



## AEROMEDICAL MENTAL HEALTH ASSESSMENT:

two surveys to collect the European pilots' and air  
traffic controllers' point of view

Booklet of results



# SURVEYS INFORMATION

**Objective:** Identify current gaps and needs concerning the aeromedical mental fitness certification process from the point of view of pilots and air traffic controllers (ATCOs), with special reference to:

- misalignments between the available resources and the resources required for the mental health assessment and support;
- factors that have an impact on the pilots' and ATCOs' acceptability of the aeromedical mental health assessment.

**Target:** European pilots and ATCOs

**Administration:** online questionnaire

**Total number of respondents:** 331 (166 pilots and 165 ATCOs)

# SECTIONS

## SECTION 1

Pilots' and ATCOs' profiles

## SECTION 2

Individual experience  
with the current  
aeromedical mental  
health assessment

## SECTION 3

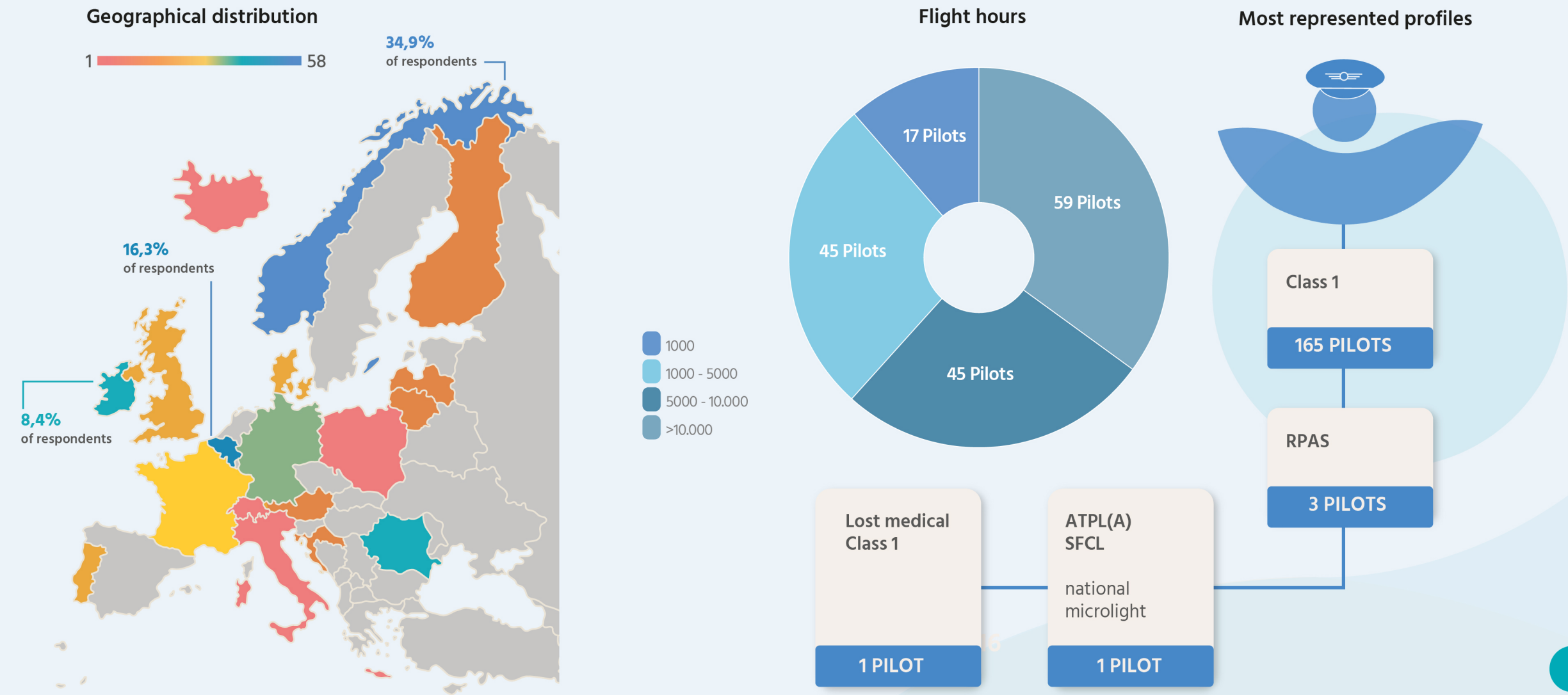
Mental incapacitation  
risk management at  
operational level

