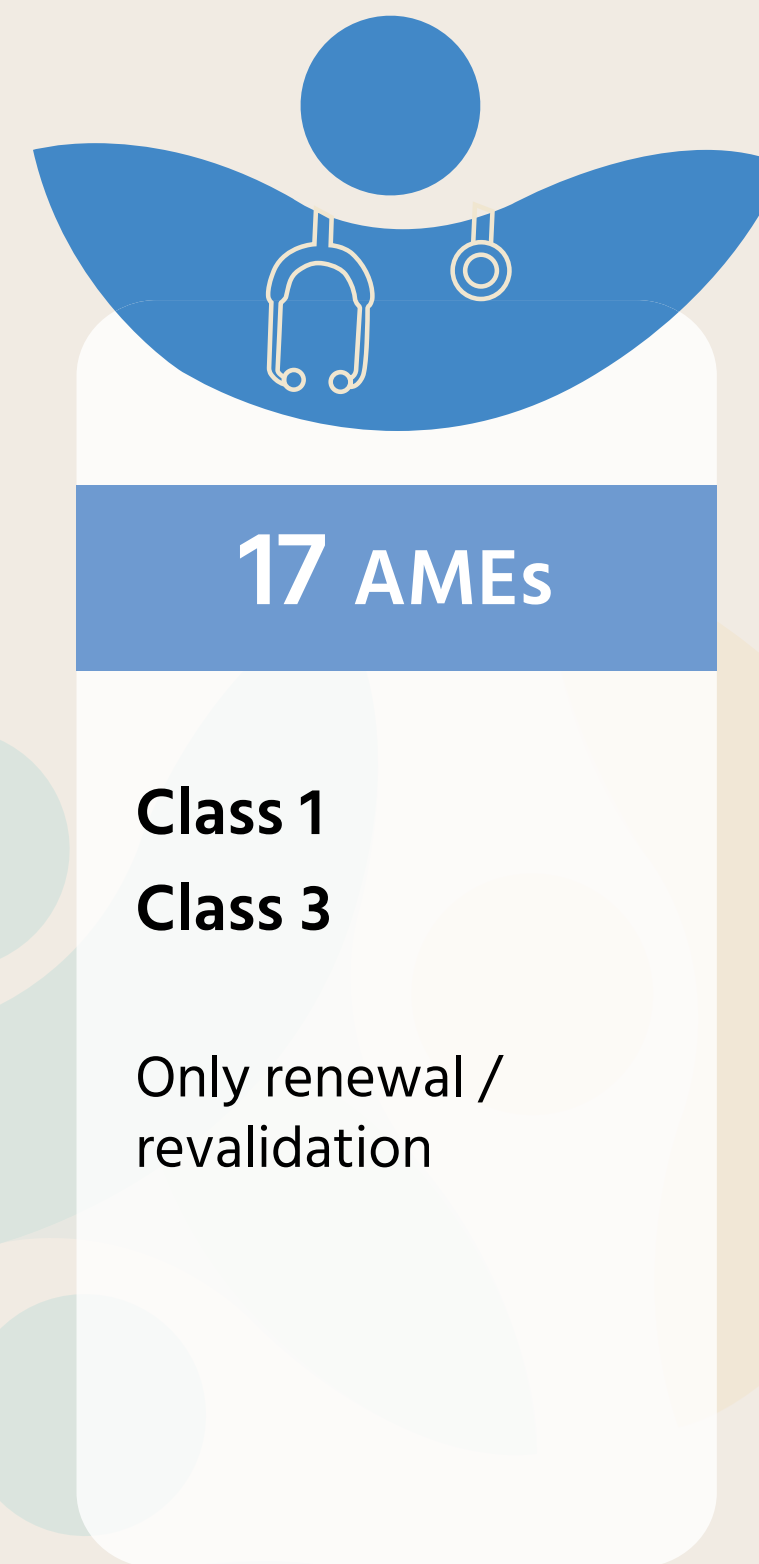
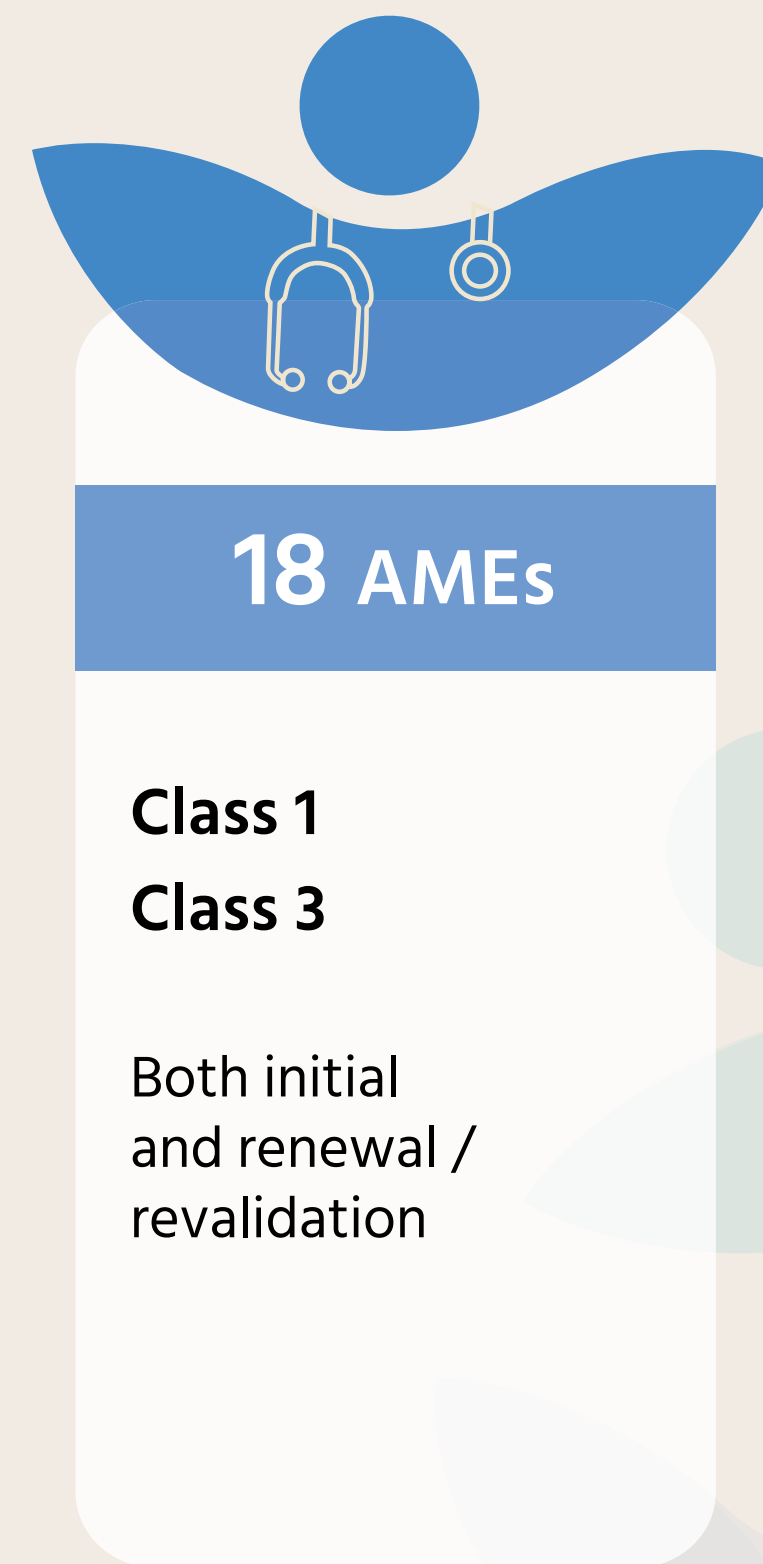
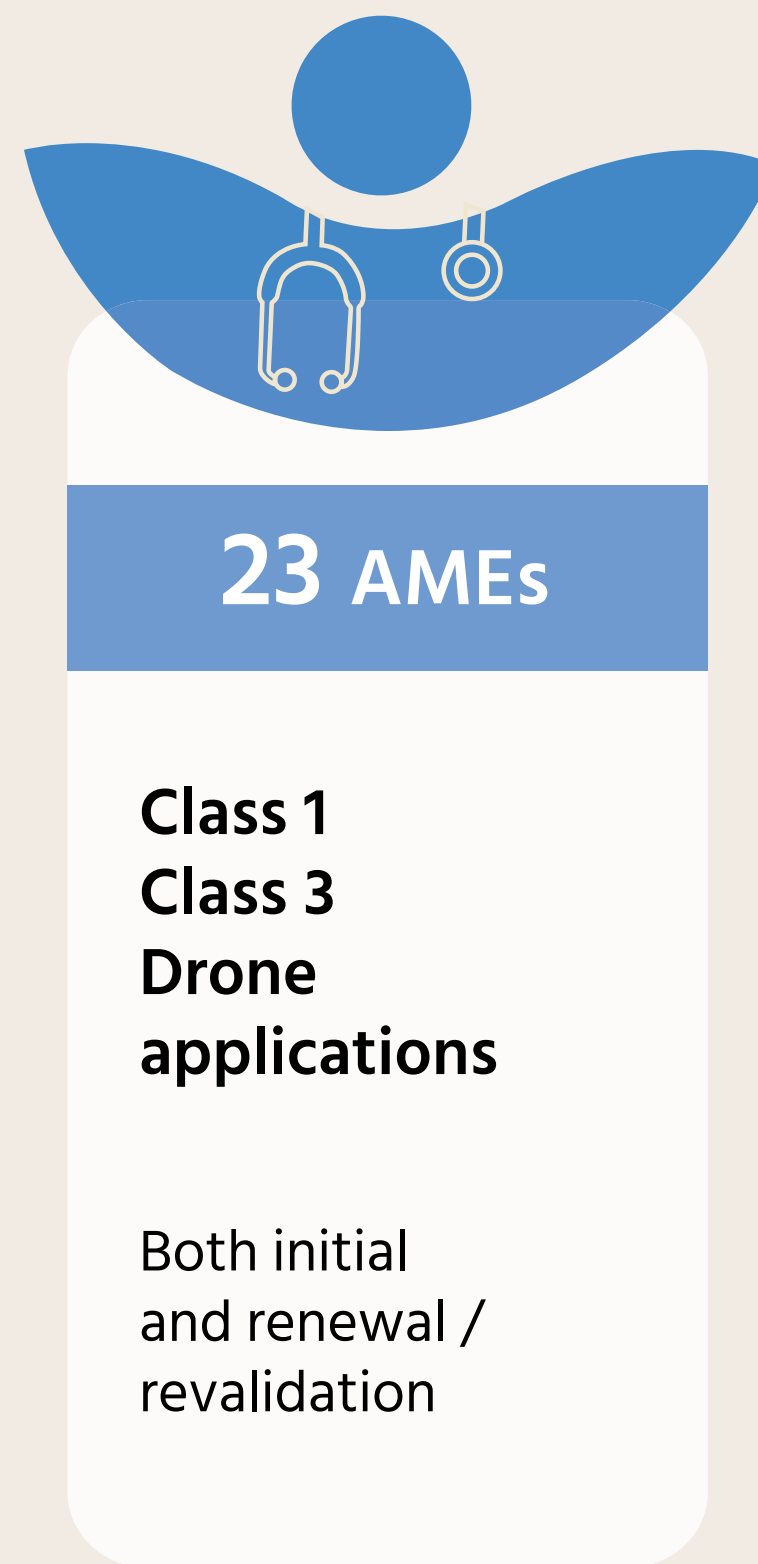
- Germany (N=19; 18.6%)
- Italy (N=14; 13.7%)
- Spain (N=14; 13.7%)