## SECTION 4

Organisational  
measures for mental  
incapacitation risk  
management

# Aeromedical Mental Health Assessment: the experience of 166 EU pilots

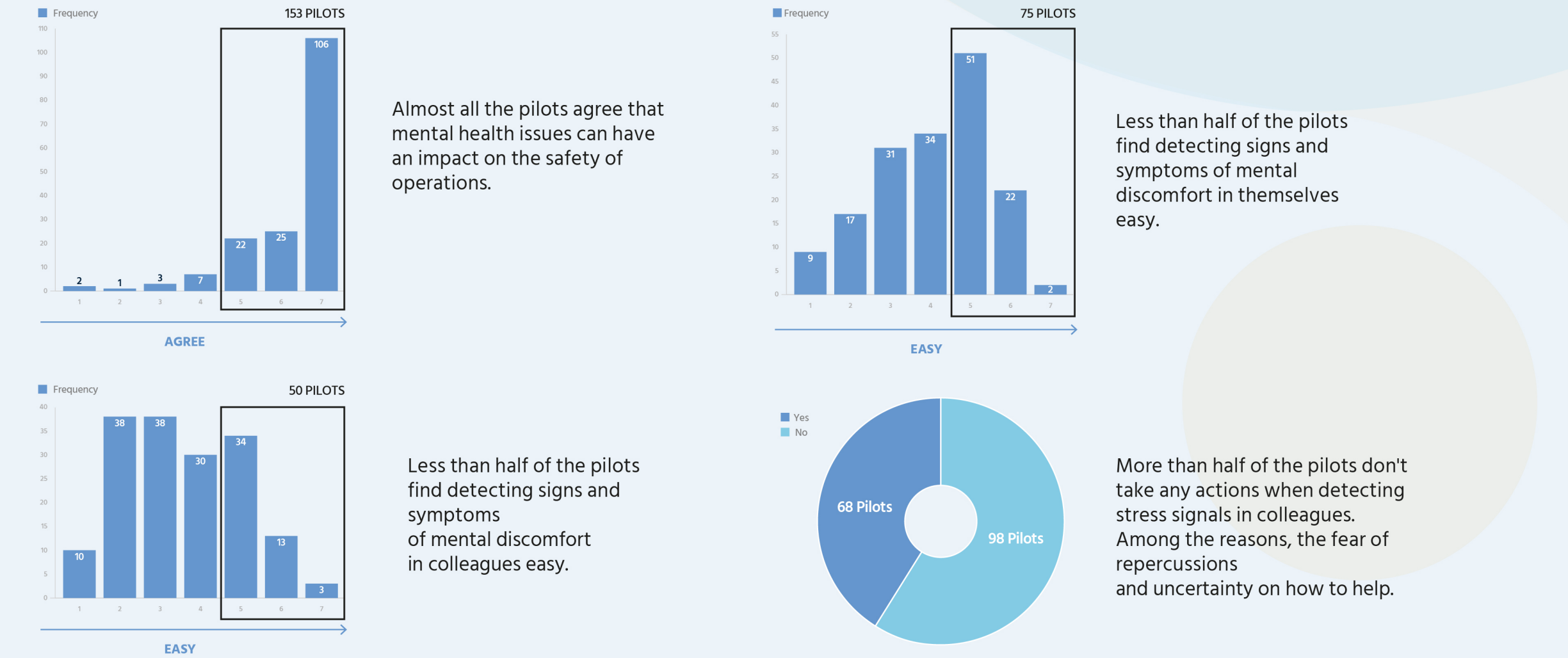
## PILOTS' PROFILES



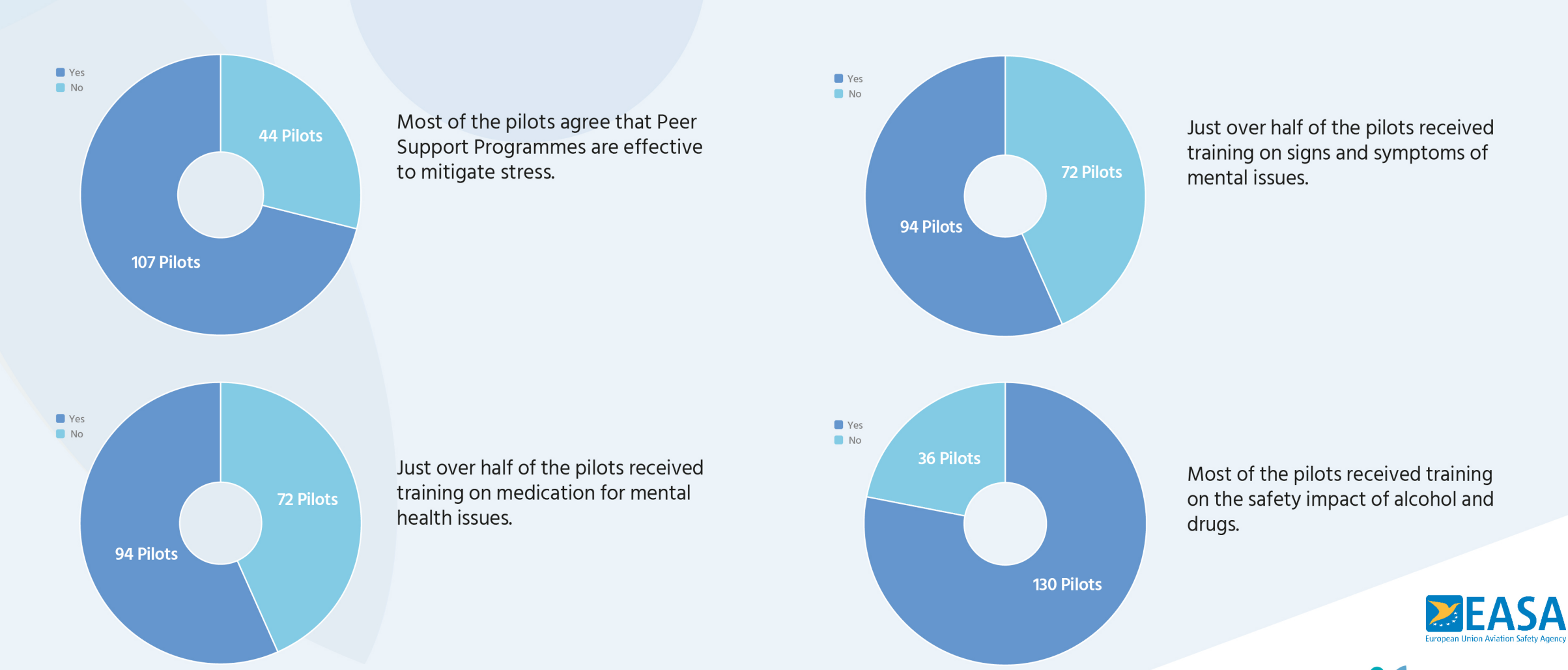
## EXPERIENCE WITH THE CURRENT AEROMEDICAL MENTAL HEALTH ASSESSMENT



## MENTAL INCAPACITATION RISK MANAGEMENT AT OPERATIONAL LEVEL



## ORGANISATIONAL MEASURES FOR MENTAL INCAPACITATION RISK MANAGEMENT



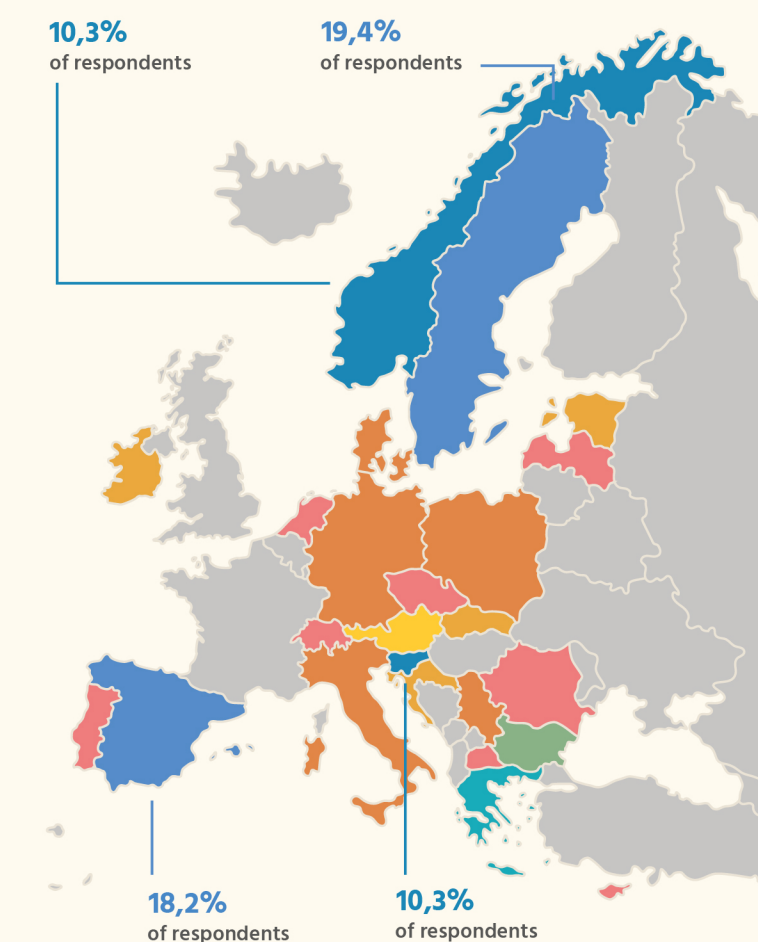


# Aeromedical Mental Health Assessment: the experience of 165 EU ATCOs

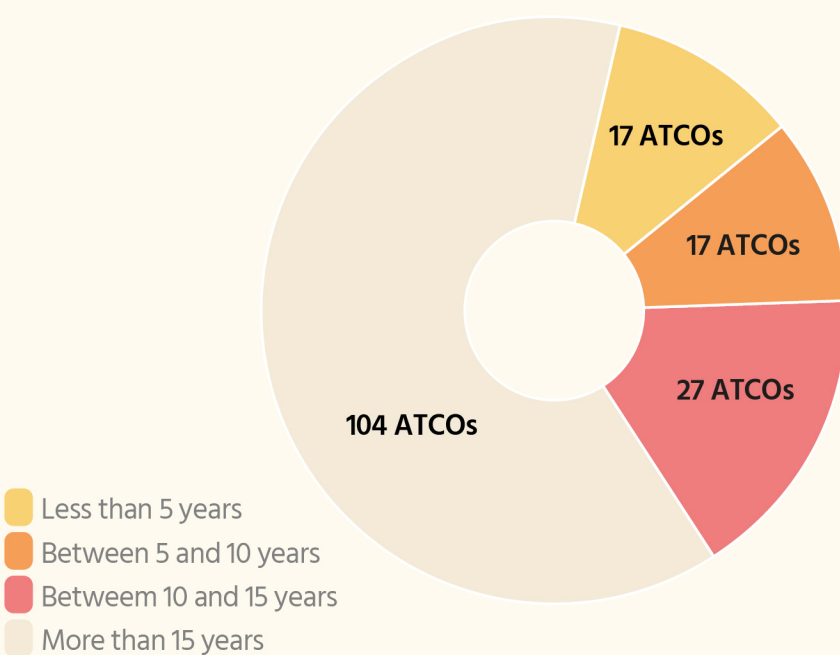
## ATCOs' PROFILES

### Geographical distribution

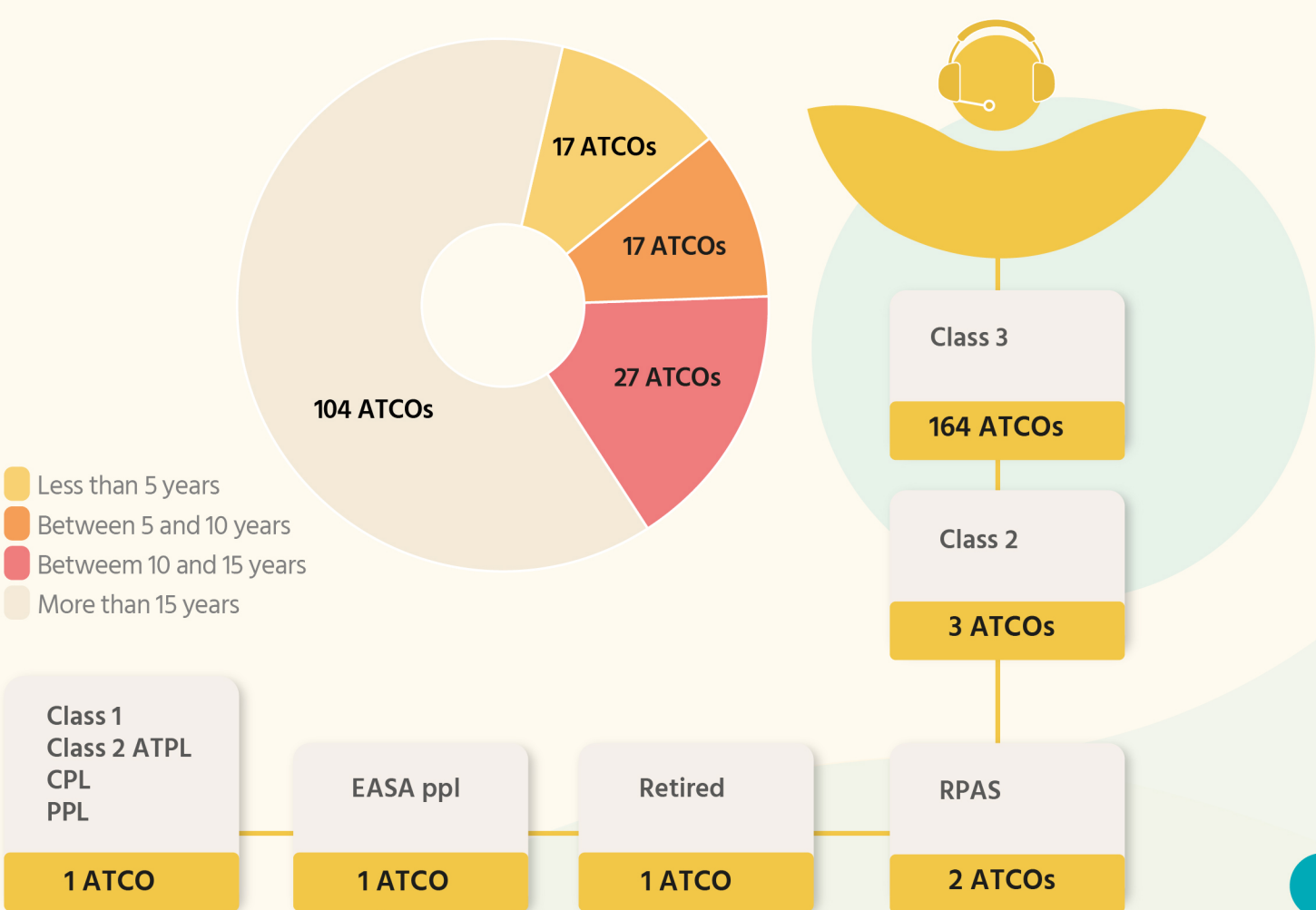
1 58



### Years of experience

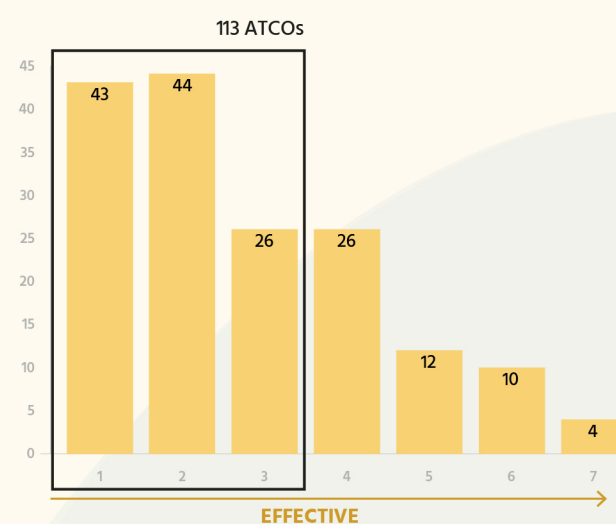


### Most represented profiles



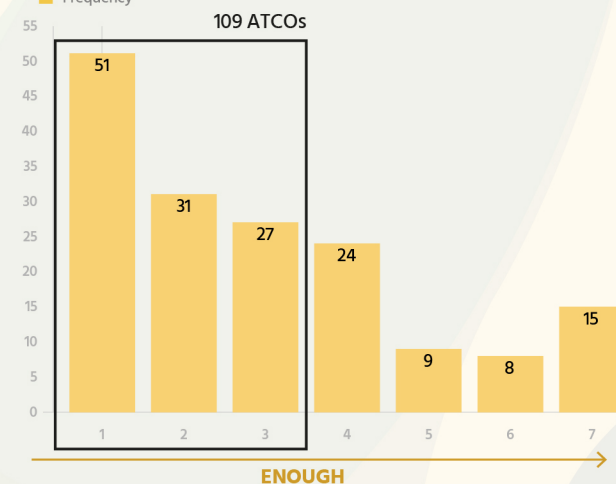
## EXPERIENCE WITH THE CURRENT AEROMEDICAL MENTAL HEALTH ASSESSMENT

### Frequency



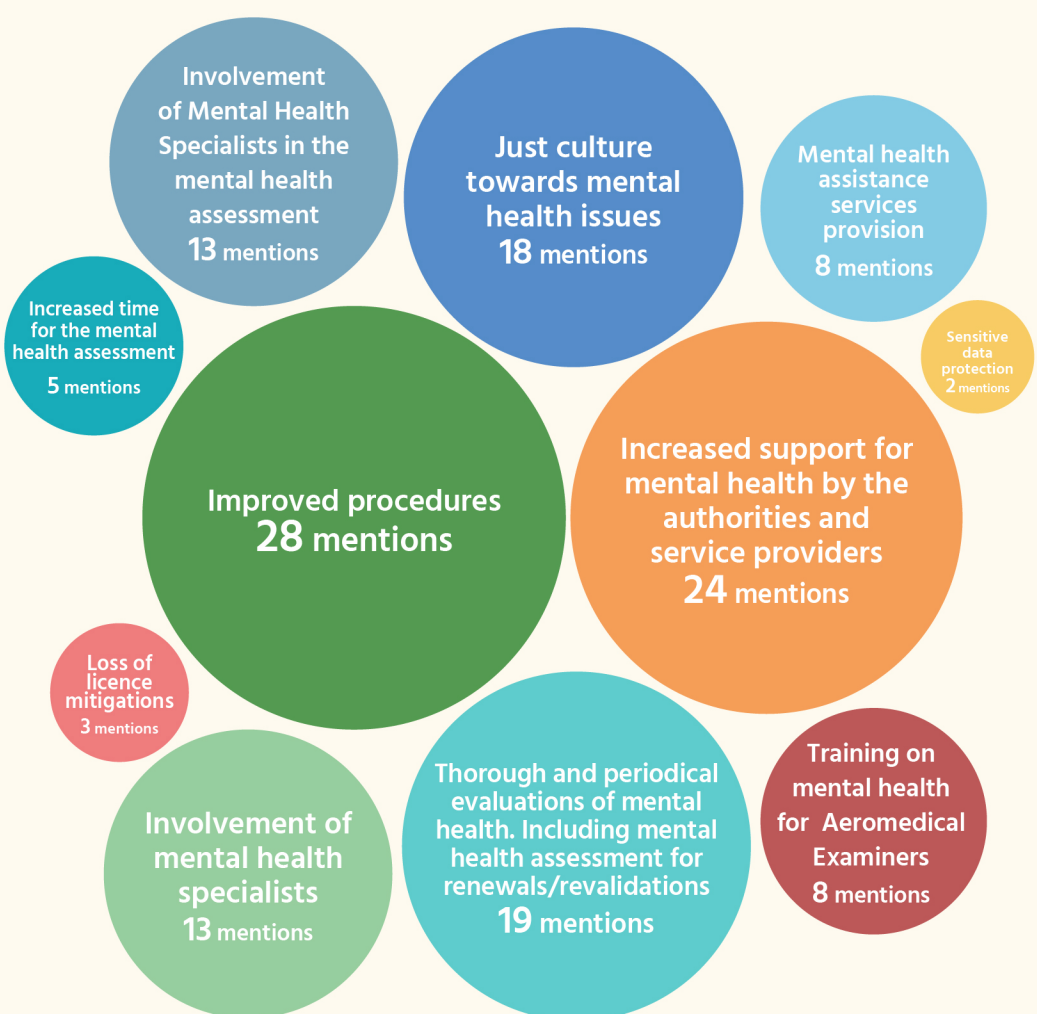
Two ATCOs out of three do not find the current aeromedical assessment effective to detect mental health issues.

### Frequency

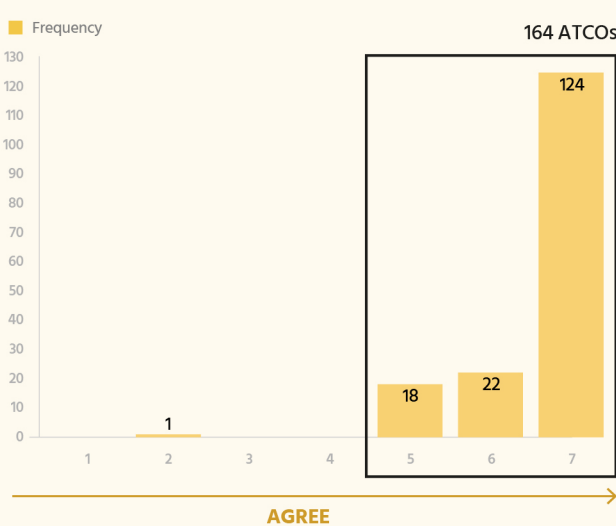


Two ATCOs out of three do not agree that enough time is allocated in today's aeromedical mental health assessment.

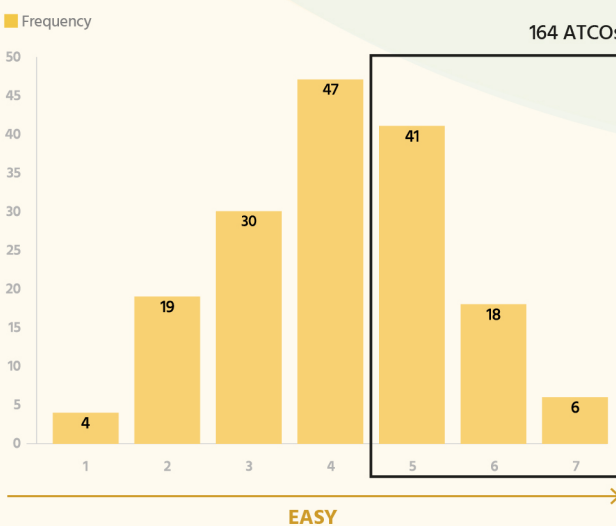
### ATCOs' recommendations to improve the mental health assessment



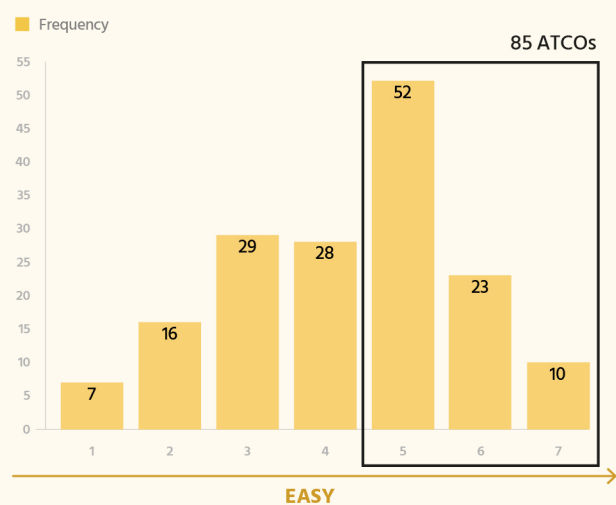
## MENTAL INCAPACITATION RISK MANAGEMENT AT OPERATIONAL LEVEL



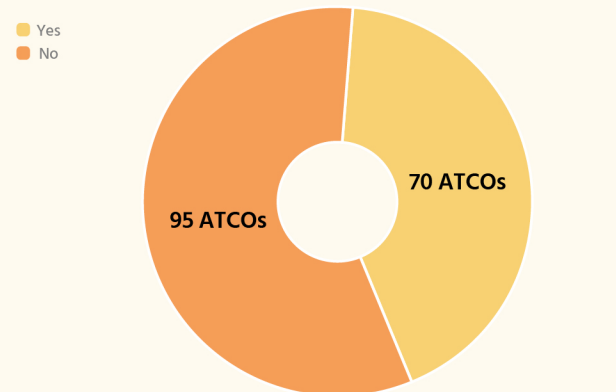
Almost all the ATCOs agree that mental health issues can have an impact on the safety of operations.



Less than half of the ATCOs find detecting signs and symptoms of mental discomfort in themselves easy.

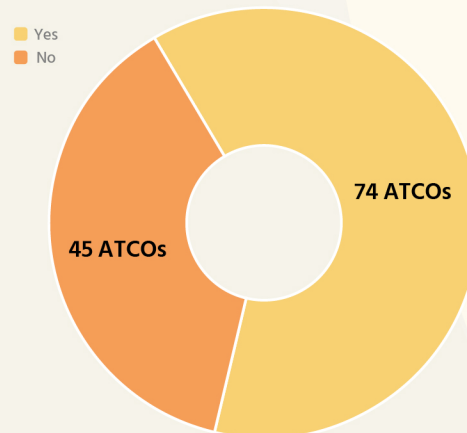


Only half of the ATCOs find detecting signs and symptoms of mental discomfort in colleagues easy.

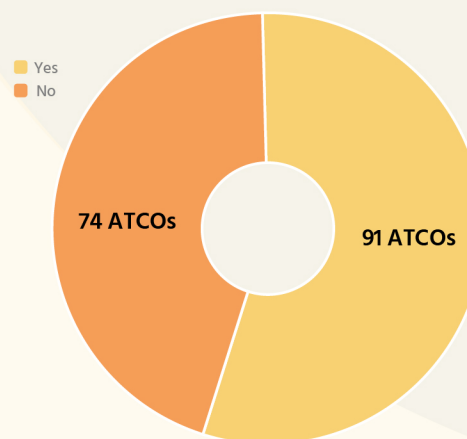


More than half of the ATCOs don't take any actions when detecting stress signals in colleagues. Among the reasons, the fear of repercussions and uncertainty on how to help.

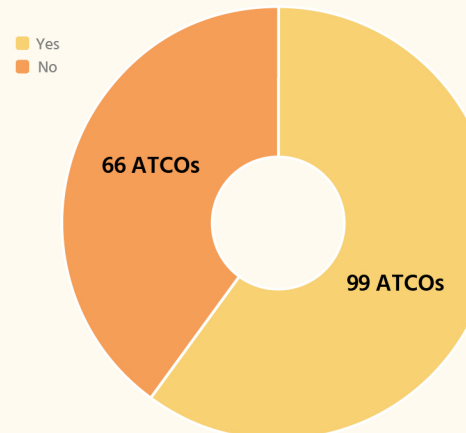
## ORGANISATIONAL MEASURES FOR MENTAL INCAPACITATION RISK MANAGEMENT



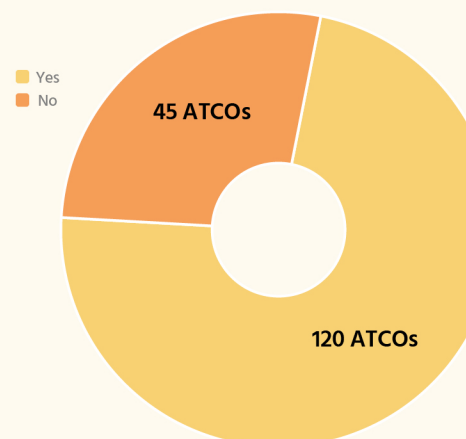
Most of the ATCOs agree that Peer Support Programmes are effective to mitigate stress.



Just over half of the ATCOs received training on medication for mental health issues.



More than half of the ATCOs received training on signs and symptoms of mental issues.



Most of the ATCOs received training on the safety impact of alcohol and drugs.



## DETAILED RESULTS

# **SECTION 1:** **PILOTS' AND ATCOs' PROFILES**

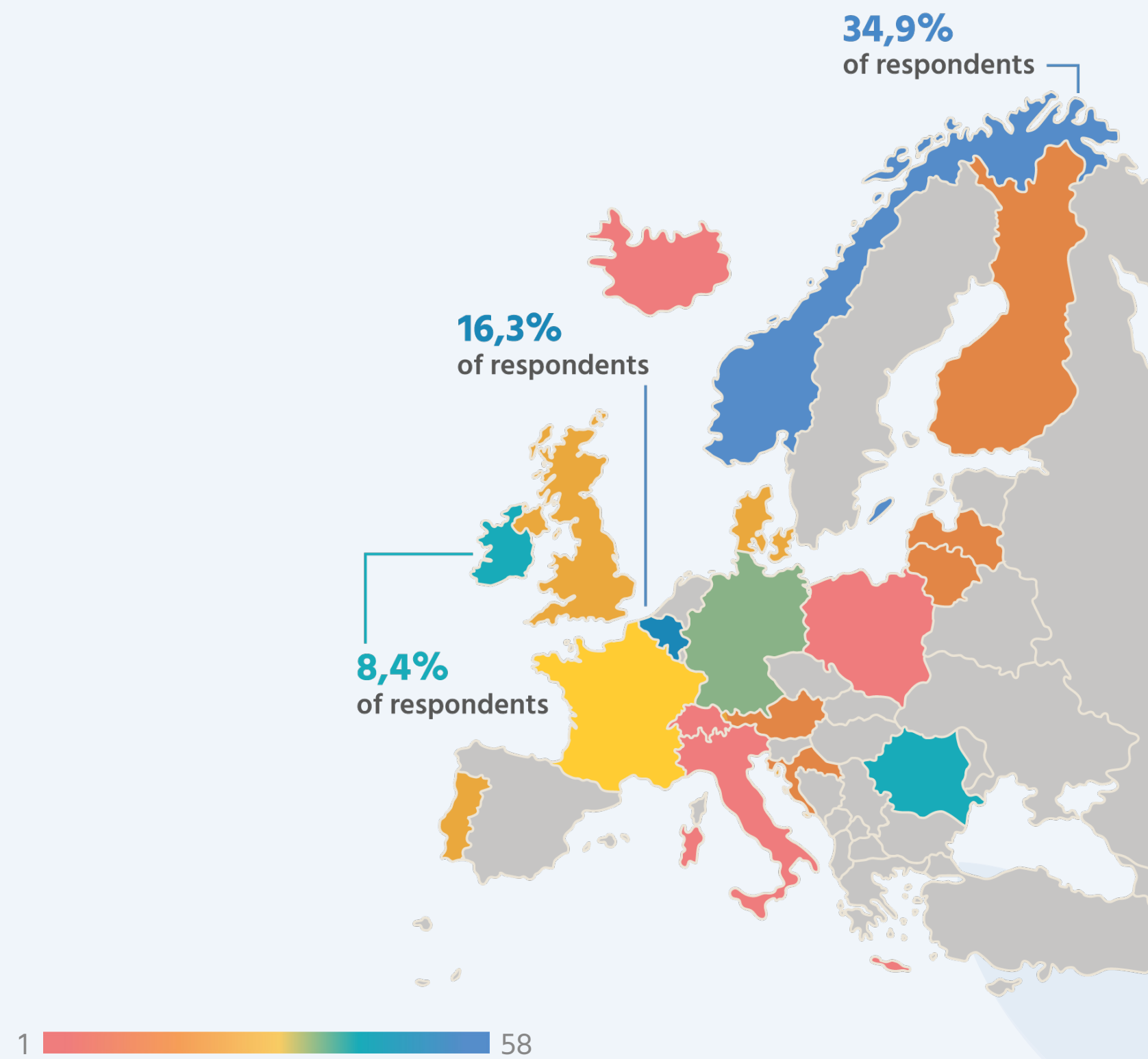




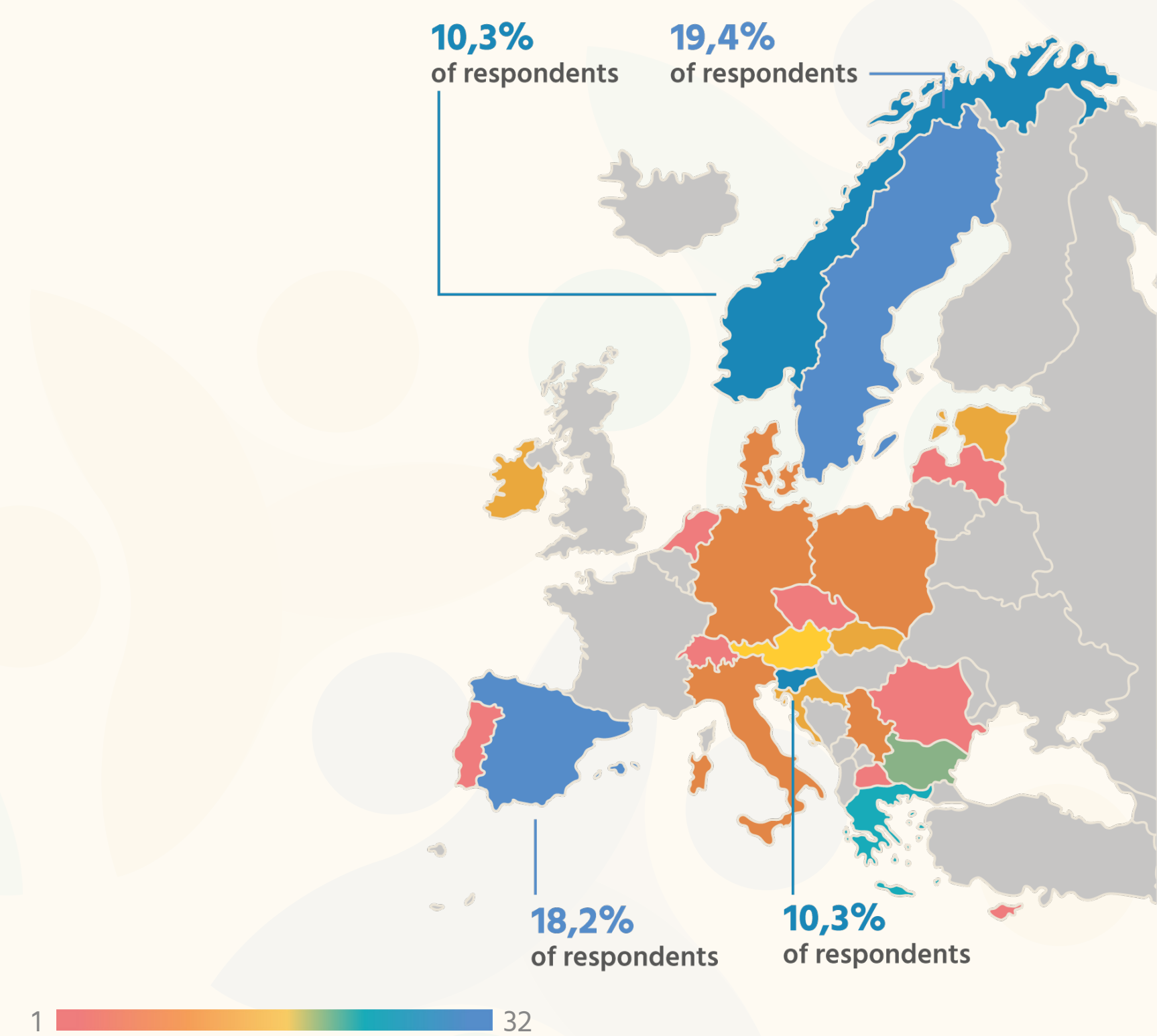
## Geographical distribution

In which member state are you certified as a pilot / as an ATCO?