AMEs' years of experience



The majority of AMEs have at least 15 years of experience (N=51; 50%), followed by those with 10-15 years of experience (N=20; 19.6%), those between 5 and 10 years of experience (N=17; 16.7%) and those with less than 5 years of experience (N=14; 13.7%).

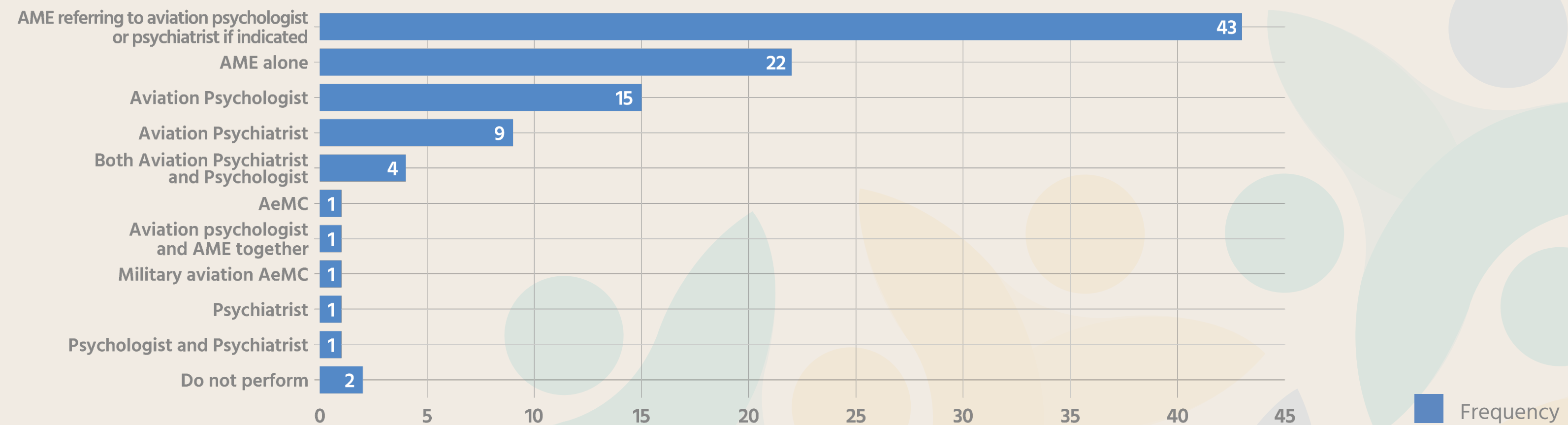
MOST REPRESENTED PROFILES



SECTION 2: CURRENT MENTAL HEALTH (MH) ASSESSMENT PROCEDURES

Professionals involved

Who carries out the mental health assessment for initial applications of class 1 and 3?

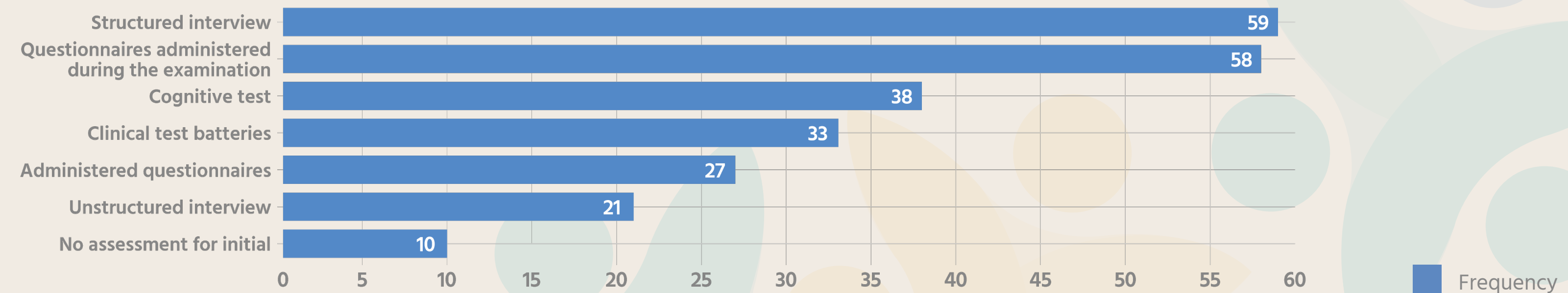


AMEs' most used procedure is to assess mental health independently:

"AMEs alone" and those who "consult psychologists and psychiatrists only if indicated" represent the 63.8% of the sample (N=65) and they would not refer to an aviation psychologist or psychiatrist on a normal basis.

Assessment methods for initials

What techniques do you use to assess mental health at initial applications?

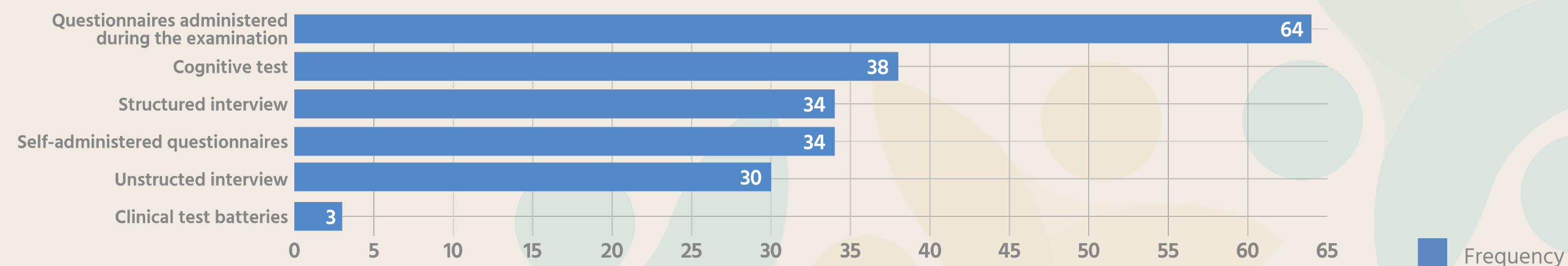


There is a high variability in the assessment methods and options chosen to carry out the mental health assessment both for initial and for revalidation/renewal applications.

The most common used techniques to assess the mental health at initial applications are structured interviews (N=59), followed by questionnaires administered during the examination (N=58), Cognitive tests (N=38), clinical test batteries (N=33), self-administered questionnaires (N=27) and unstructured interviews (N=21). 10 subjects claim not to assess mental health at initials.

Assessment methods for renewals/revalidations

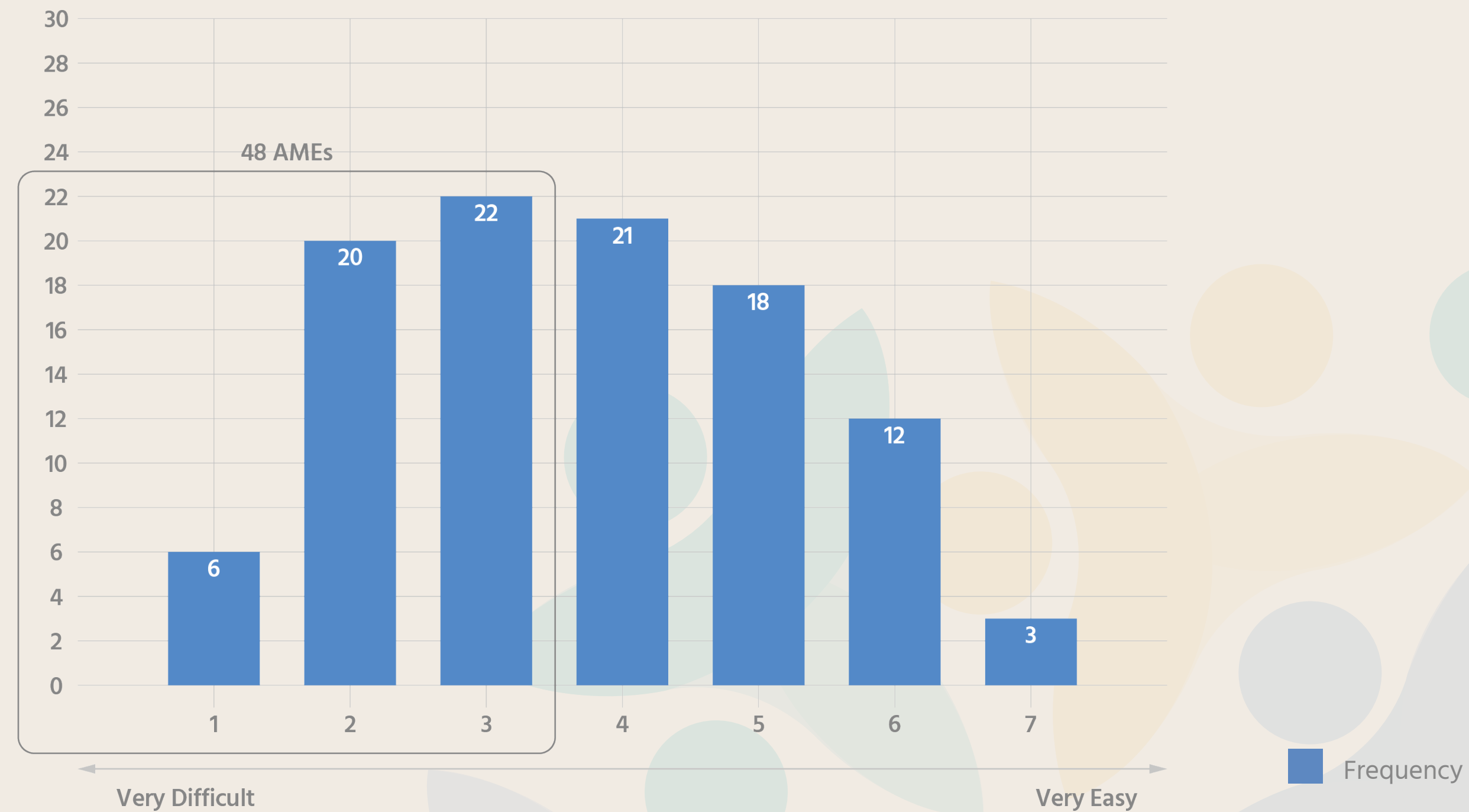
What techniques do you use to assess mental health at revalidation/renewal applications?



For renewal and revalidation applications, AMEs mostly use non-validated questionnaires administered during the examination (N=64). Cognitive tests (N=38) are the second most adopted option. Self-administered questionnaires (N=34), Structured (N=34) and unstructured (N=30) interviews follow. Clinical test batteries are used only by 3 respondents.

Information collection

How easy do you find collecting information about mental health during the examination?