### PILOTS



### ATCOs



Pilots are mostly certified in: Norway (N=58; 34.9%), Belgium (N=27; 16.3%) and Ireland (N=14; 8.4%).

ATCOs are mostly certified in: Sweden (N=32; 19.4%), Spain (N=30; 18.2%) and both Slovenia (N=17; 10.3%) and Norway (N=17; 10.3%).

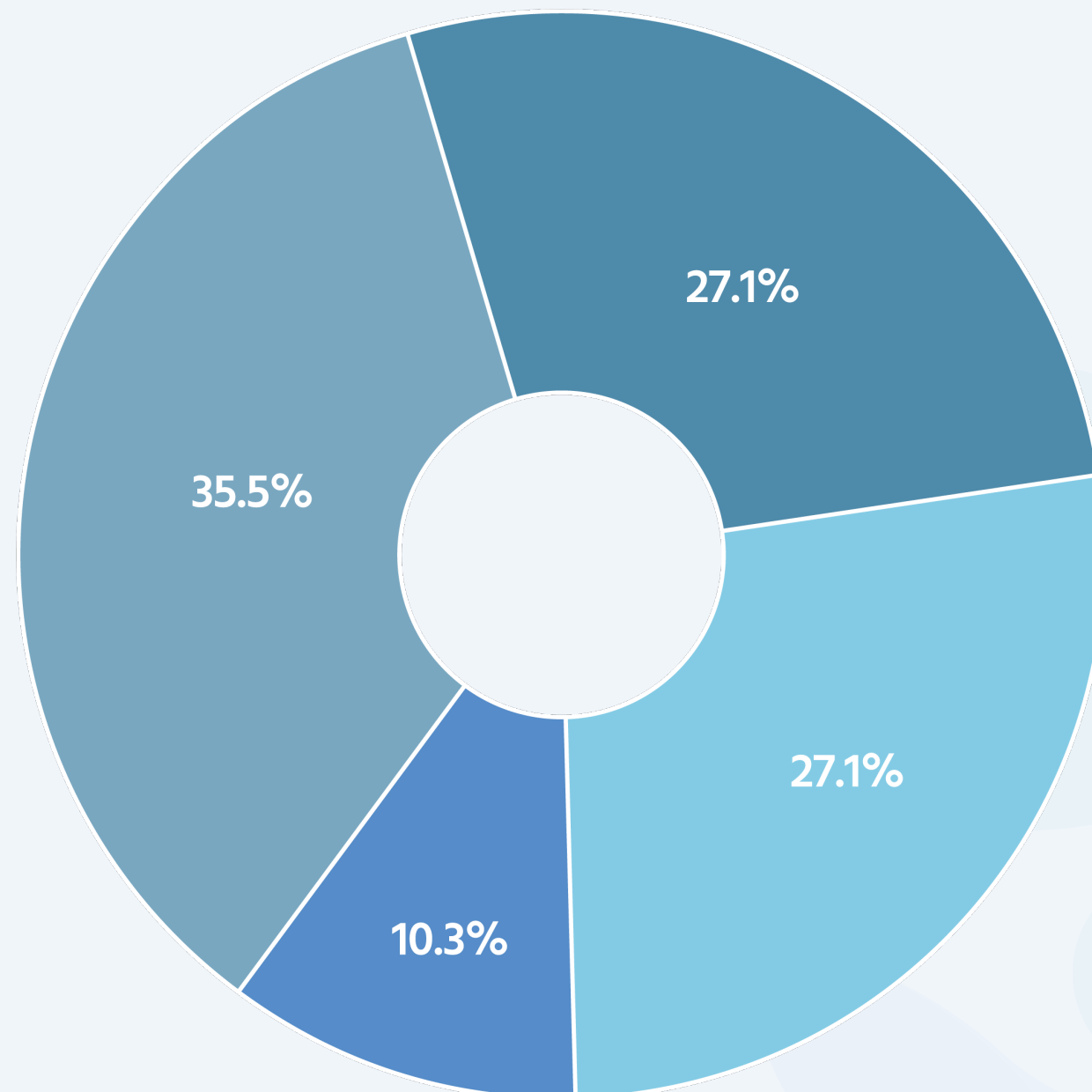


## Pilots' and ATCOs' work experience

How many flight hours / years of experience do you have as a pilot / as an ATCO?

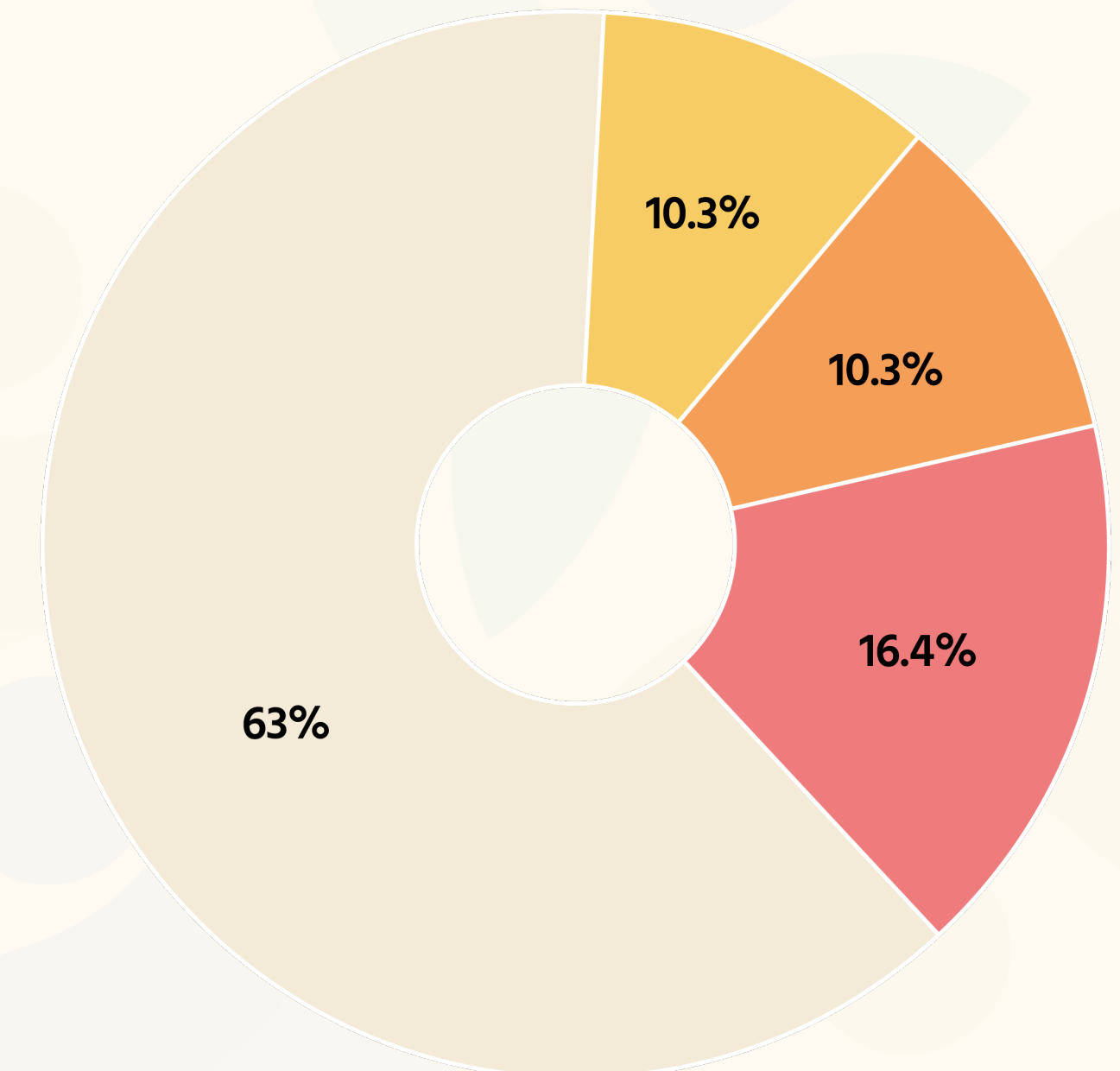
### PILOTS

■ 1000 flight hours  
■ 1000 - 5000 flight hours  
■ 5000 - 10.000 flight hours  
■ >10.000 flight hours



### ATCOs

■ Less than 5 years of experience  
■ Between 5 and 10 years of experience  
■ Between 10 and 15 years of experience  
■ More than 15 years of experience



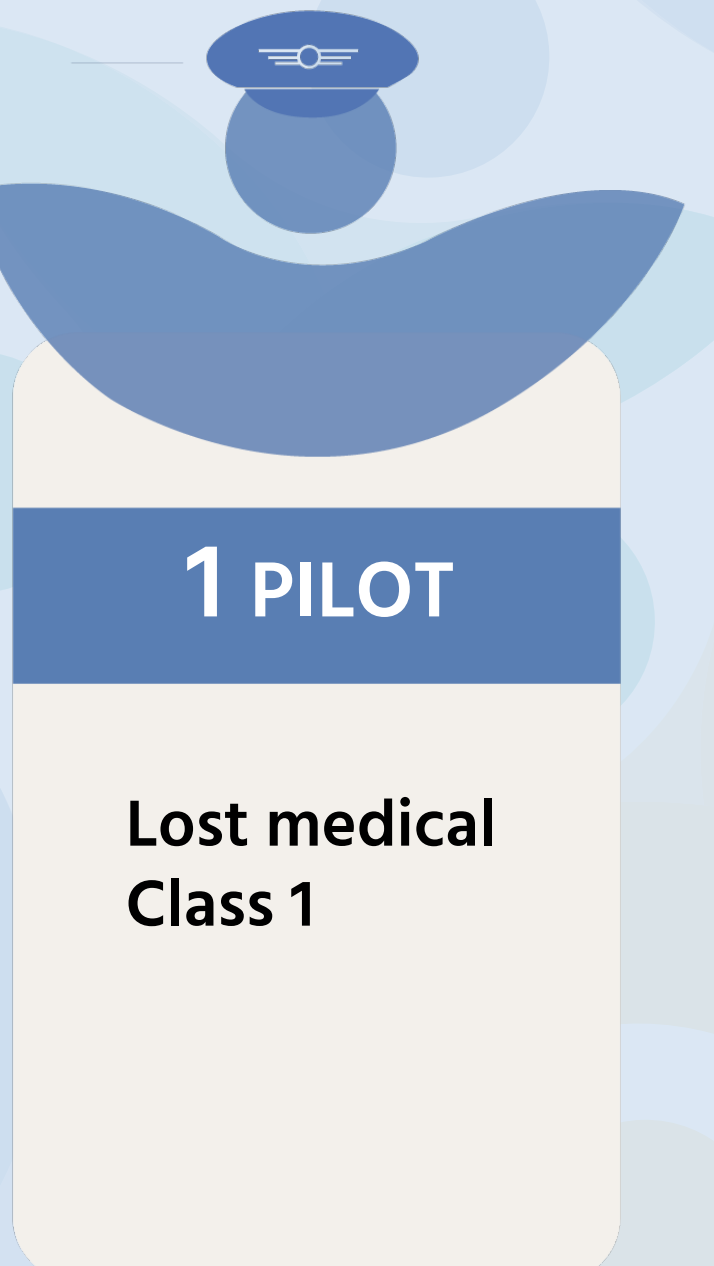
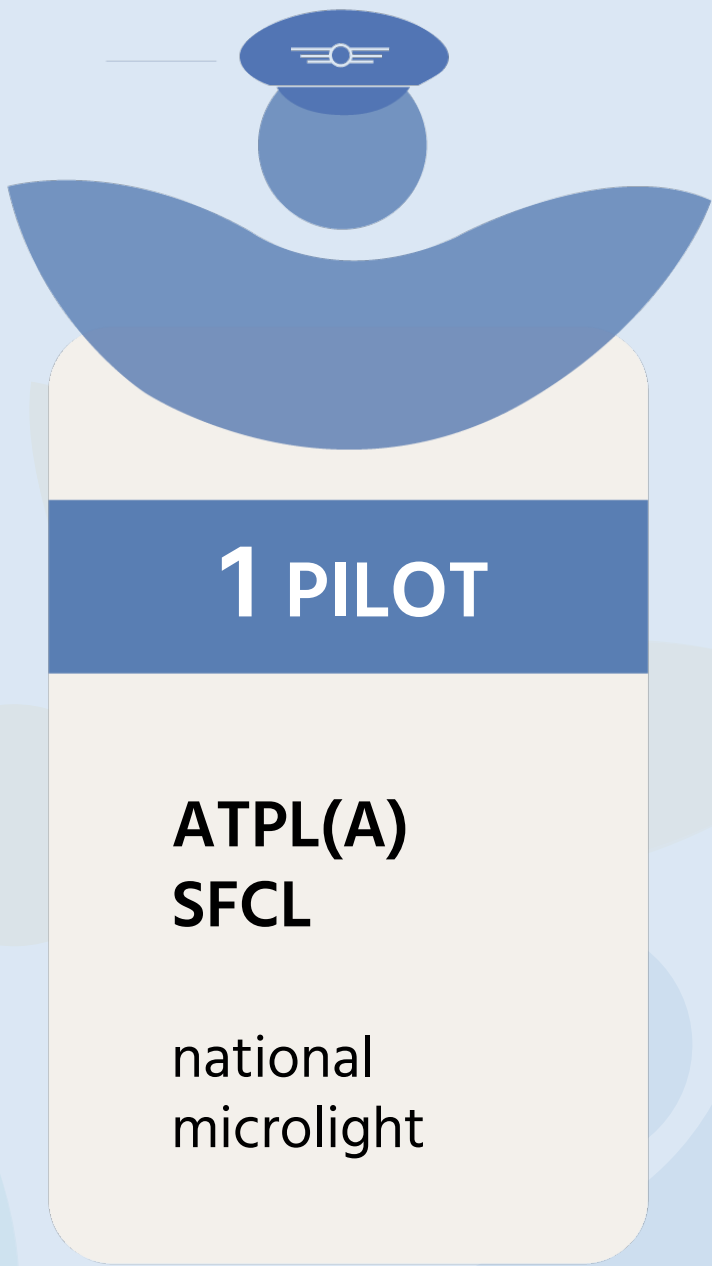
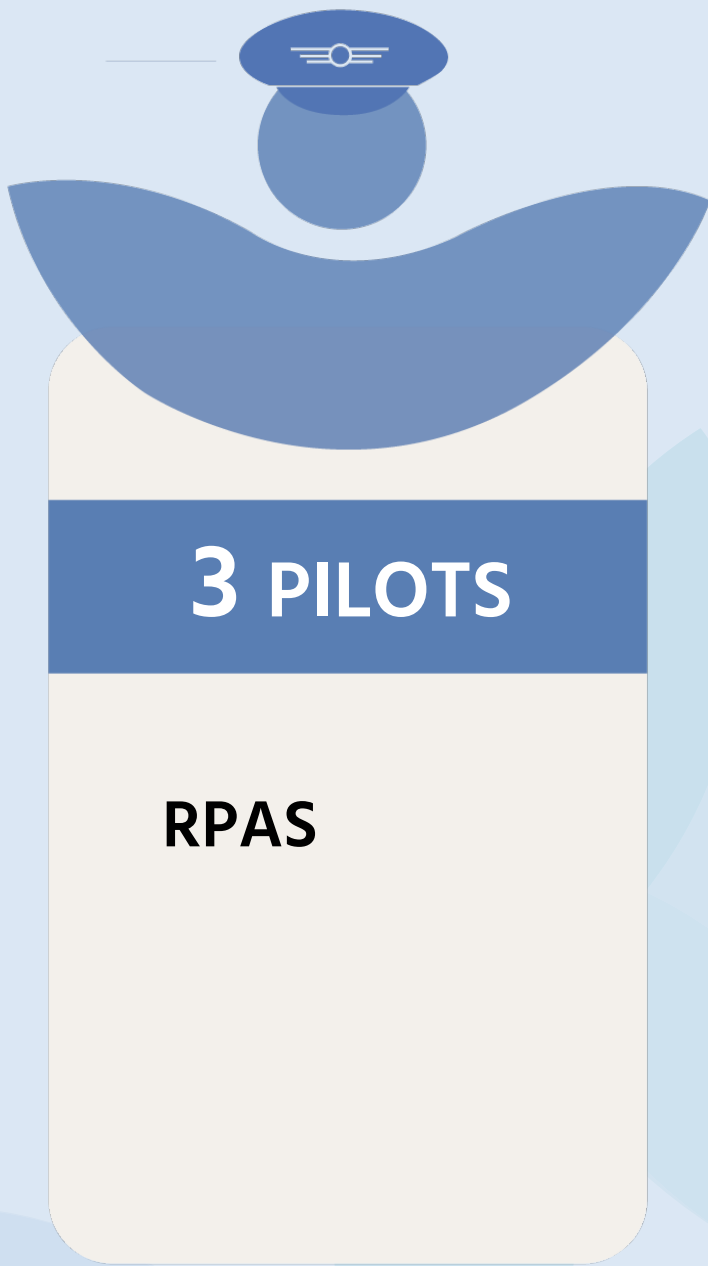
The majority of pilots have more than 10.000 flight hours (35.5%), followed by those with 5000-10.000 (27.1%), 1000-5000 (27.1%) and 1000 (10.3%) flight hours. The majority of ATCOs have at least 15 years of experience (N=104; 63%), followed by those with 10-15 years of experience (16.4%).

The rest of the sample equally distributes between 5 and 10 years of experience (10.3%) and less than 5 years of experience (10.3%).

Aeromedical Class of Licence

Currently, what class of licence do you possess?

PILOTS



Aeromedical Class of Licence

Currently, what class of licence do you possess?



## **SECTION 2: INDIVIDUAL EXPERIENCE WITH THE CURRENT AEROMEDICAL MENTAL HEALTH (MH) ASSESSMENT**



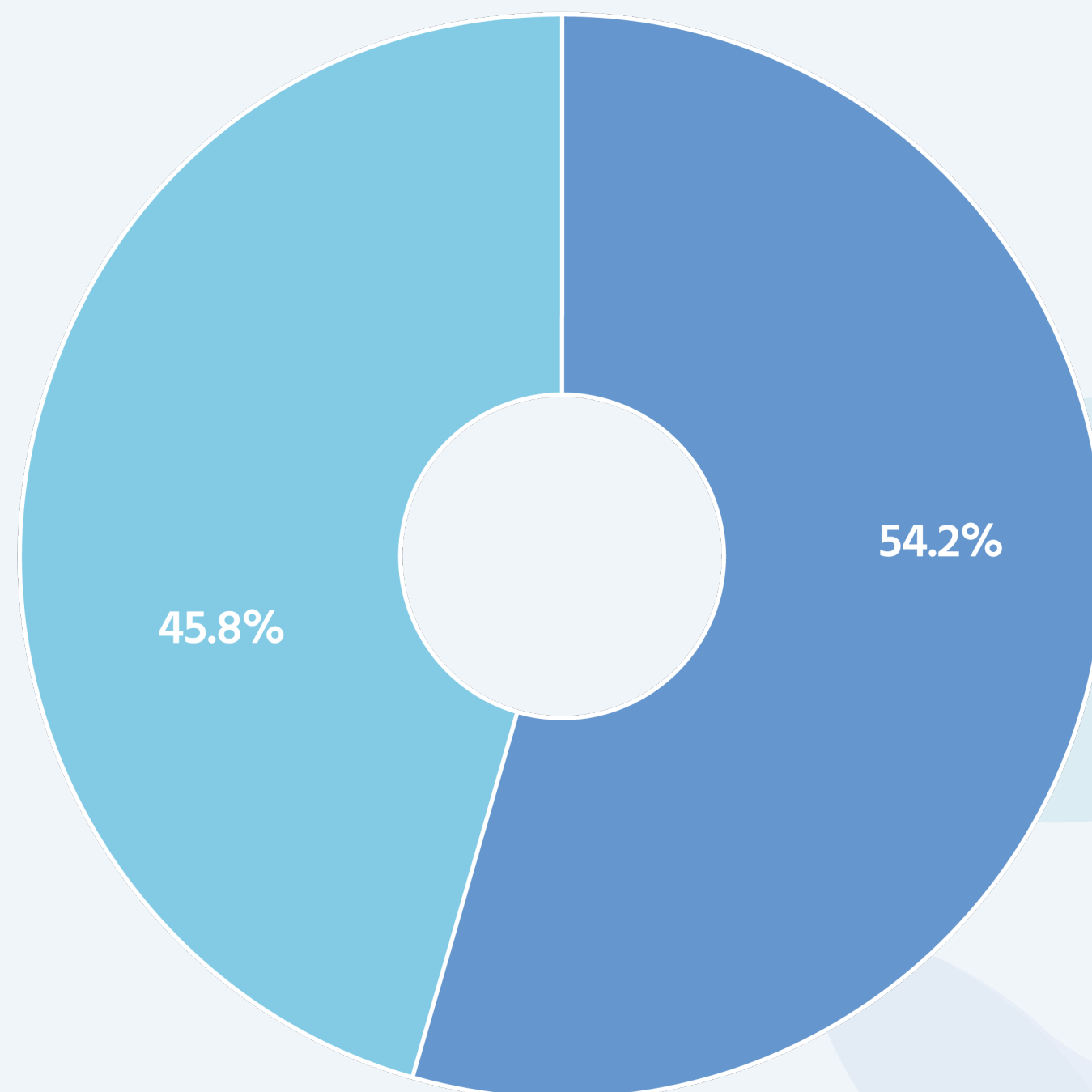


## Aeromedical MH assessment at initials

In your experience, is any mental health assessment carried out for class 1 and 3 initial applications?

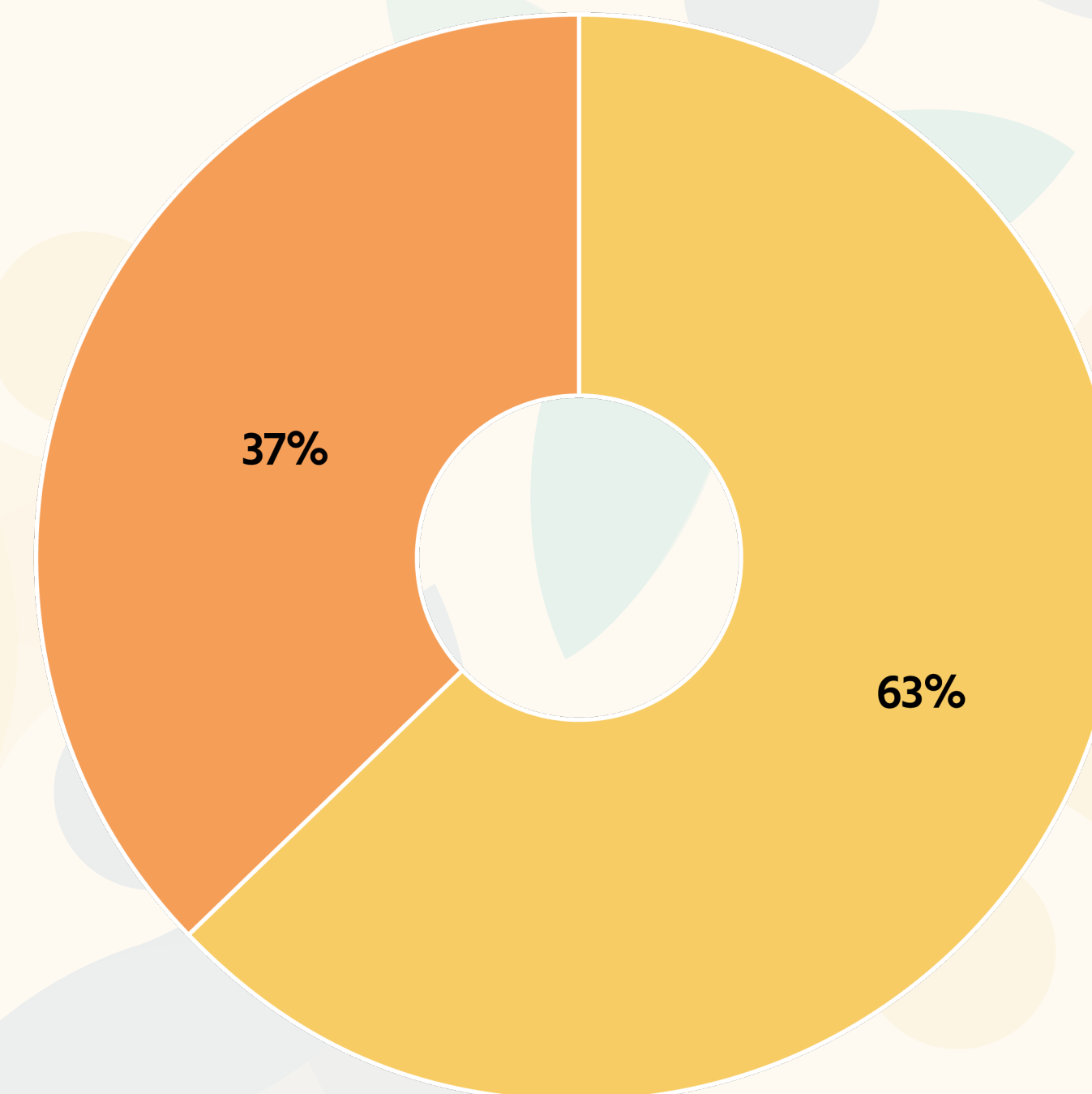
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No

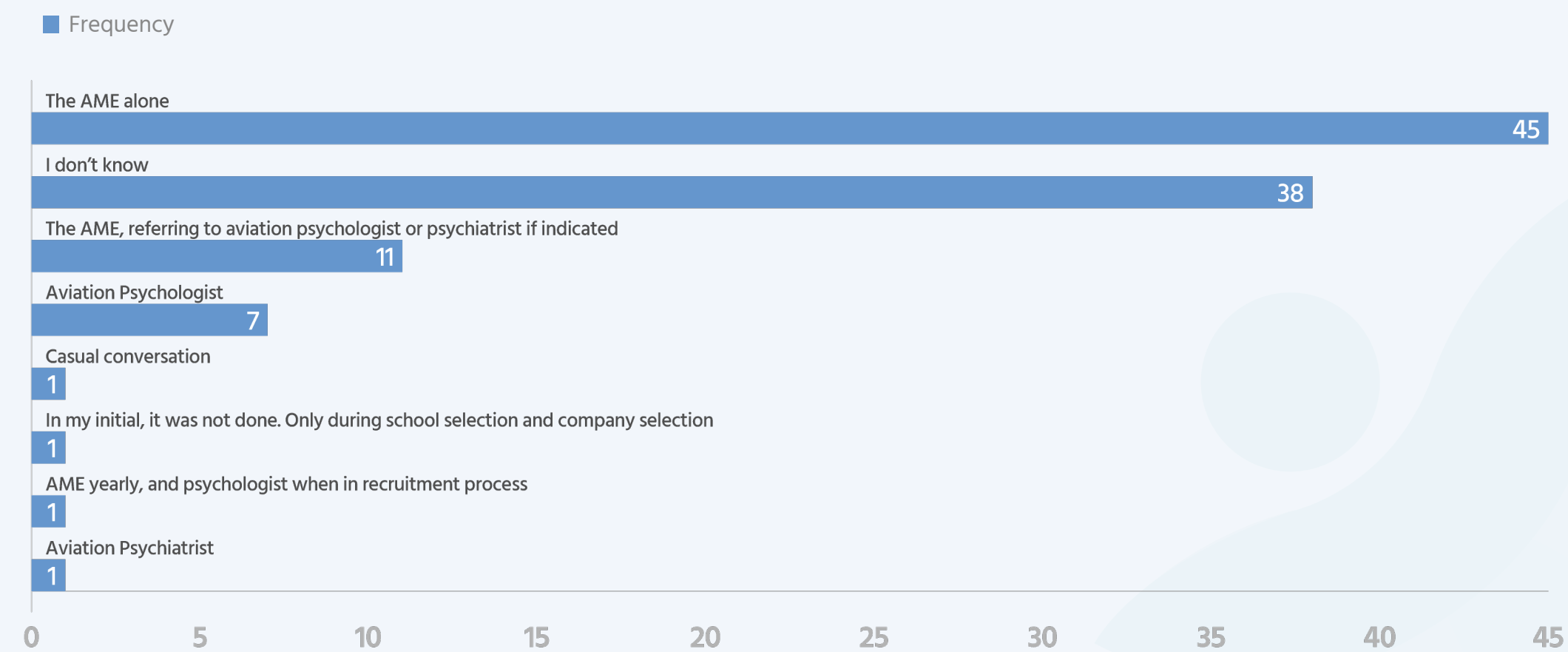


The 54.2% of pilots confirm that a mental health assessment is performed at initials.  
The 63% of ATCOs confirm that a mental health assessment is performed at initials.

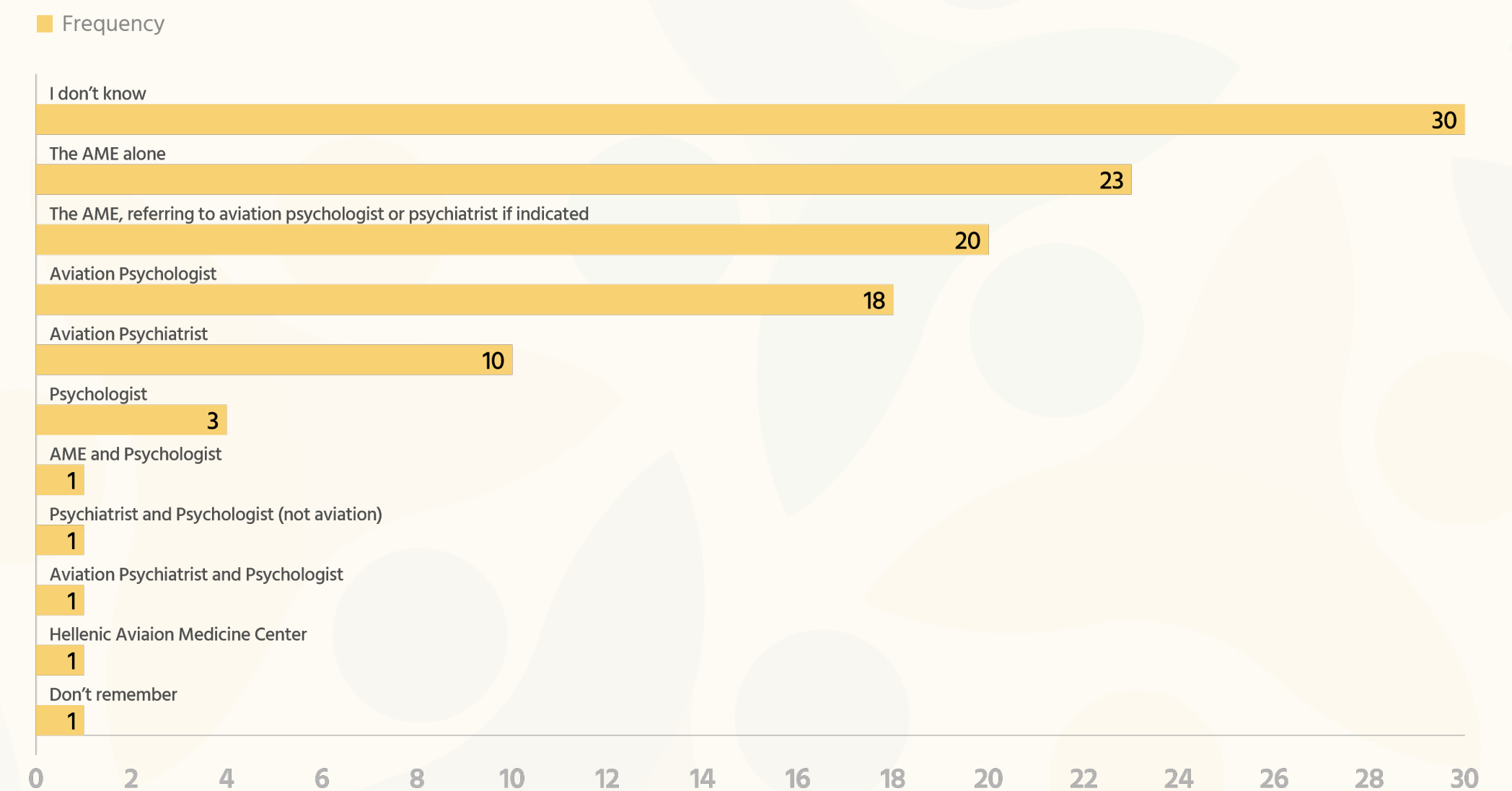
## Professionals involved at initials

Who performs the mental health assessment for Class 1 and 3 initial applications?

### PILOTS



### ATCOs

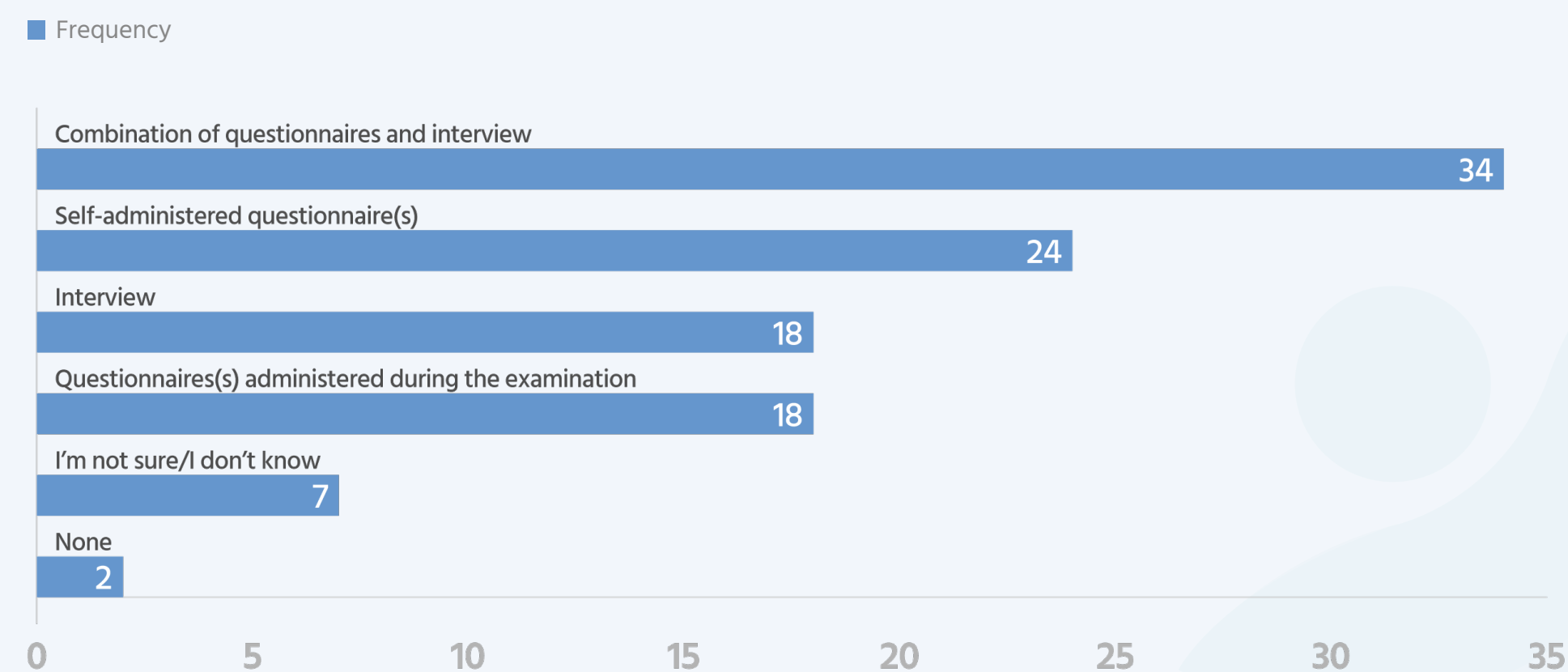


The most reported procedure is that the Aeromedical Examiners (AMEs) perform the MH assessment independently (N=45; 42.9% of pilots; N=30; 20.7% of ATCOs). The 36.2% of pilots and 27% of ATCOs don't know who performs the assessment.

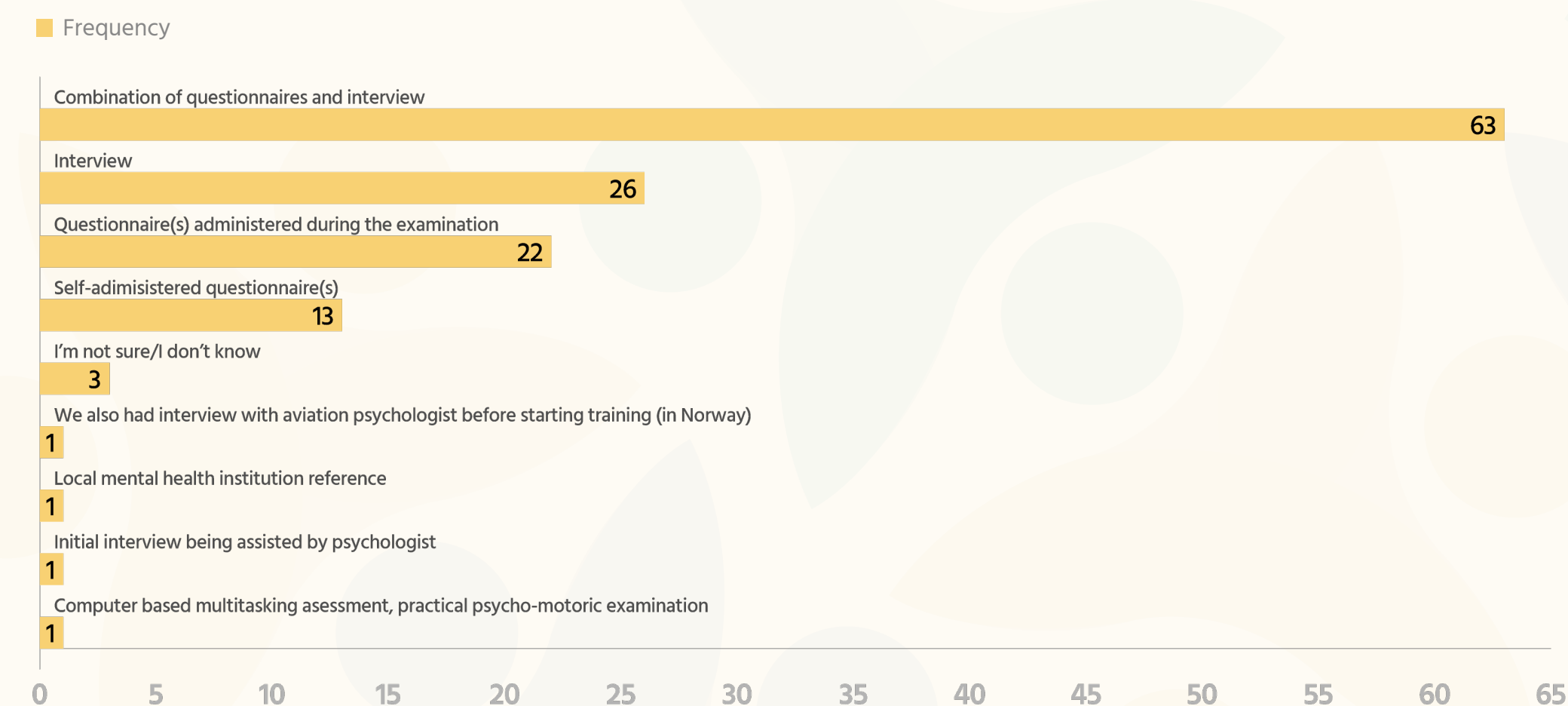
## Assessment methods for initials

How is the mental health assessment for class 1 and 3 initial application performed?