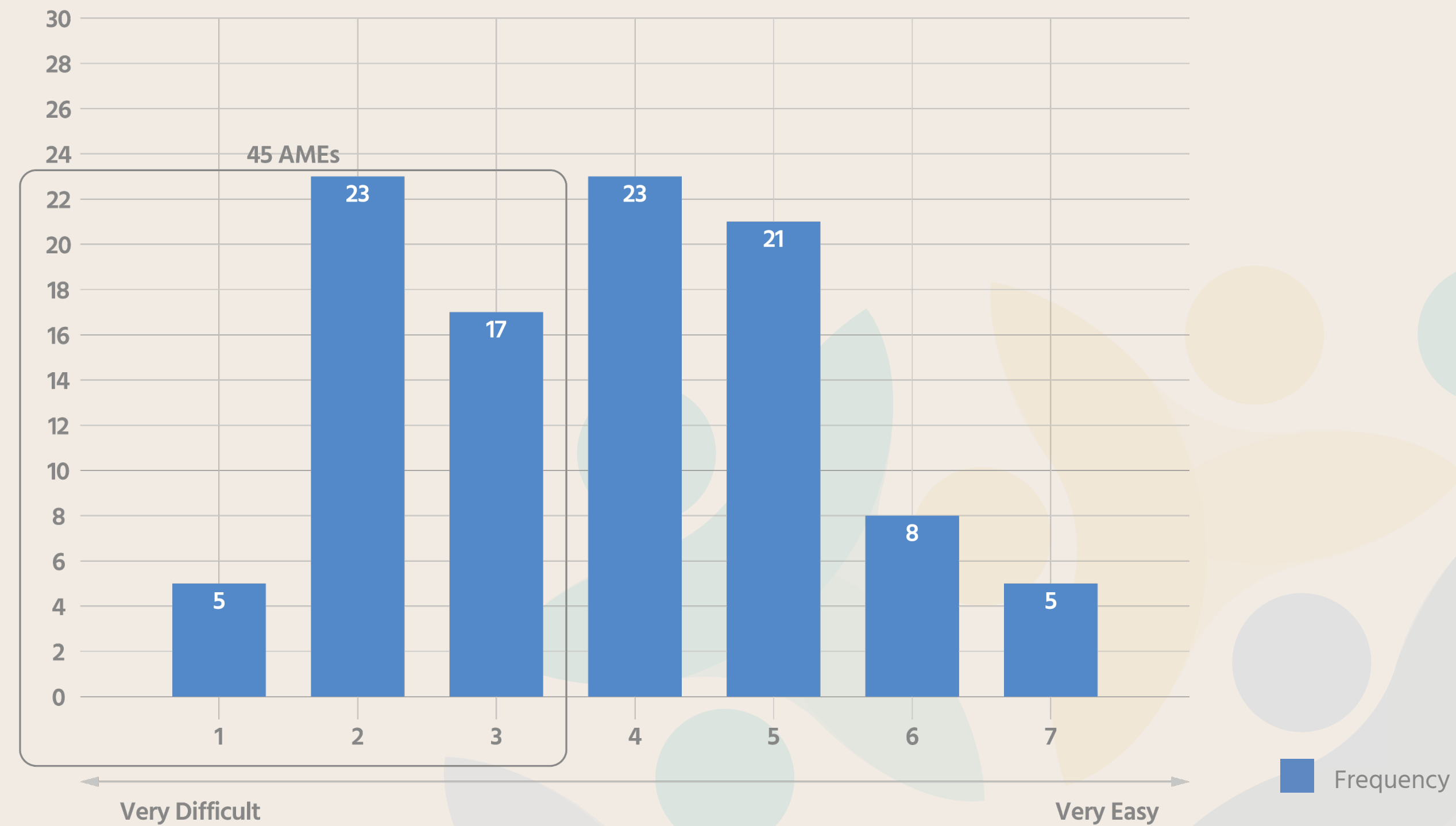


Almost half of the respondents finds it difficult to collect information about mental health during the aeromedical examination:

- 48 AMEs (47.1%) find assessing mental health difficult
- 21 AMEs (20.6%) remain neutral
- 33 (32.3%) find it easy

Detection of mental health issues

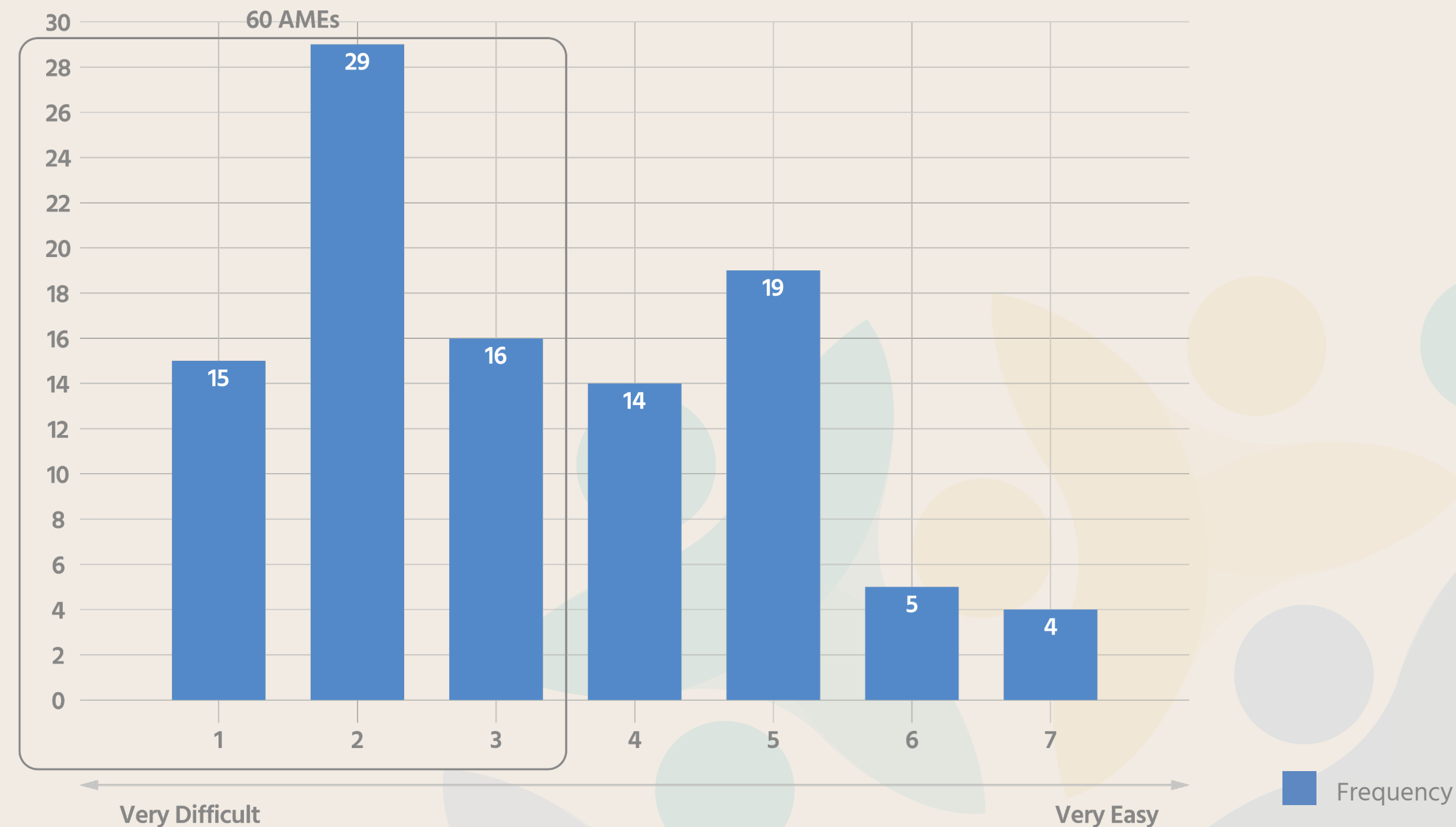
How easy do you find detecting mental disorders' signs and symptoms?



- 45 AMEs (44.2%) find detecting mental disorders' signs and symptoms difficult
- 23 AMEs (22.5%) remain neutral
- 34 AMEs (33.3%) find it easy

Mental incapacitation risk assessment

How easy do you find assessing the mental incapacitation risk without expert's advice?

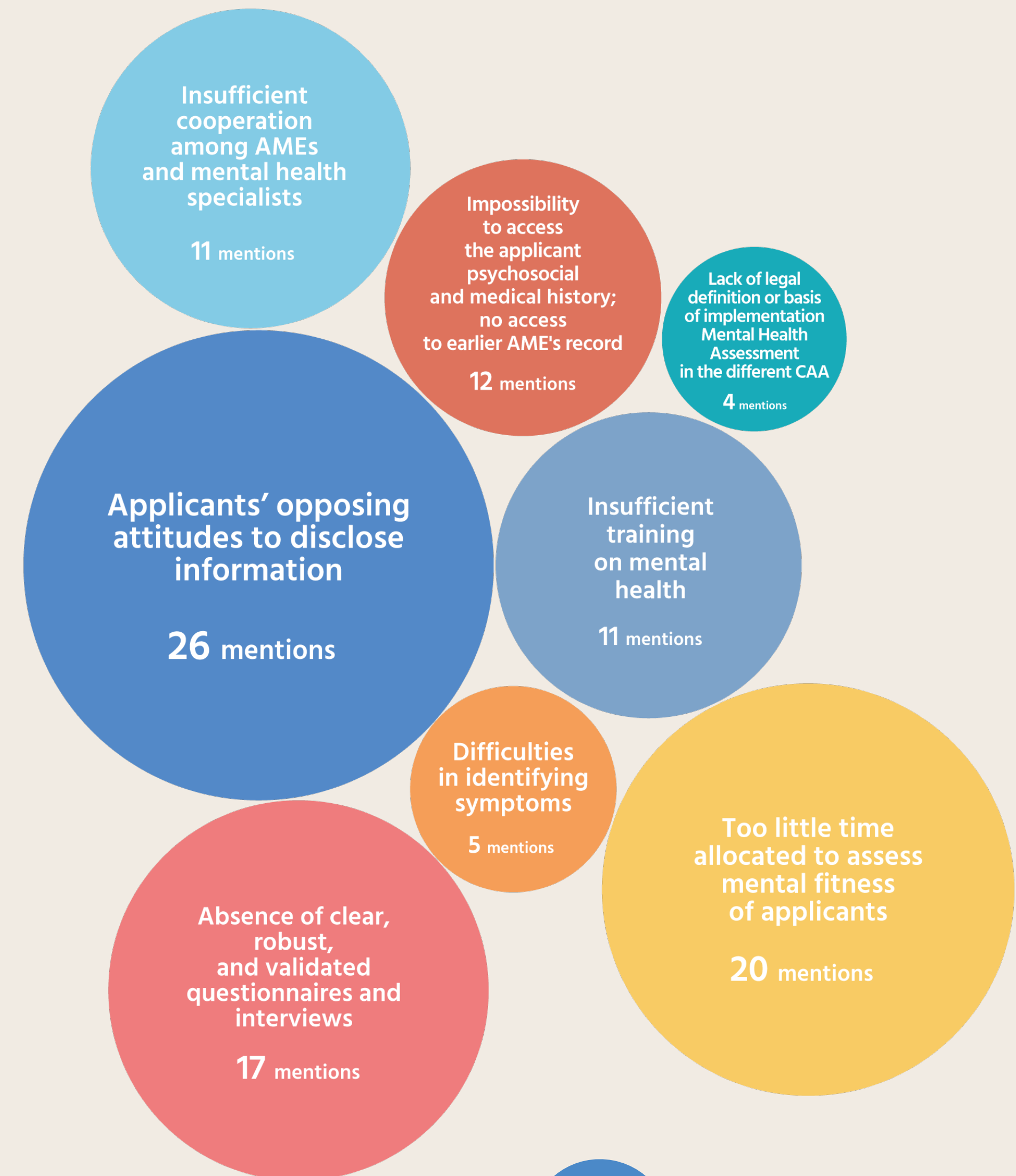


The majority of respondents finds it difficult to assess the mental incapacitation risk level, based on medical records of a reported mental illness, without experts' advice (N=60; 58.8%). The 13.7% neither agree or disagree, while the 27.4% of AMEs find the mental incapacitation risk level easy to assess (N=28).

The incapacitation risk level results in being a hard concept to be assessed and individual misperception could influence its assessment.

Reported challenges

Currently, what are the challenges preventing a sound aeromedical mental health assessment?



Needs & requests

What would you recommend to improve the aeromedical mental fitness certification process?

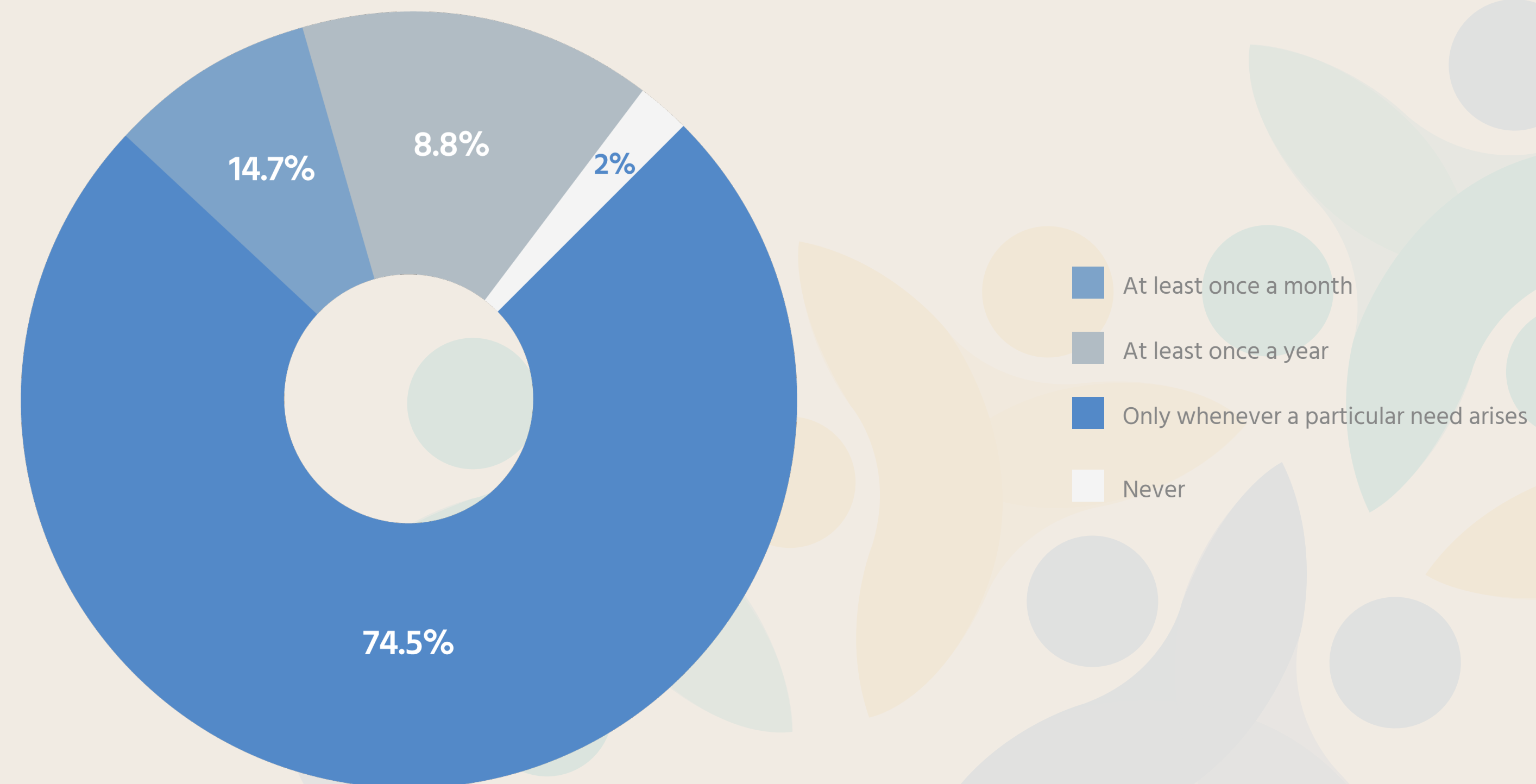


The background is a solid teal color. On the right side, there are several large, overlapping, abstract organic shapes in a lighter shade of teal. These shapes have rounded, flowing edges, resembling stylized leaves or cells. Interspersed among these shapes are numerous small, solid teal circles of varying sizes.

SECTION 3: COOPERATION BETWEEN THE AME AND THE MENTAL HEALTH SPECIALIST (MHS)

Involvement of MHS in the examination

How often do you refer applicants to mental health specialists for examinations?