### PILOTS



### ATCOs

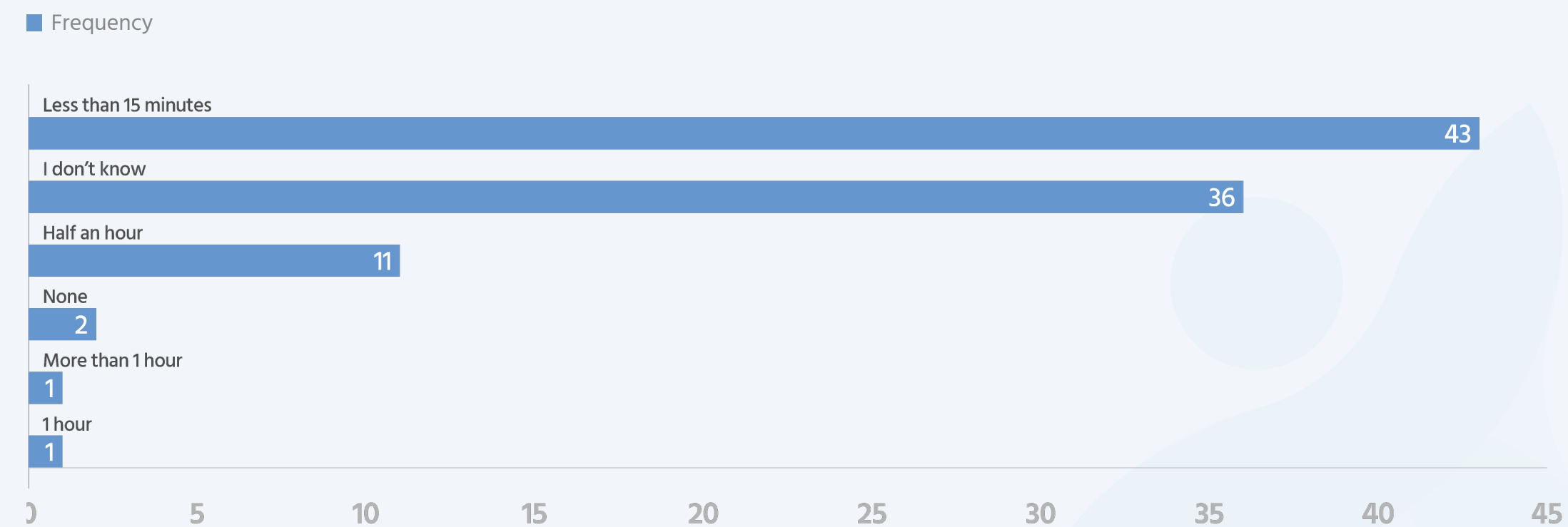


The “combination of questionnaires and interviews” (N=34; 33%) and the “self-administered questionnaire(s)” (N=24; 23.3%) are the most used methods by the AMEs for the MH assessment at initials, according to the pilots’ experience. Similarly, ATCOs report that the most used MH assessment methods at initials are the “combination of questionnaires and interviews” (N=63; 48%), followed by “interview(s)” (N=26; 20%).

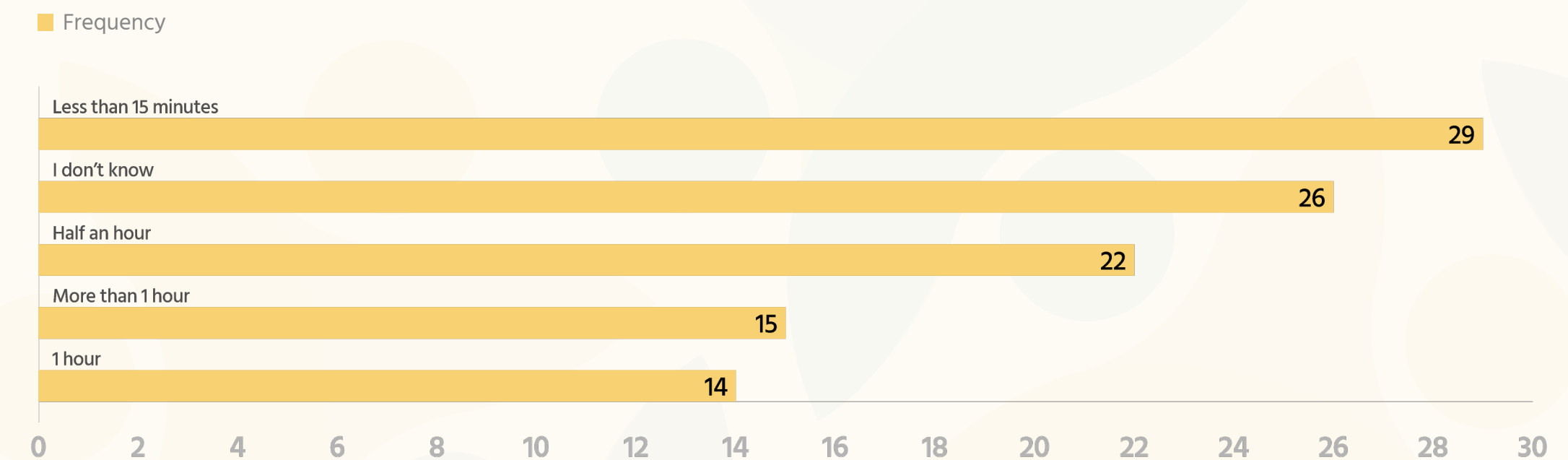
## Time allocated at initials

How much time is dedicated to the mental health assessment during the aeromedical checks for class 1 and 3 initial applications?

### PILOTS



### ATCOs



The 45.7% of pilots (N=43) and 27.4% of ATCOs (N=29) report that “less than 15 minutes” are allocated to the MH assessment for initial applications. The 38.3% of pilots and 24.5% of ATCOs are unaware of the time allocated to the MH assessment.

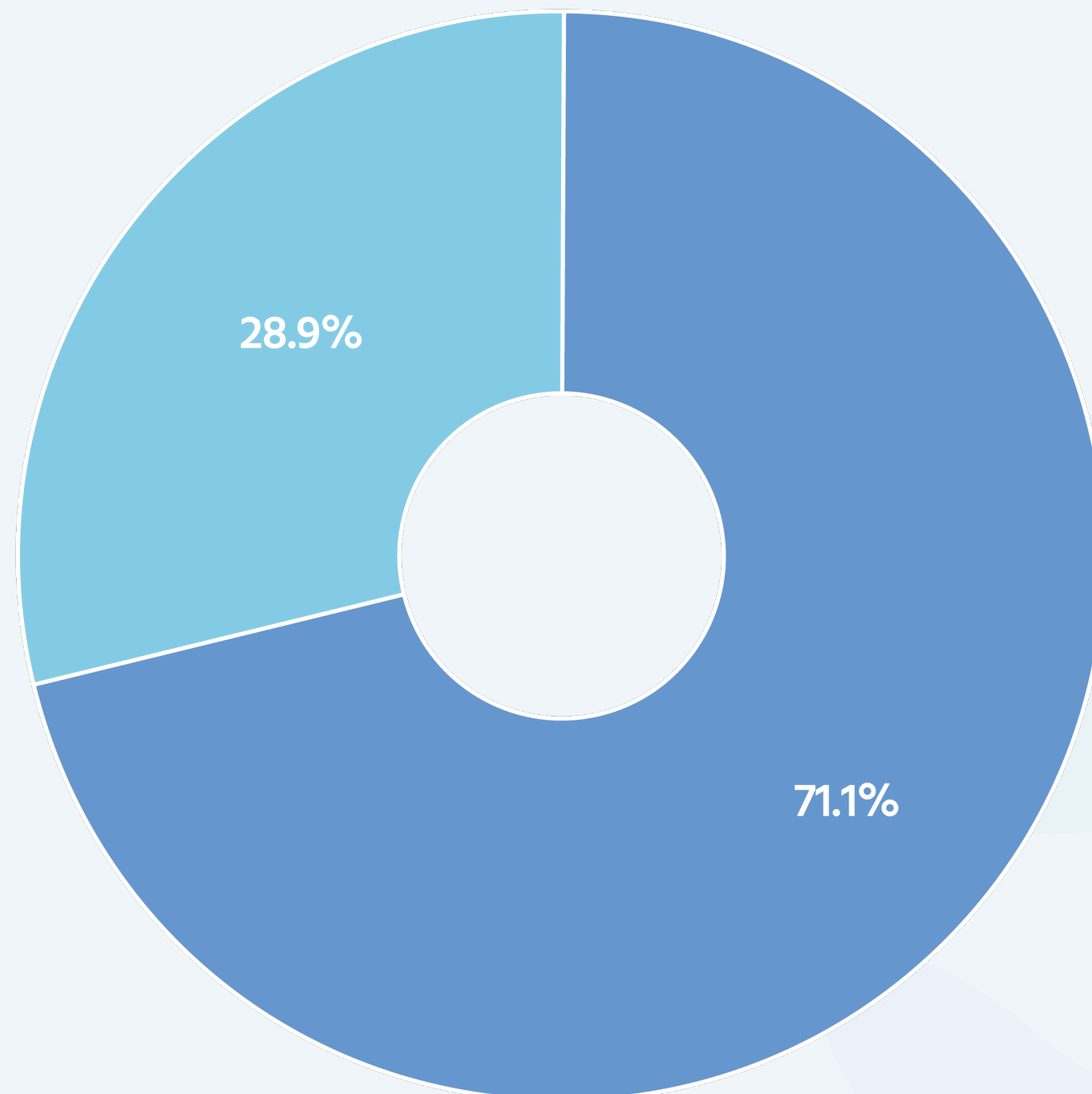


## Mental health assessment at renewals/revalidations

In your experience, is any mental health assessment carried out for class 1 and 3 revalidation/renewal applications?

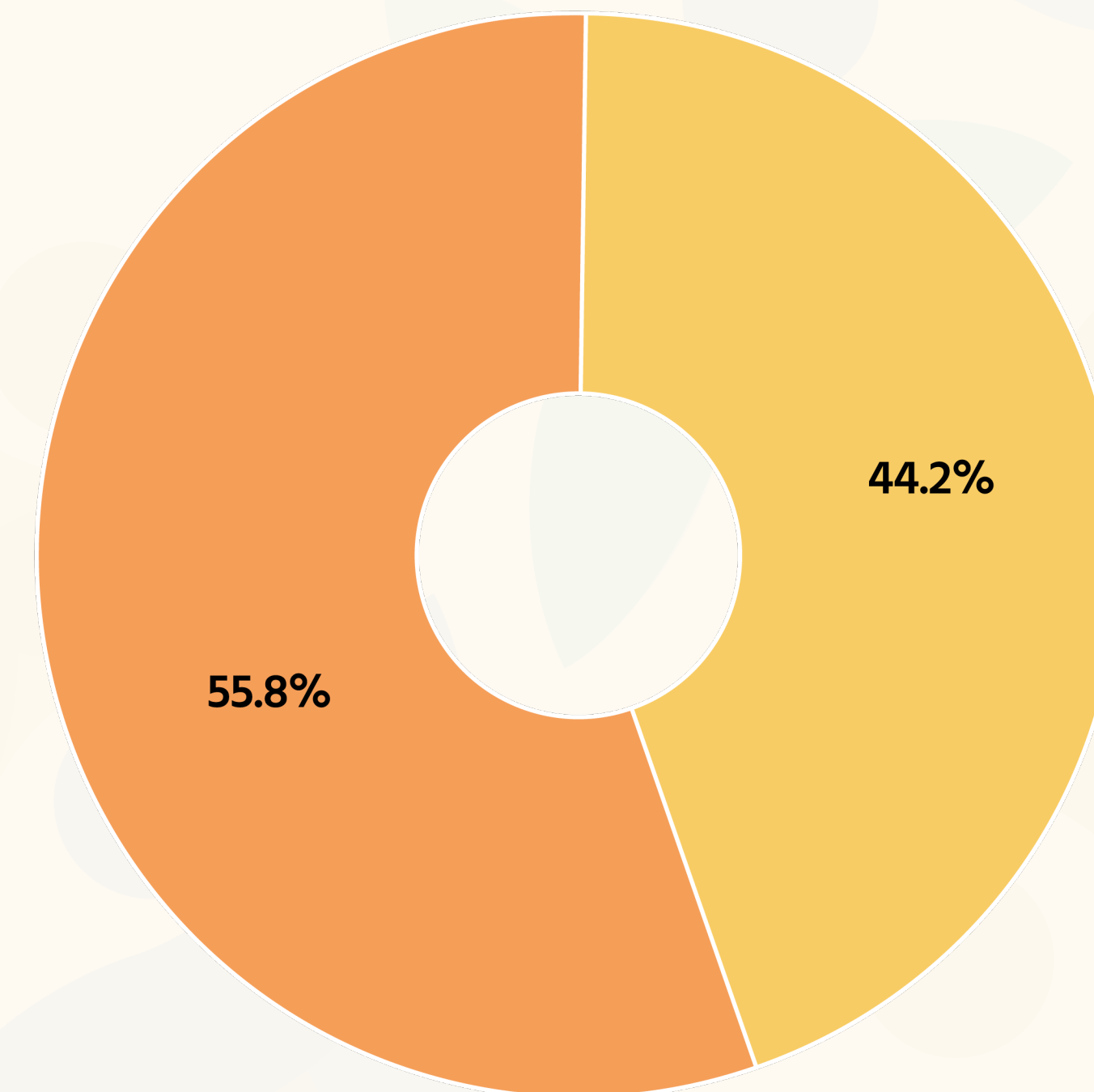
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No

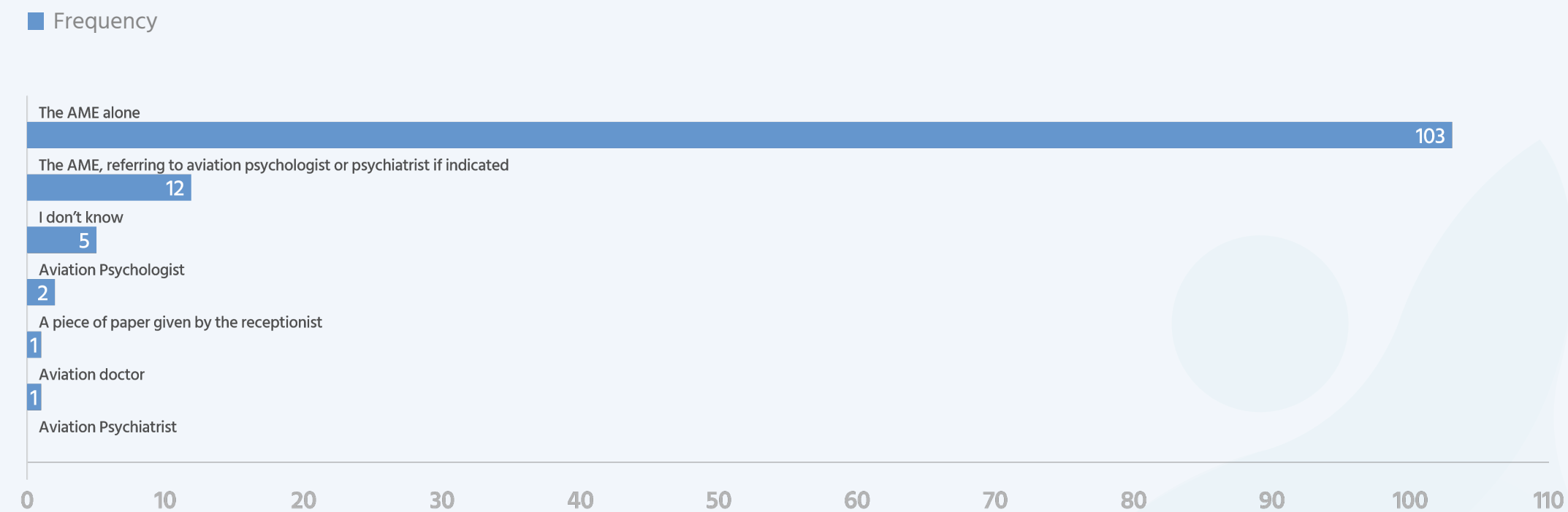


The 71% of pilots and 44% of ATCOs confirm that a mental health assessment is performed at renewal/revalidation applications.

## Professionals involved at renewals/revalidations

Who performs the mental health assessment for Class 1 and 3 revalidation/renewal applications?

### PILOTS



### ATCOs

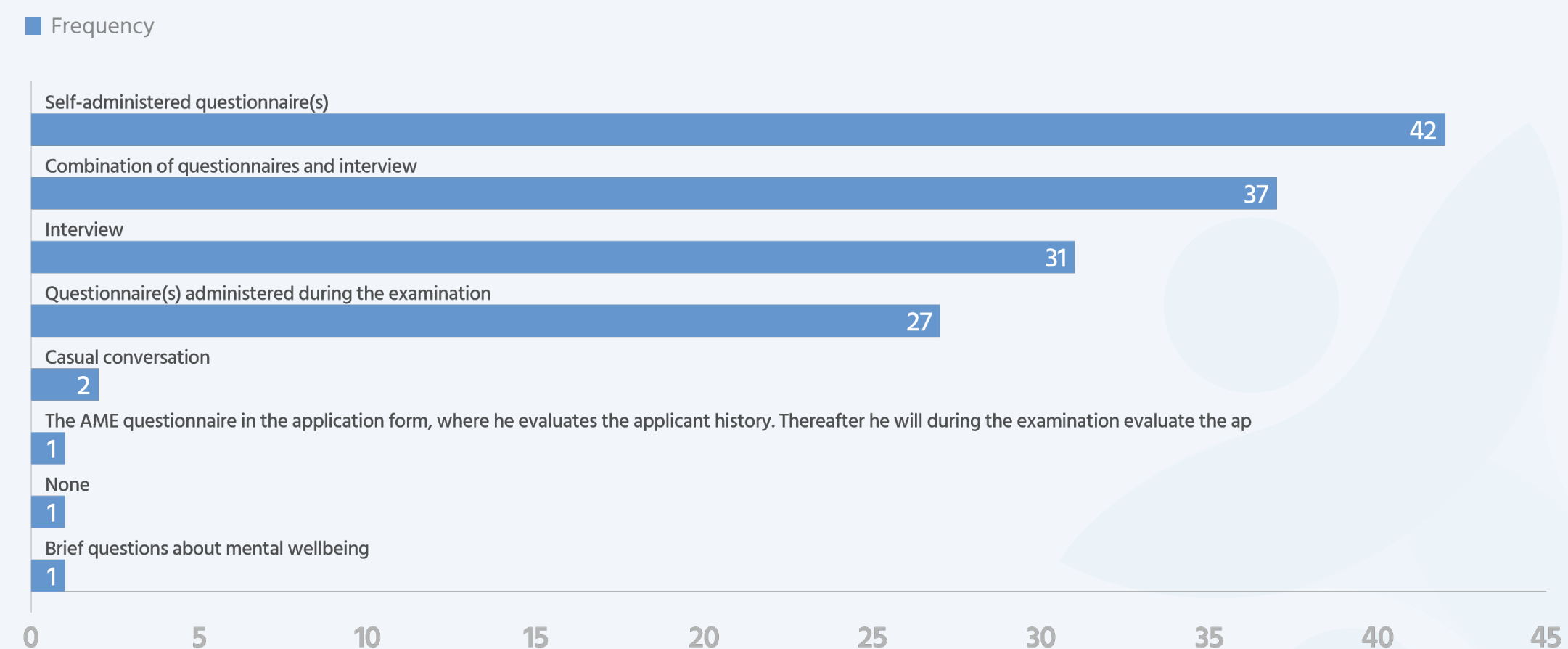


The most reported procedure is that the AMEs perform the MH assessment for renewal/revalidation applications independently, both for pilots (N=103; 83%) and ATCOs (N=43; 53%).