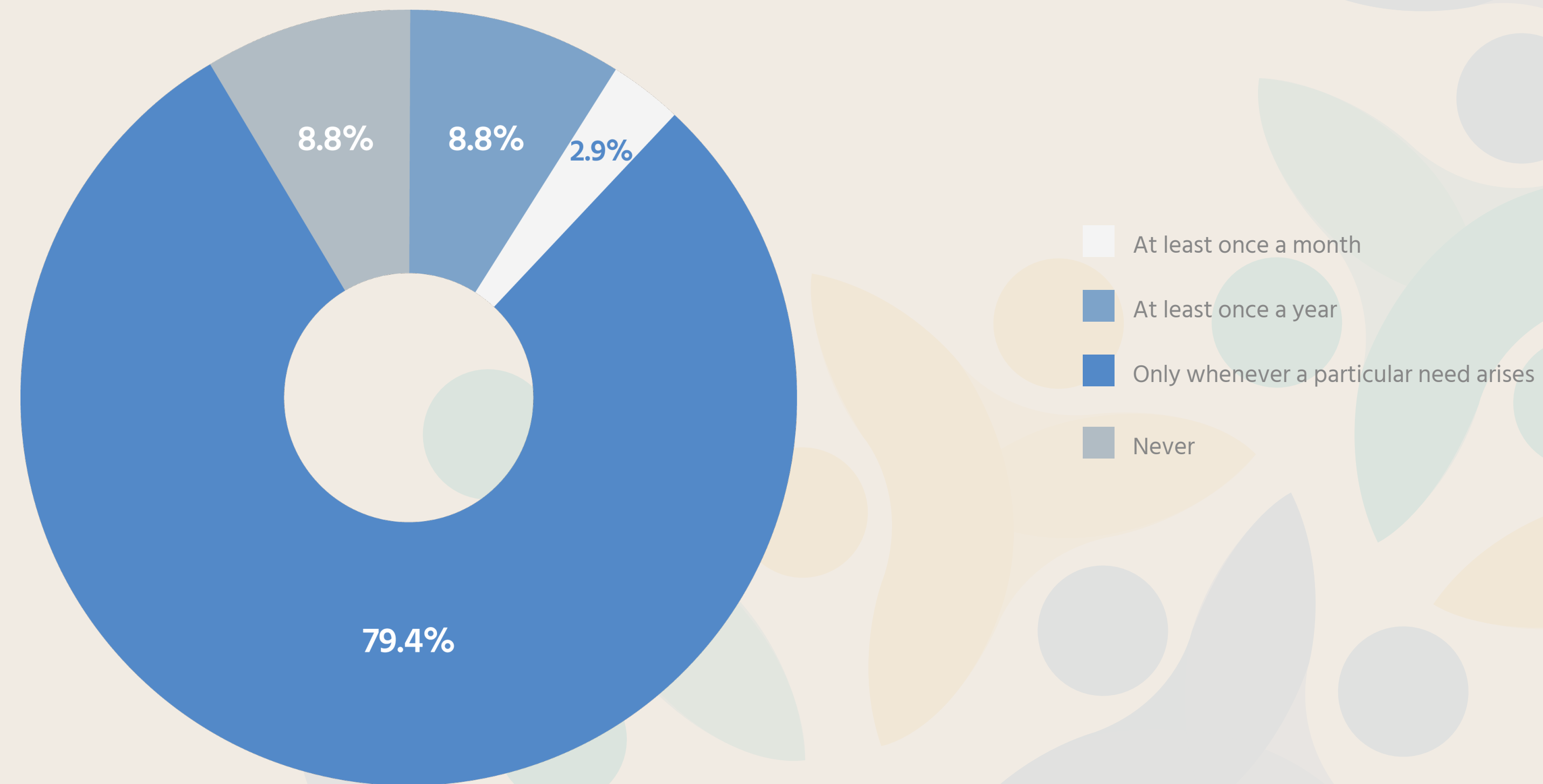


Most of the AMEs involve the MHS in the aeromedical mental health examination only if specific needs arise:

- the majority of AMEs (N=76; 74.5%) involve the MHS only when a particular need arises
- 14.7% of AMEs (N=15) involve the MHS at least once a month
- the 8.8% (N=9) once a year
- the 2% (N=2) never

Referral to MHS for treatment

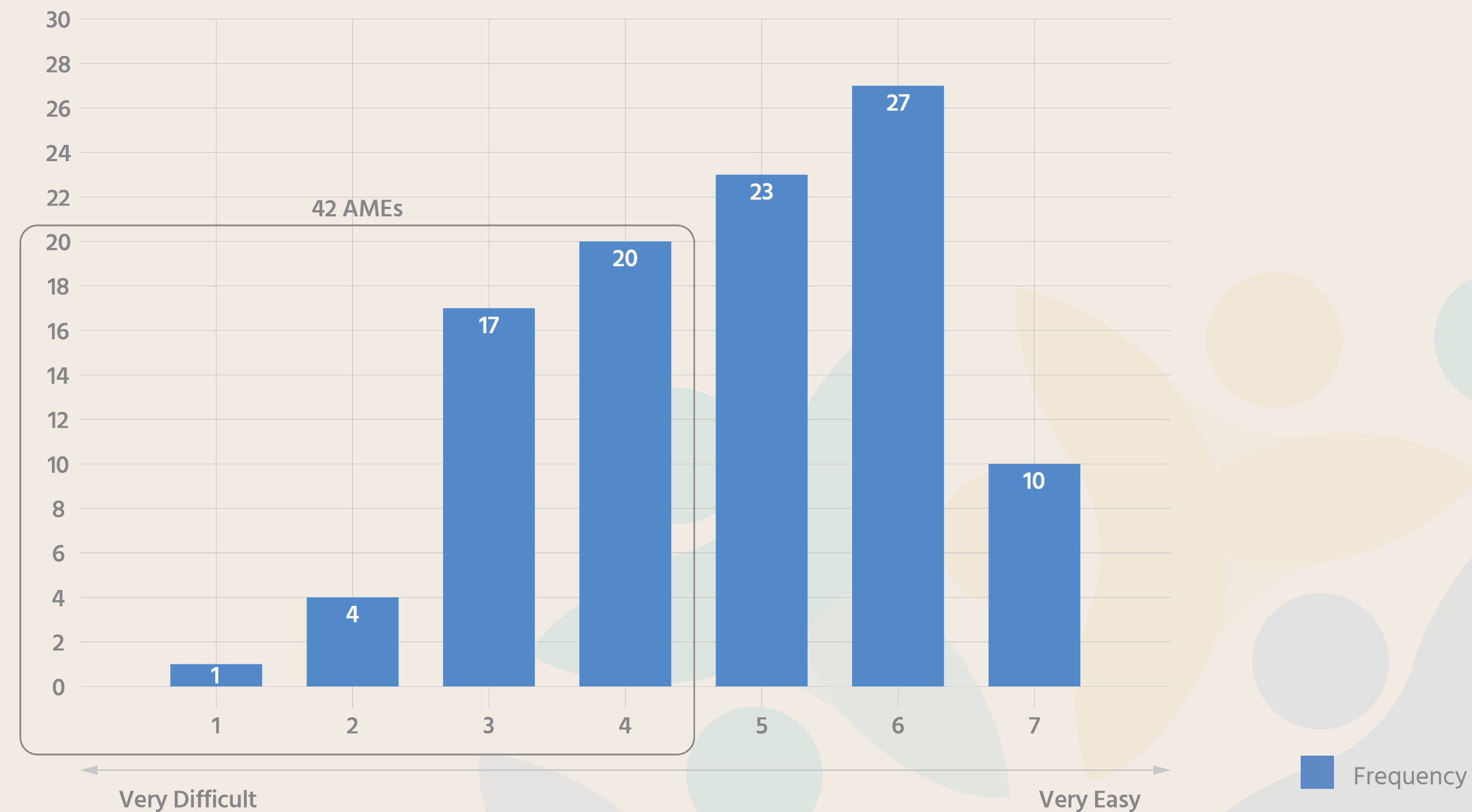
How often do you refer applicants to mental health specialists for a mental health treatment?



Consistently with the previous answers, almost 80% of AMEs refer applicants to the MHS for treatment only when a specific need arises.

Consultation with the MHS

How easy do you find deciding whether to call for a Mental Health Specialist's advice?