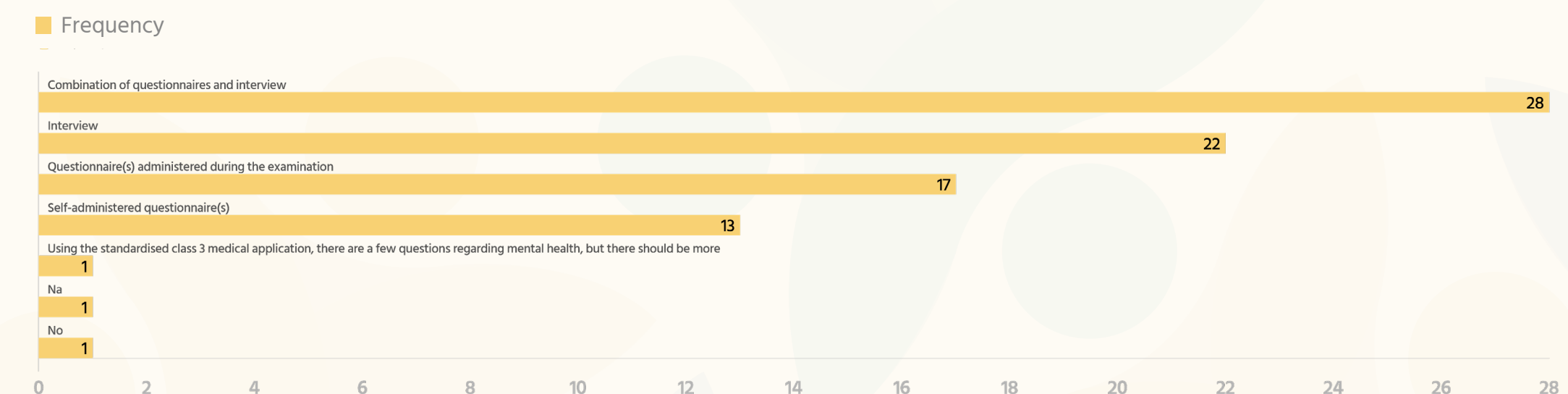
## Assessment methods for renewal/revalidation

How is the mental health assessment for class 1 and 3 revalidation/renewal applications performed?

### PILOTS



### ATCOs



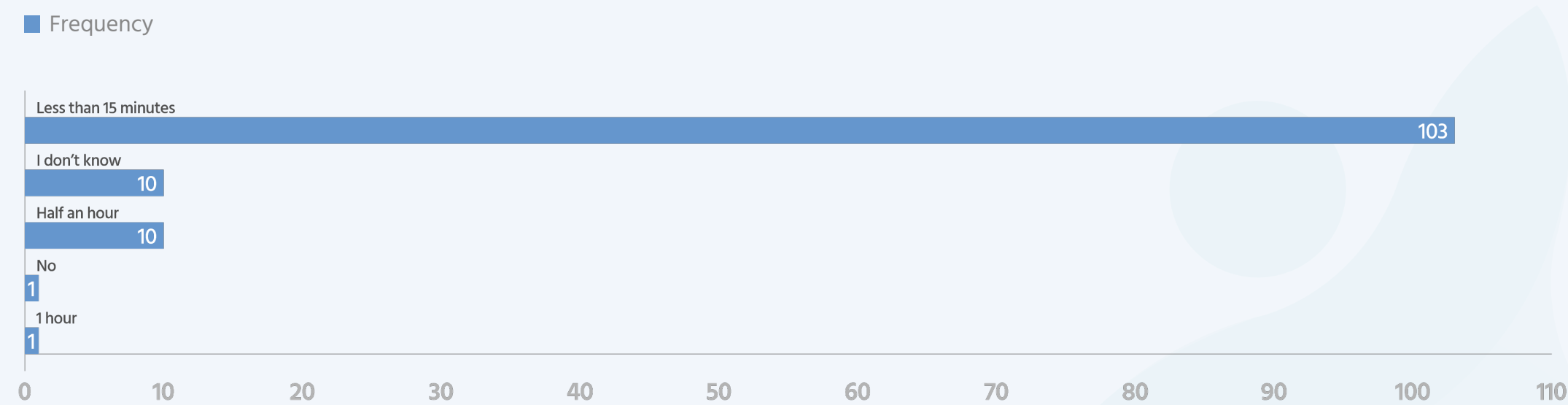
The “self-administered questionnaires” (N=42; 29.6%), followed by the “combination of questionnaires and interviews” (N=37; 26.1%) are the most used methods by the AMEs for the MH assessment at renewals/revalidations, according to the pilots’ experience.

ATCOs report that the most used MH assessment methods at renewals/revalidations are the “combination of questionnaires and interviews” (N=28; 33.7%), followed by “interview(s)” (N=22; 26.5%).

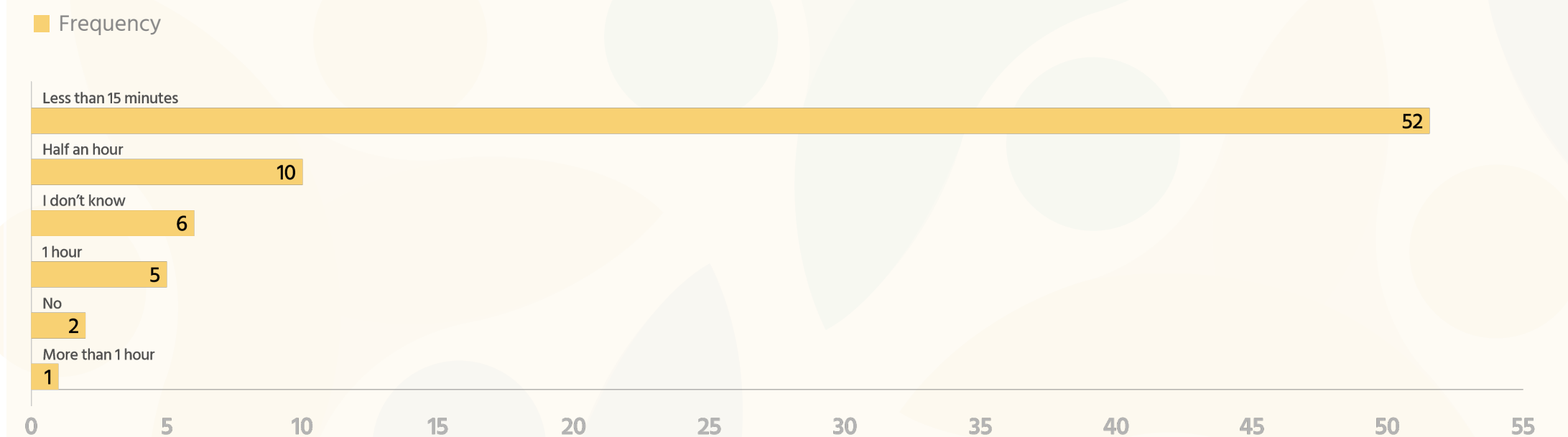
## Time allocated at renewal/revalidation

How much time is dedicated to the mental health assessment during the aeromedical checks for class 1 and 3 revalidation/renewal applications?

### PILOTS



### ATCOs



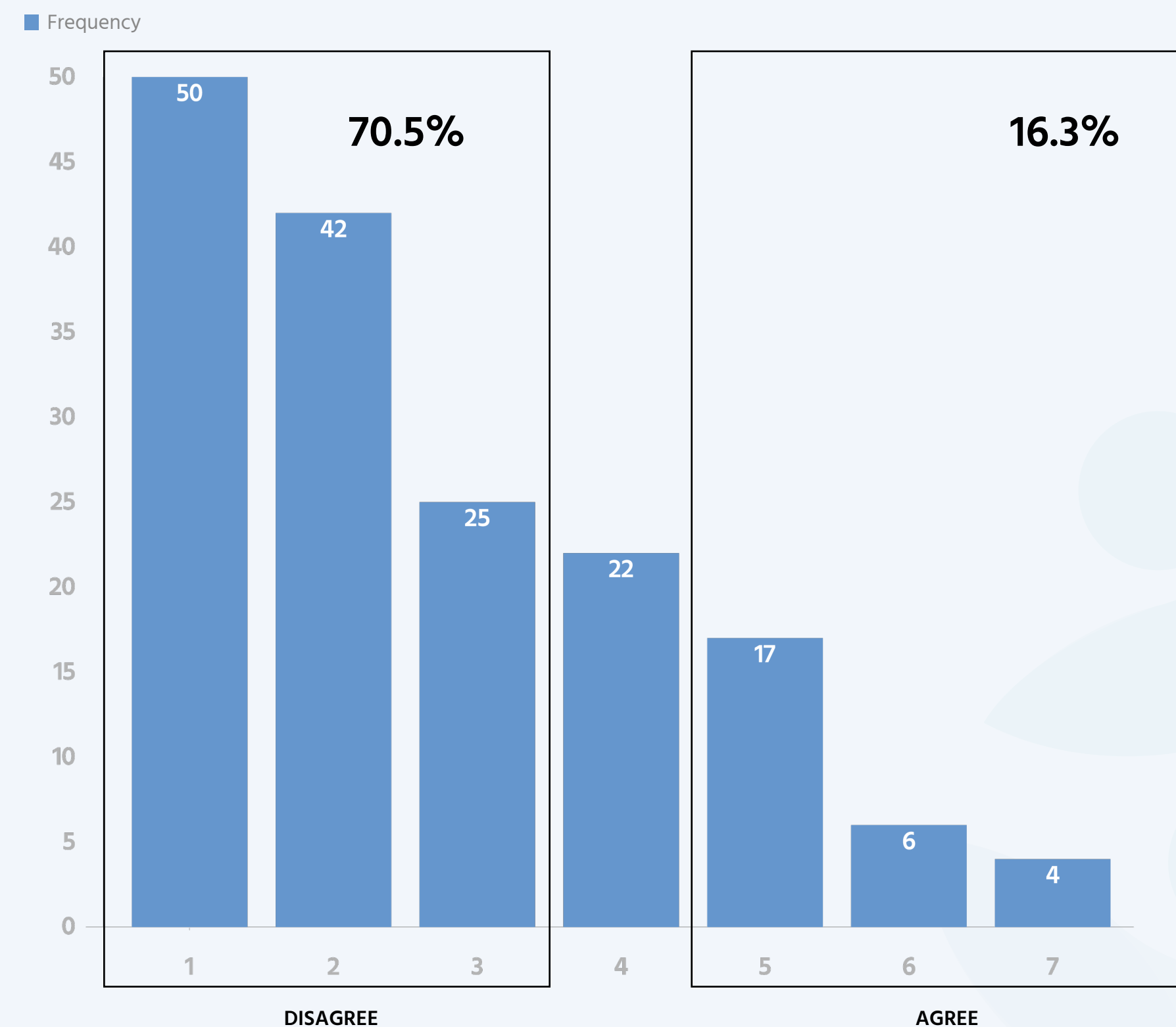
The majority of the pilots (N=103; 82.4%) report that “less than 15 minutes” are allocated to the MH assessment at renewal/revalidation applications. Similarly, most of the ATCOs (N=52; 68.4%) report that “less than 15 minutes” are allocated to the MH assessment at renewal/revalidation applications.



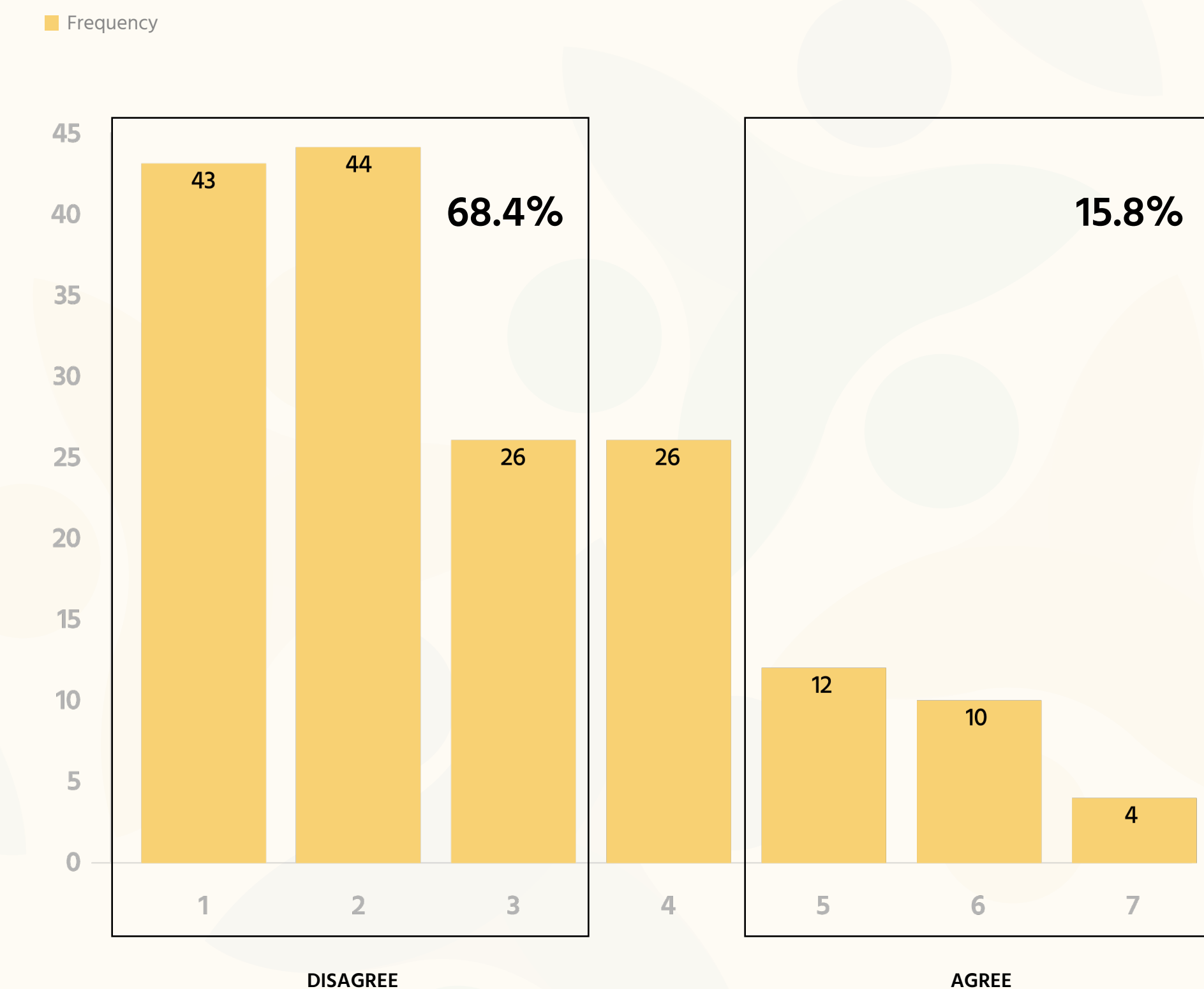
## Aeromedical mental health issues' signals detection

Do you agree that the current aeromedical assessment process is effective to detect mental health issues impacting safety?

### PILOTS



### ATCOs

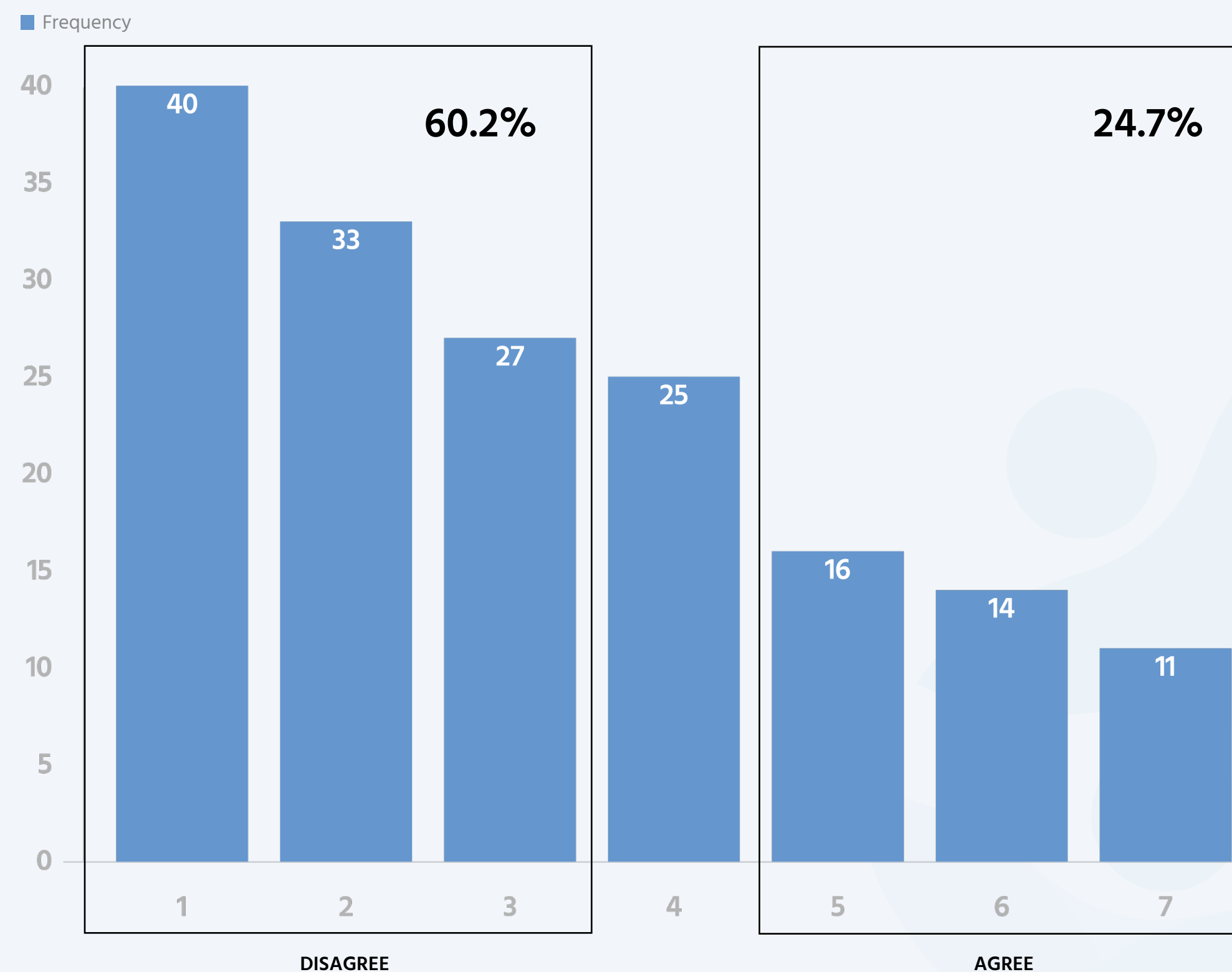


117 pilots (70.5%) and 113 ATCOs (68.4%) do not agree that the current aeromedical assessment is effective to detect mental health issues. Only 27 pilots (16.3%) and 26 ATCOs (15.8%) agree or completely agree with the effectiveness of today's aeromedical assessment in detecting mental health issues.