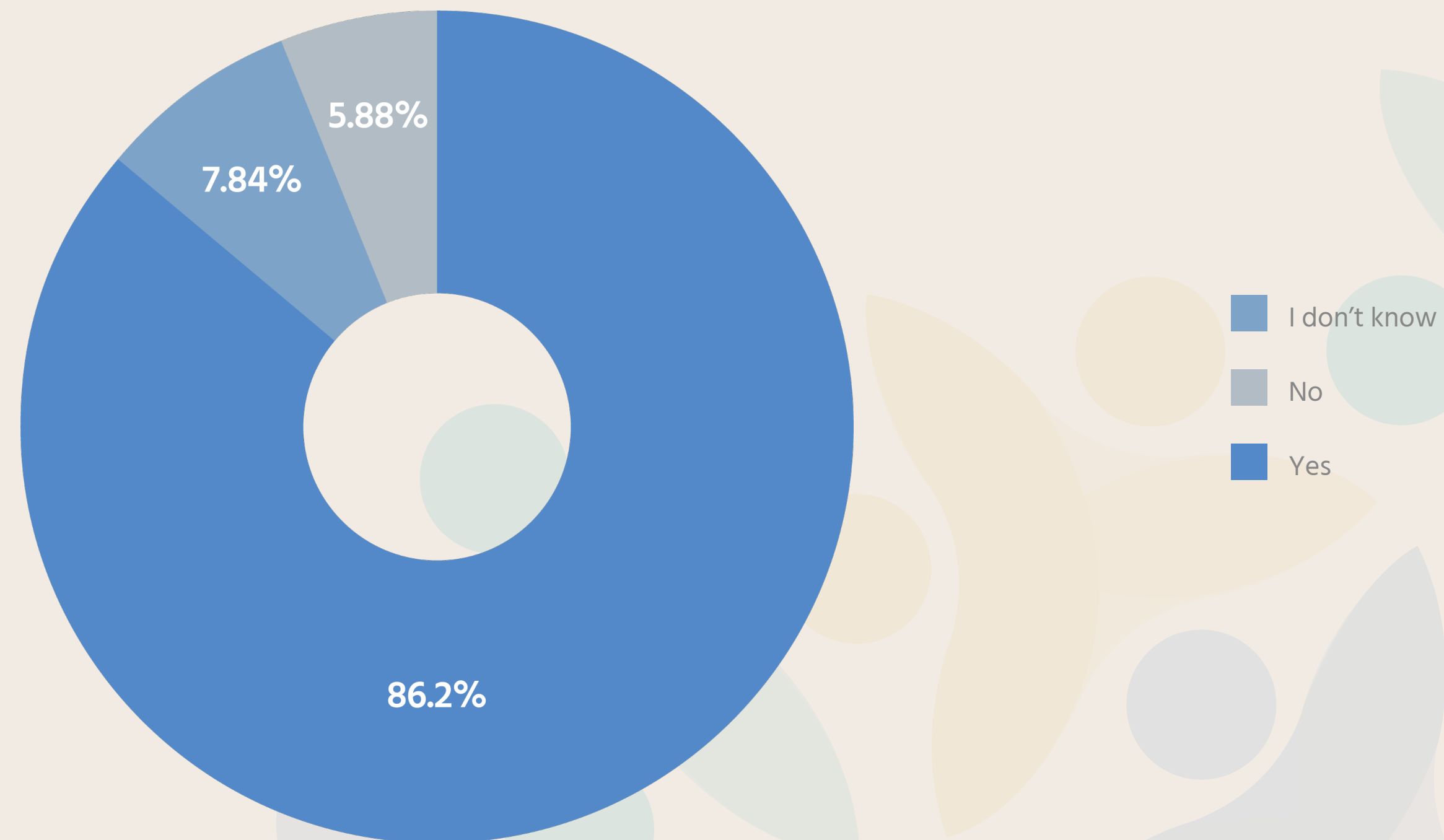


Almost half of the respondents don't have usable and effective criteria to decide whether to refer to the MHS:

- 19.6% of subjects remain neutral (N=20)
- few AMEs find it difficult to decide whether to call for MHS advice (N=22; 21.6%)
- 58.8% find it easy (N=60).

Request of cooperation AME & MHS

Should AMEs work closely with MHSs?



Almost all the respondents (86.2%) agree upon the need of having a close collaboration with the MHS.

Needs & requests

What would you recommend to improve the cooperation AMEs / MHs?

Periodical evaluation performed by mental health specialists

15 mentions

Trainings and educational material both for AMEs and mental health specialists on their collaboration

15 mentions

Multidisciplinary collaboration with mental health specialists and peer support groups

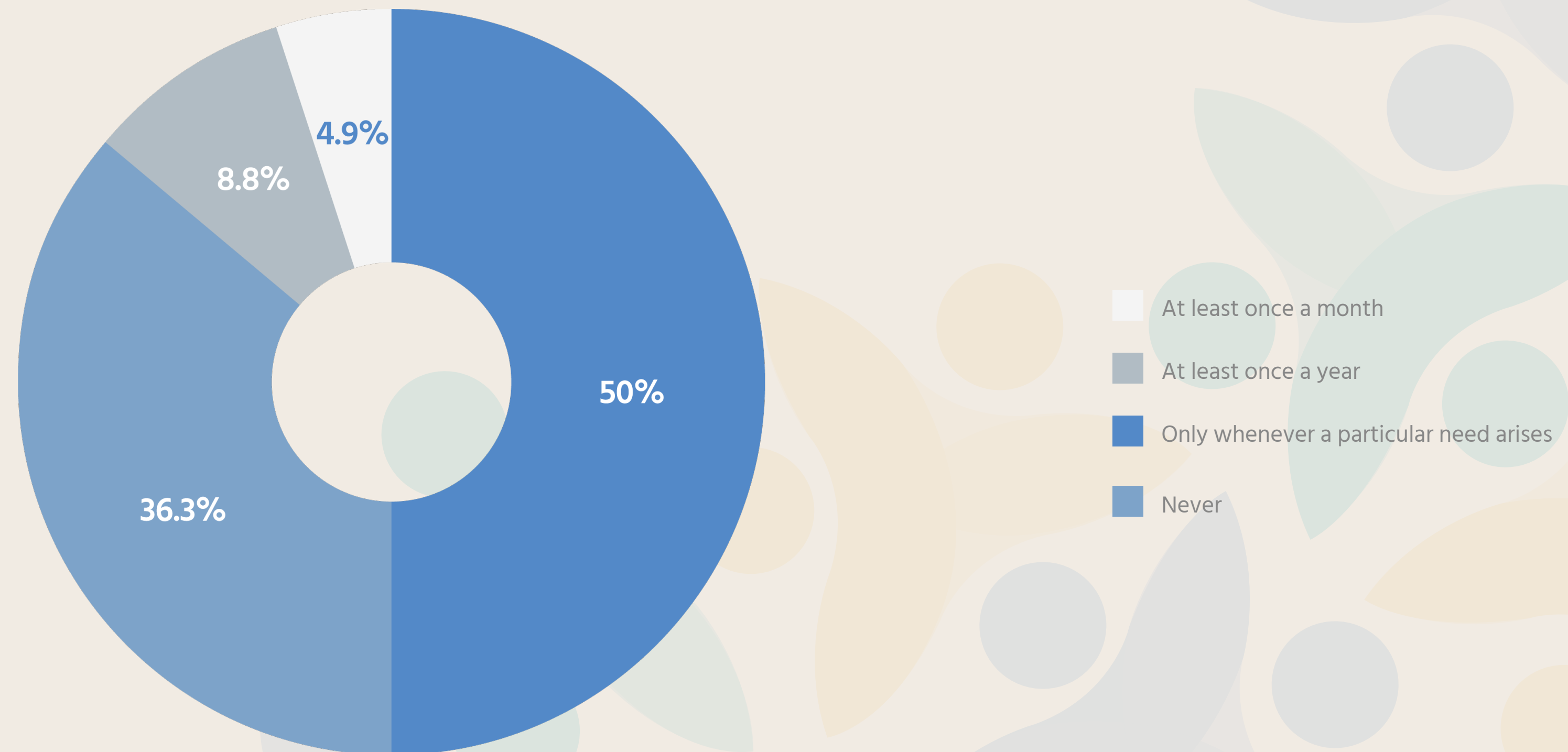
11 mentions



SECTION 4: COOPERATION BETWEEN THE AME & PEER SUPPORT GROUPS (PSGs)

Consultation / referral to PSGs

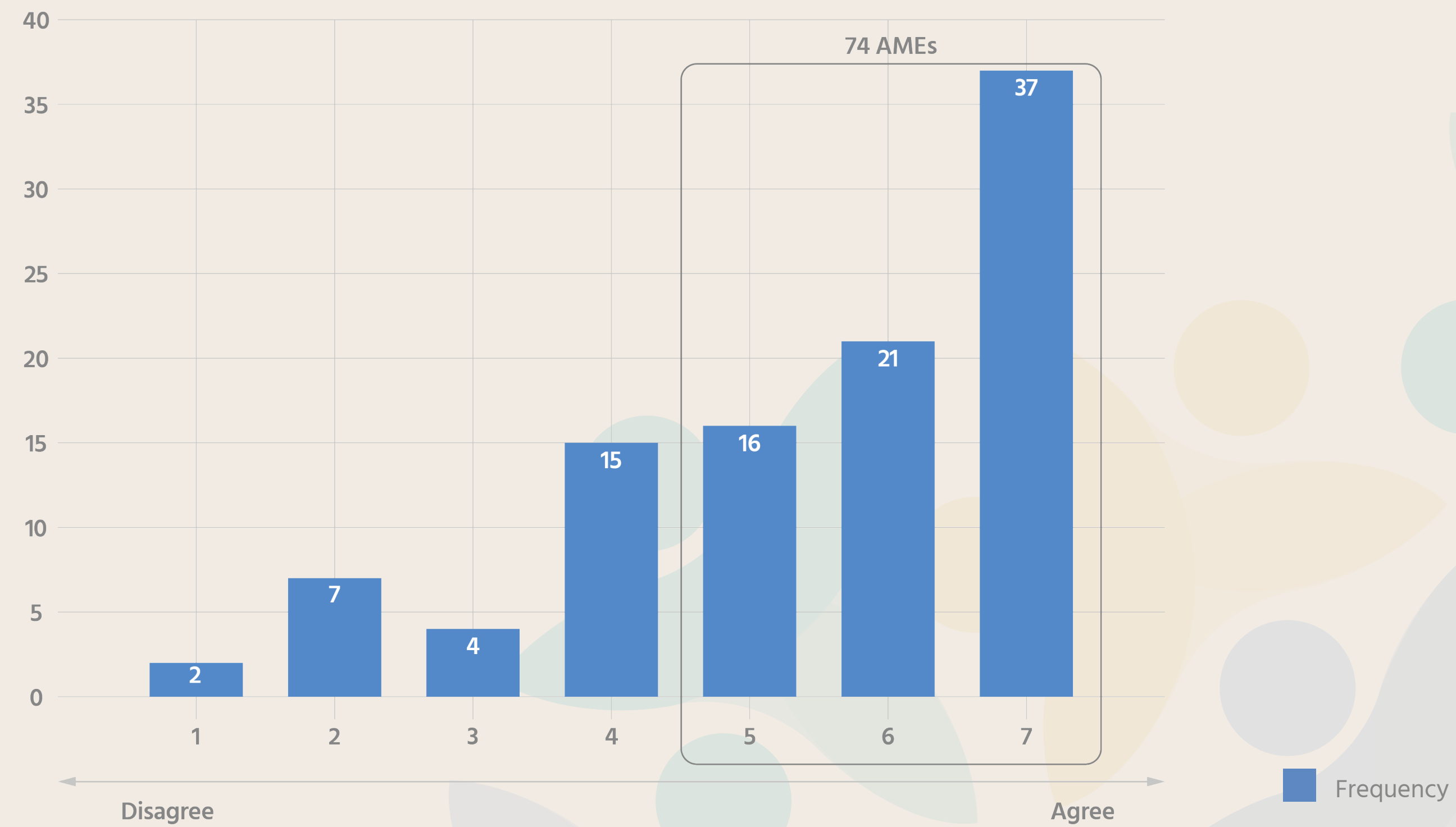
How often do you consult with PSGs?



The majority of AMEs either consult PSGs only when a particular need arises (N=51; 50%) or never (N=37; 36.3%).

Need of cooperation AME & PSGs

Should AMEs collaborate with PSGs?

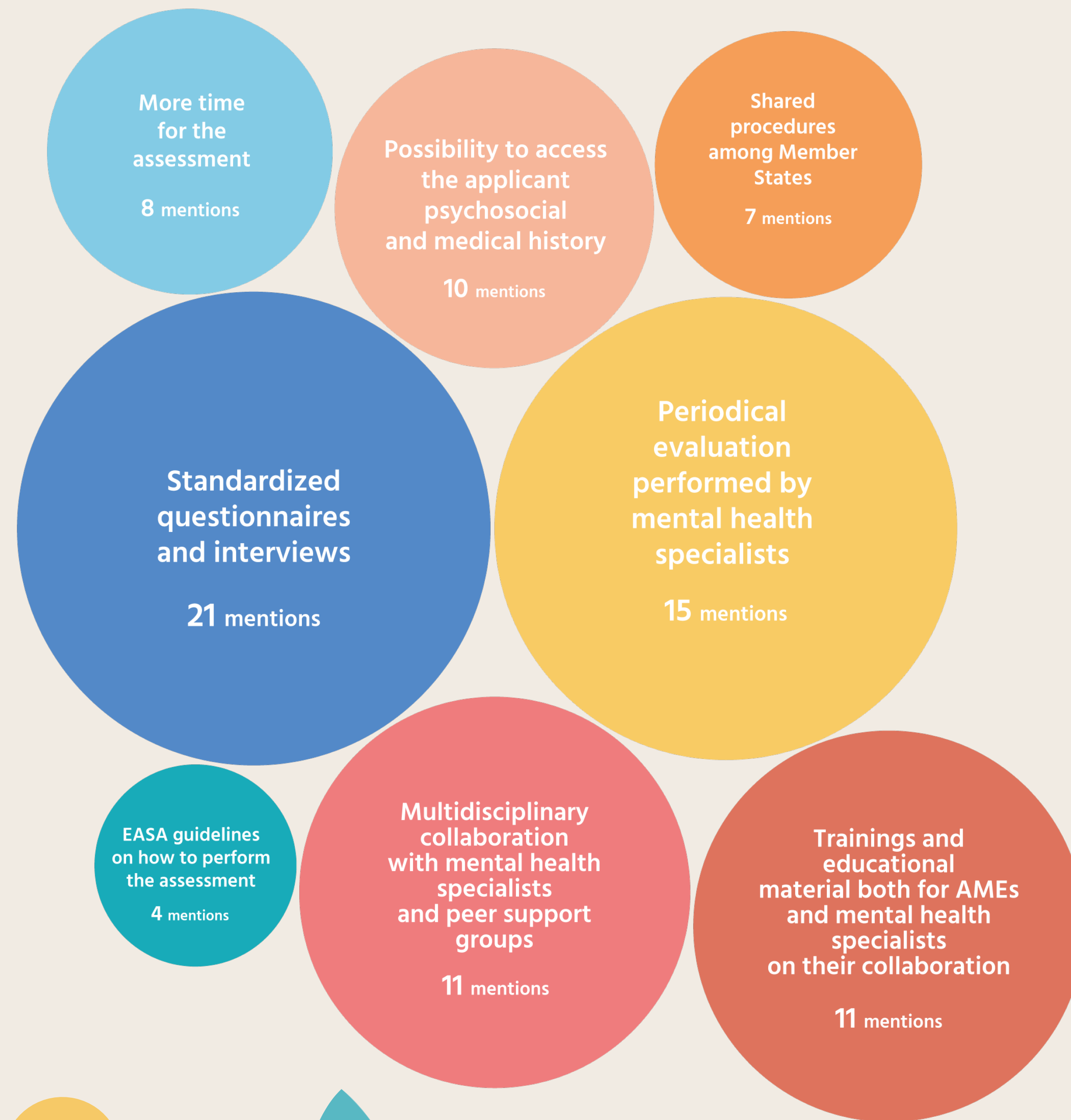


AMEs agree and completely agree (N=74; 72.6%) in having a close collaboration with PSGs.

FINAL REMARKS



Wrap-up of AMEs suggestions and recommendations to improve the aeromedical mental health assessment process



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This booklet has been realised by Deep Blue in the framework of the MESAFE project, funded by the European Union's Horizon Europe research and innovation programme under contract number EASA.2022.C07.



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Website

<https://www.easa.europa.eu/en/research-projects/mesafe-mental-health>



MESAFE project



Released in May 2023