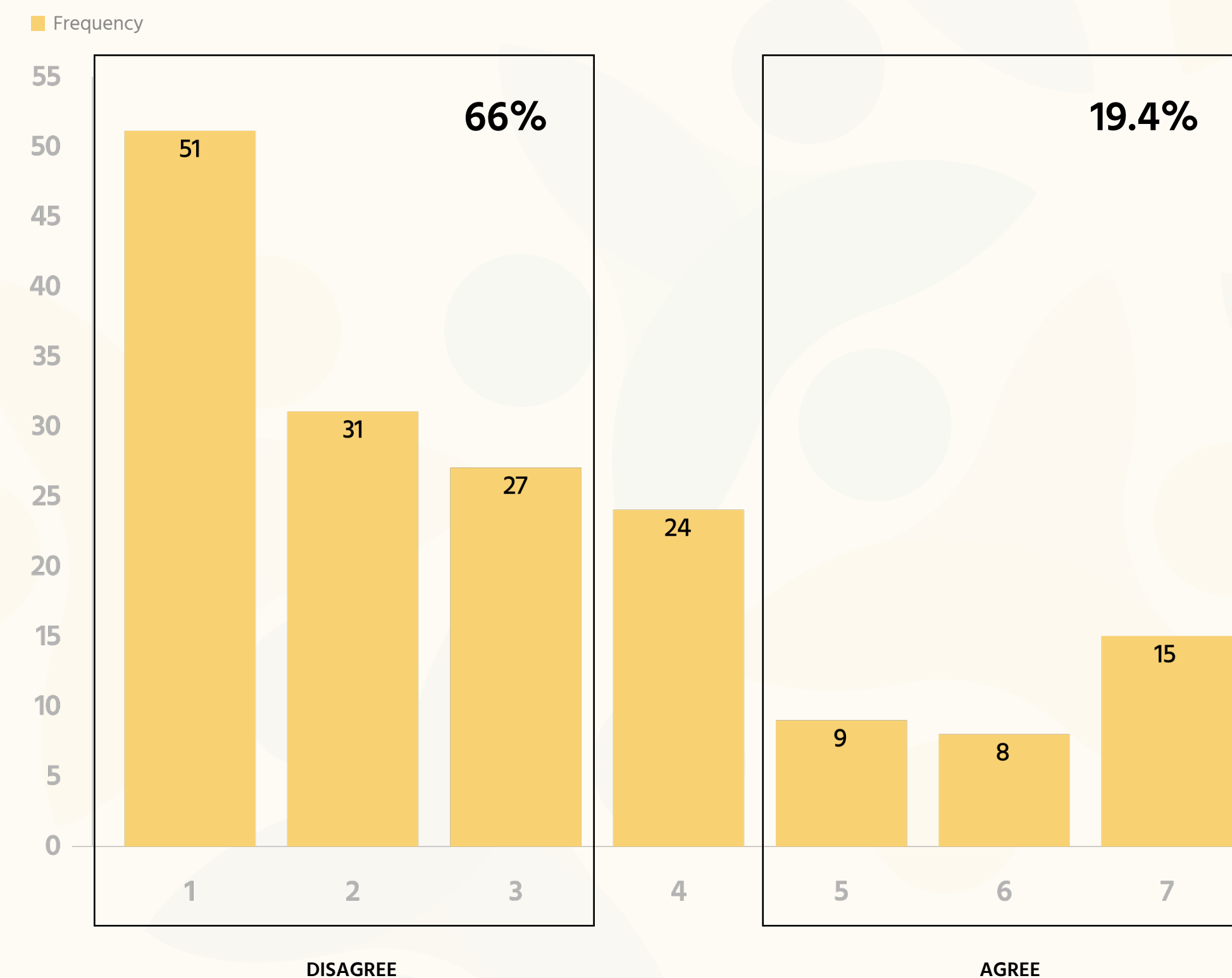
## Time allocation

Do you agree that the time currently allocated for the aeromedical mental health assessment is enough?

### PILOTS



### ATCOs

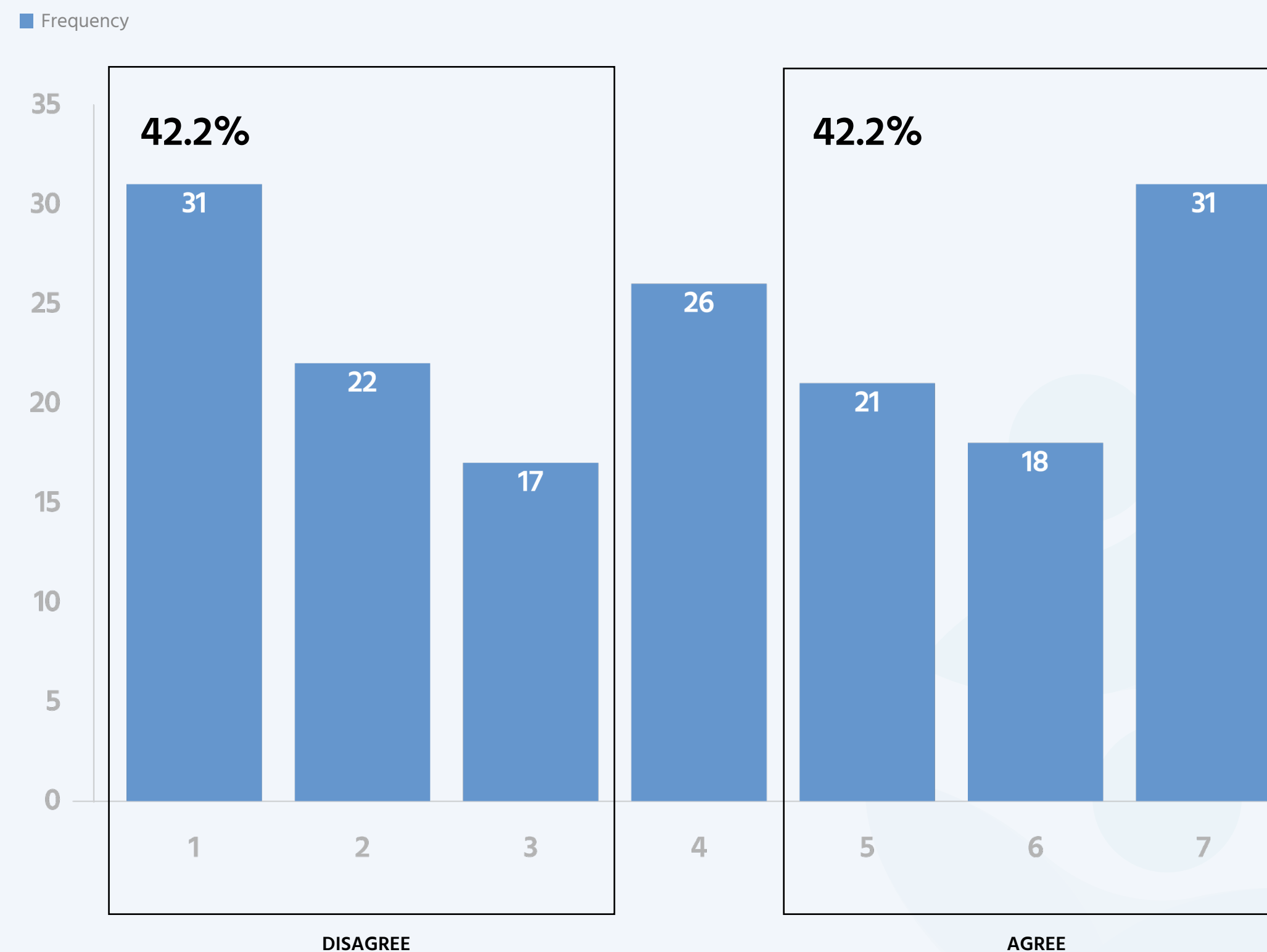


100 pilots (60.2%) and 109 ATCOs (66%) do not agree that enough time is allocated in today's aeromedical mental health assessment. Only 41 pilots (24.7%) and 32 ATCOs (19.4%) agree or completely agree that the time allocated in today's aeromedical mental health assessment is enough.

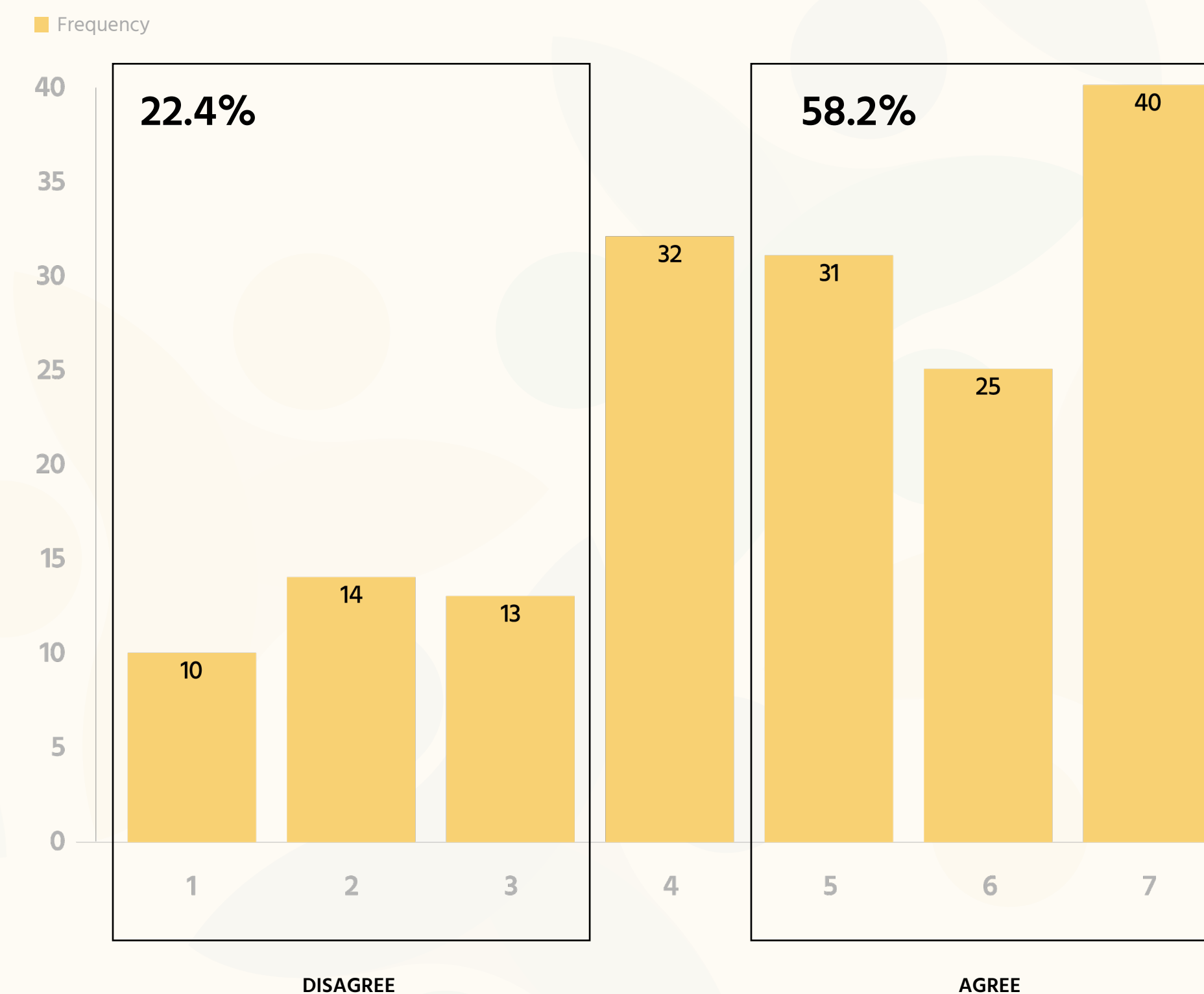
## Psychosocial history data collection

Do you agree that the aeromedical mental health assessment should include the applicant's psychosocial history data collection?

### PILOTS



### ATCOs

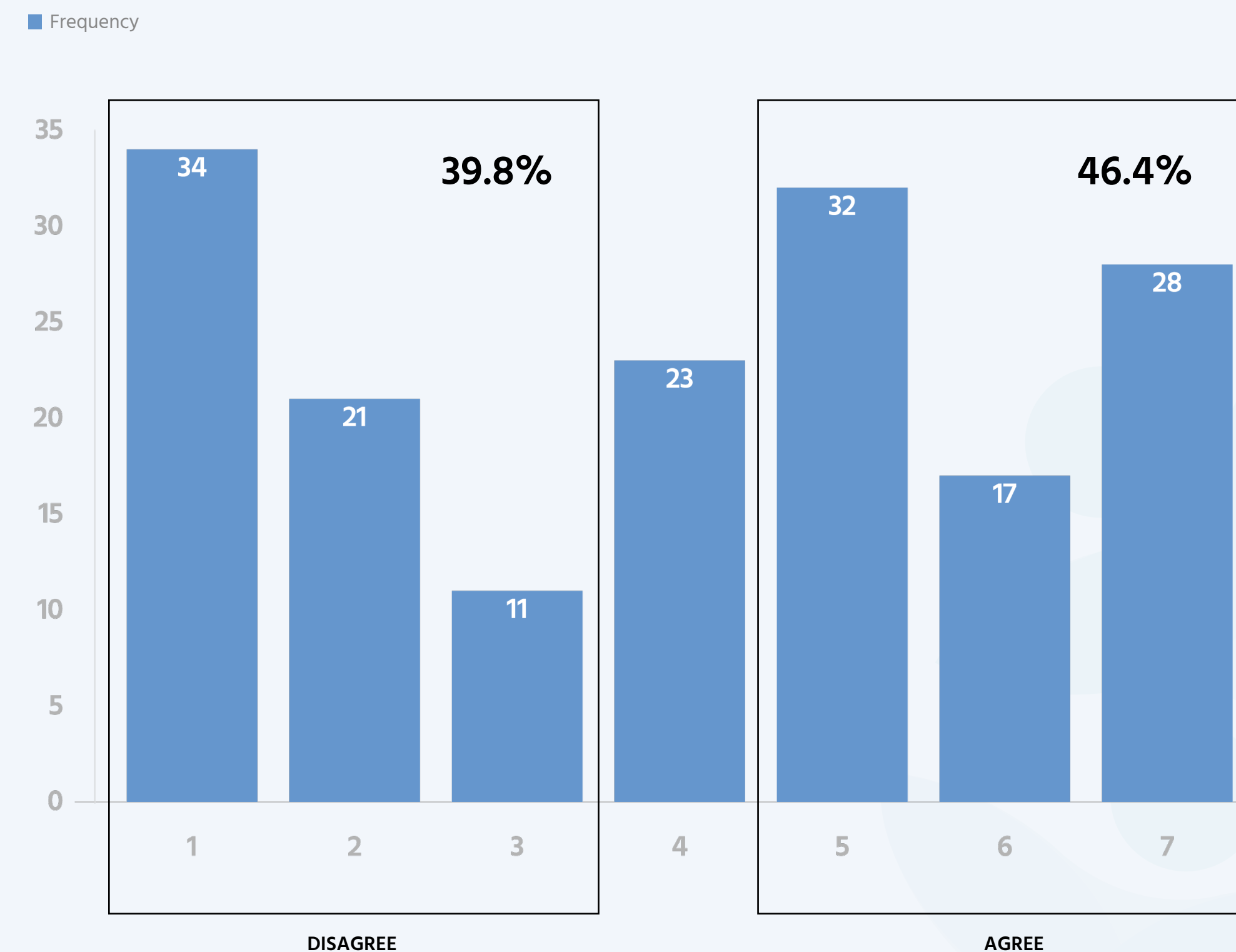


Less than half of the pilots (42.2%) and more than half of the ATCOs (58.2%) agree or completely agree that the aeromedical mental health assessment should include the applicant's psychosocial history data collection. A considerable percentage of pilots (42.2%) and ATCOs (22.4%) disagree or completely disagree that the aeromedical mental health assessment should include the applicant's psychosocial history data collection.

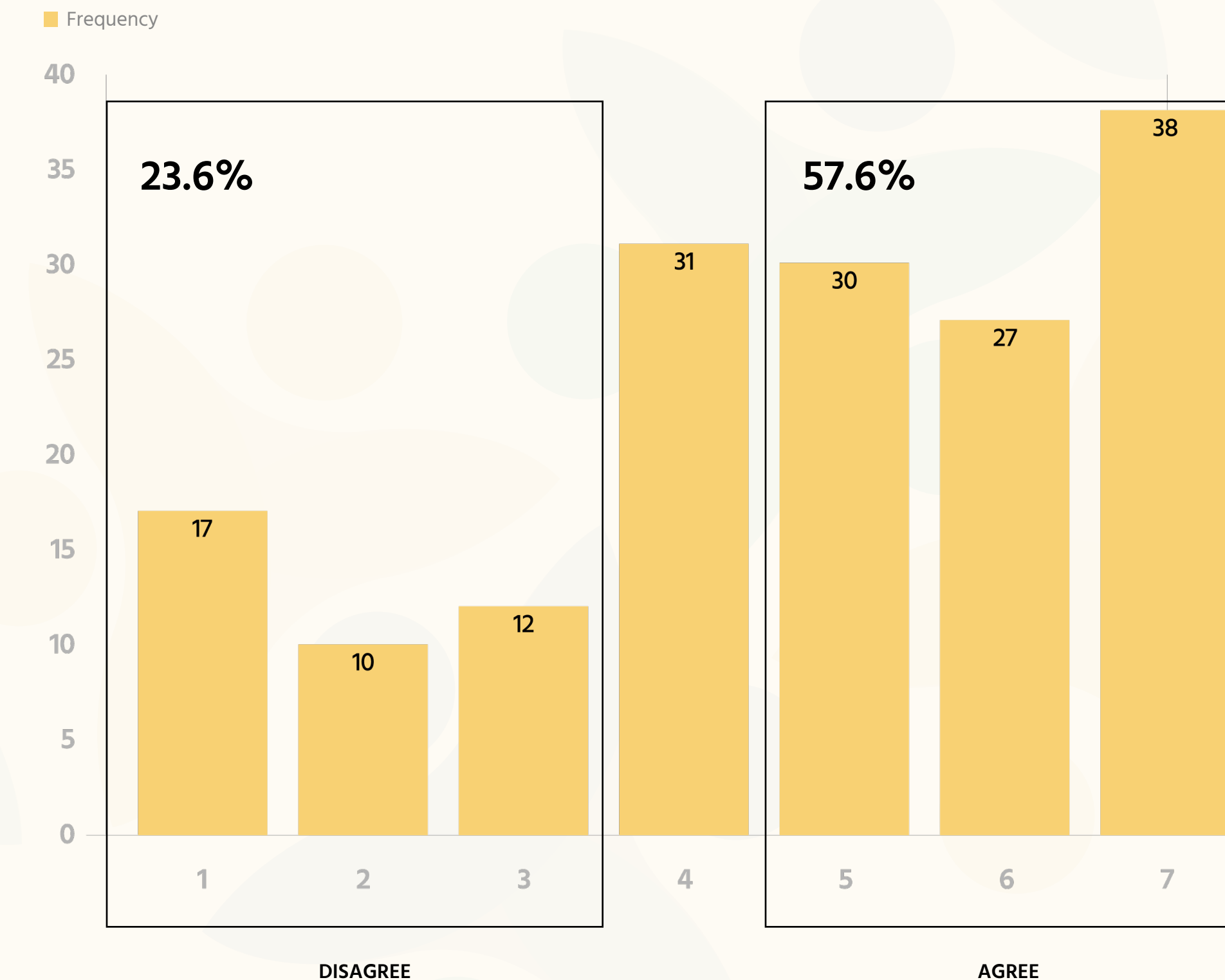
## Professional history data collection

Do you agree that the aeromedical mental health assessment should include the applicant's professional history data collection?

### PILOTS



### ATCOs



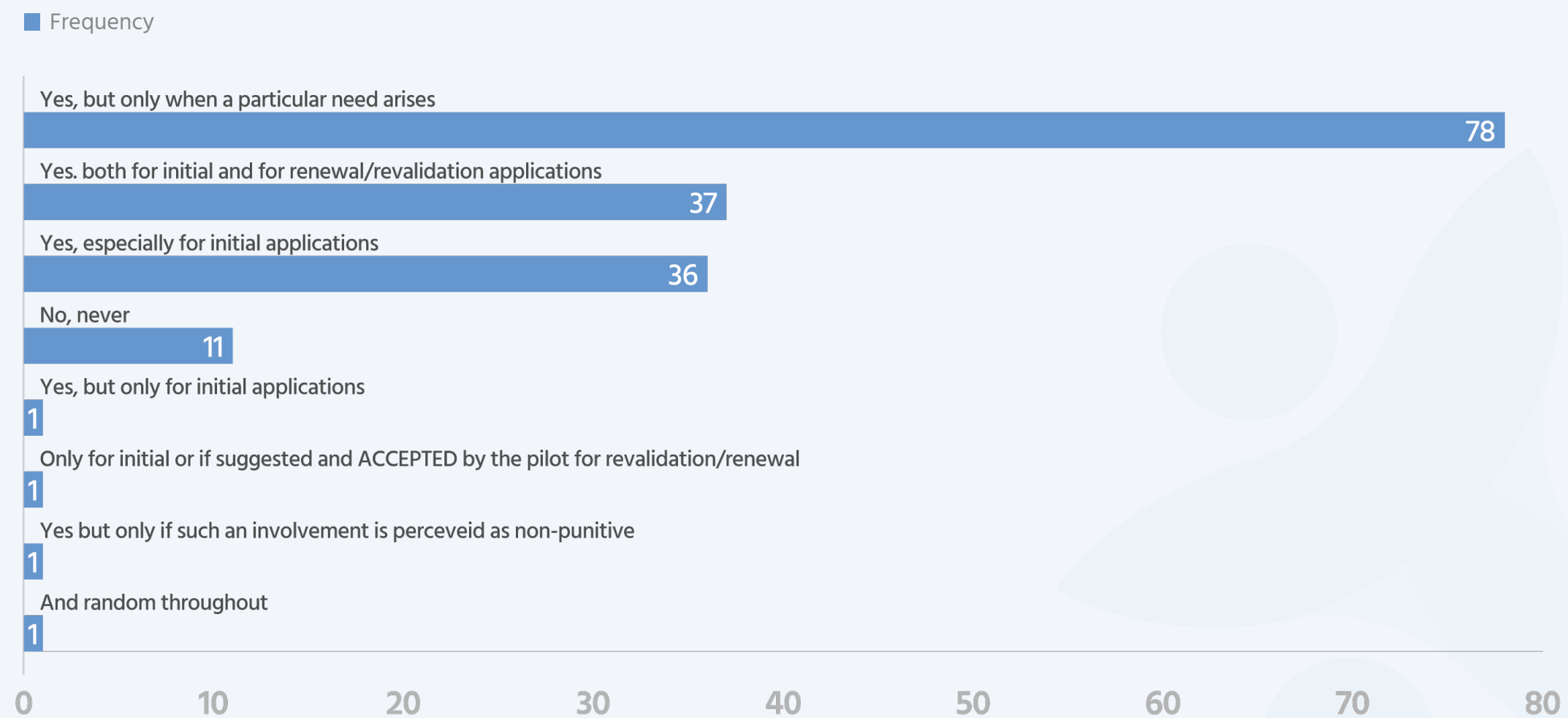
More than half of pilots (46.4%) and ATCOs (57.6%) agree or completely agree that the aeromedical mental health assessment should include the applicant's professional history data collection. However, a considerable percentage of pilots (39.8%) and ATCOs (23.6%) disagree or completely disagree that the aeromedical mental health assessment should include the applicant's professional history data collection.



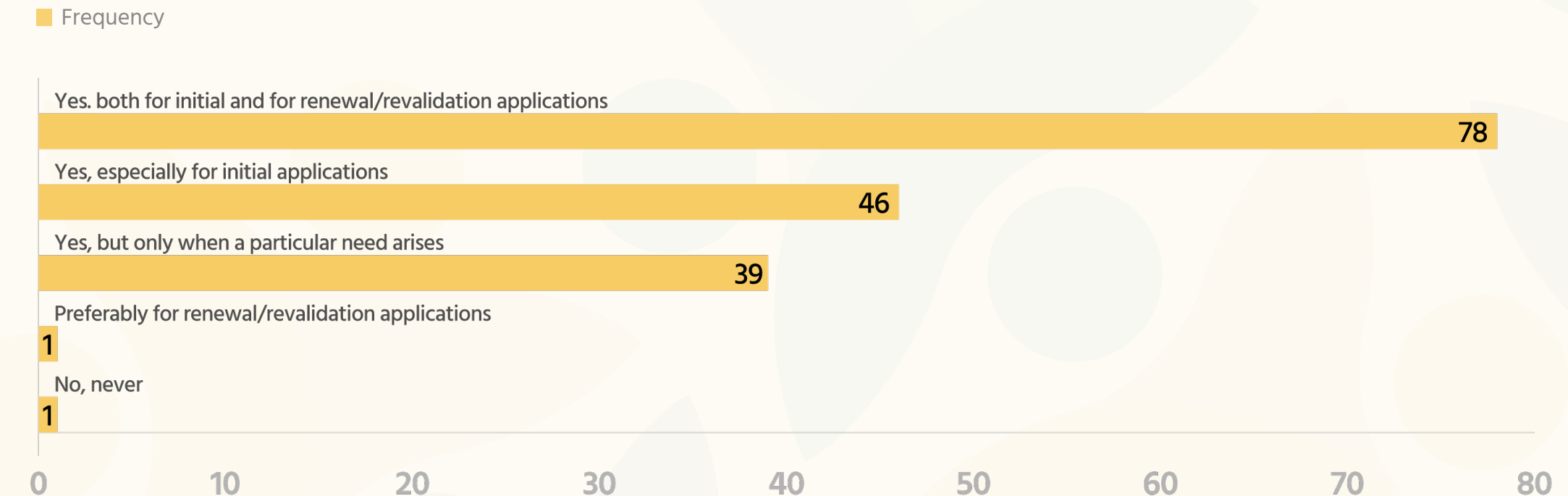
## Mental Health Specialist (MHS)

Should the aeromedical mental health assessment involve the MHS?

### PILOTS



### ATCOs

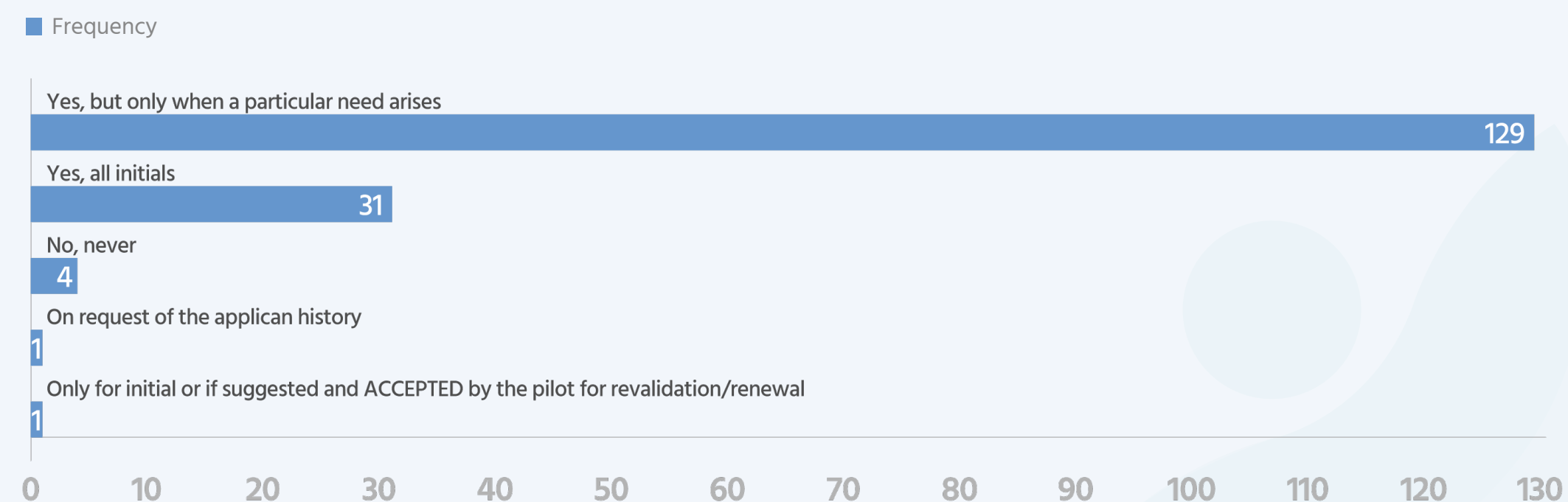


Only the 21.7% of pilots agree that a MHS should be involved in the aeromedical assessment of mental health, especially at initials. The 22.3% would involve the MHS both at initial and at renewal/revalidation applications, whilst the majority of pilots (47%) considers the MHS's involvement necessary only if a particular need arises. Differently, the majority of ATCOs (47.3%) would involve the MHS both at initial and at renewal/revalidation applications, whilst the 27.9% of ATCOs think that that the MHS should be involved in the aeromedical mental health assessment especially at initials. A little percentage of ATCOs (the 23.6%) considers the MHS's involvement necessary only when a particular need arises.

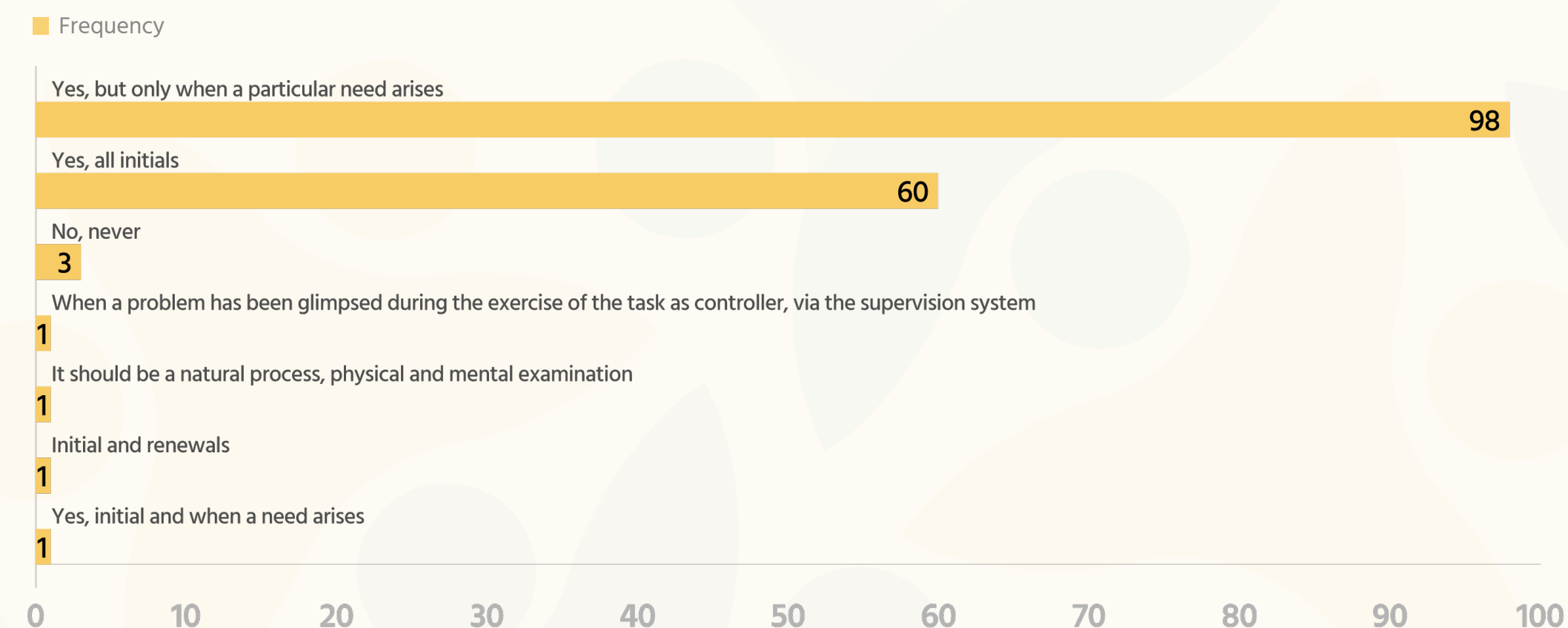
## Referral to the MHS

Should the AME refer the applicant to the MHS?

### PILOTS



### ATCOs



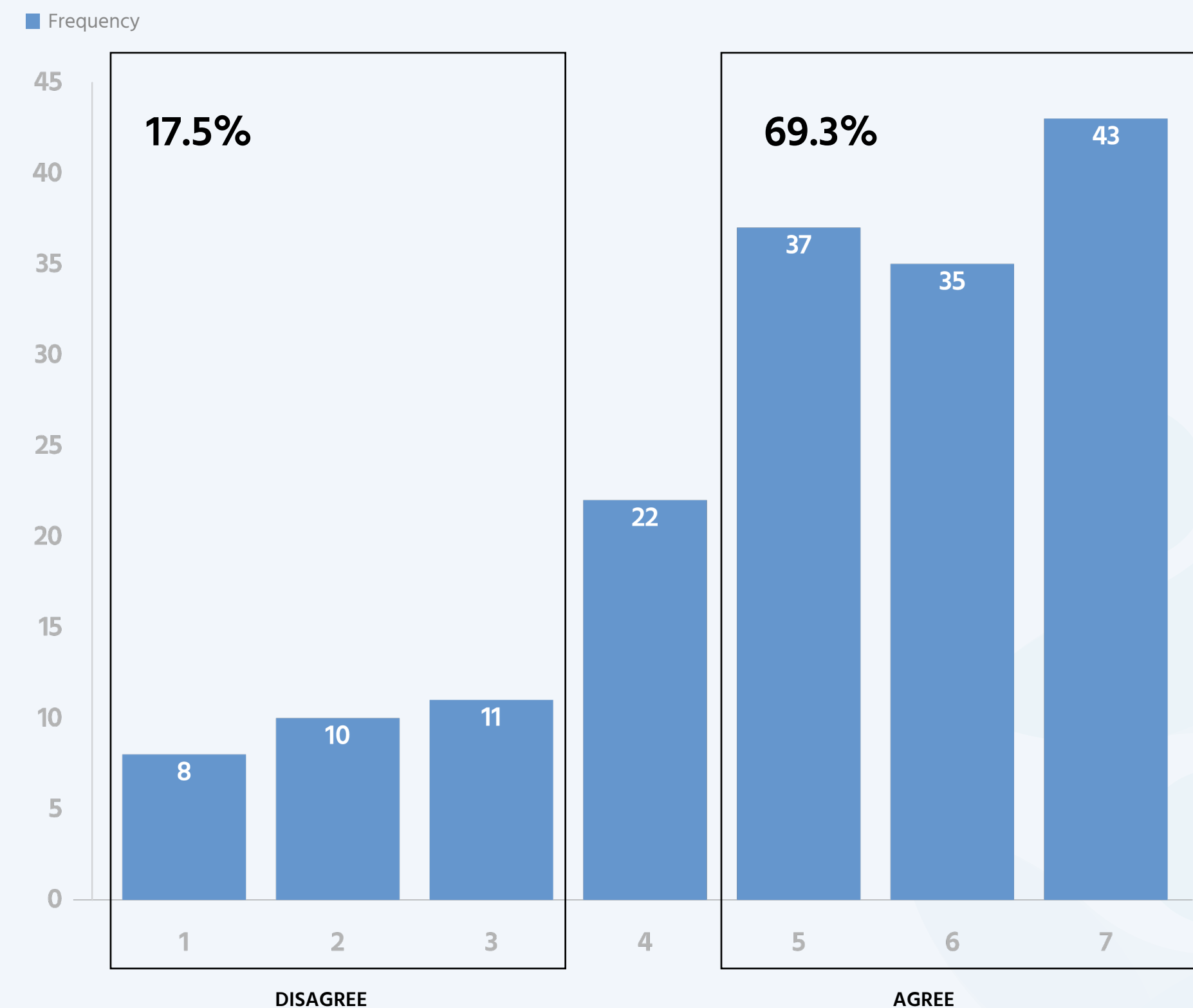
The majority of pilots (77.7%) think that the AME should refer the applicant to the MHS only if a particular need arises. A little percentage of pilots (the 18.7%) think that the AME should refer the applicant to the MHS at all initials, while only few pilots (the 2.4%) think that the referral to the MHS should be never prescribed.

Similarly, the majority of ATCOs (59.4%) think that the AME should refer the applicant to the MHS only if a particular need arises. A considerable percentage of ATCOs (the 36.4%) think that the AME should refer the applicant to the MHS at all initials, while only few ATCOs (the 1.8%) think that the referral to the MHS should be never prescribed.

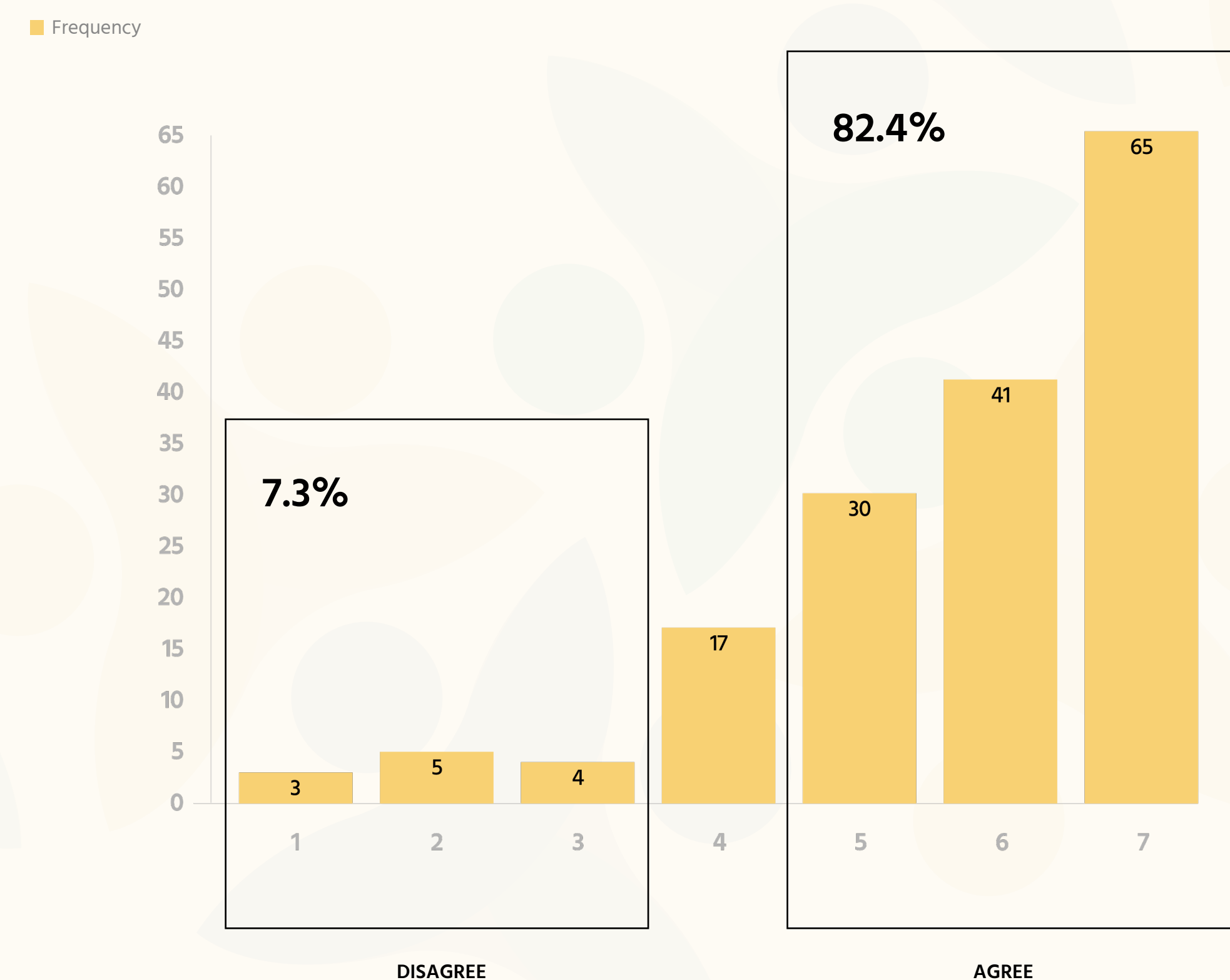
## AME – MHS cooperation

Do you agree that a close AME – MHS cooperation can improve the effectiveness of the aeromedical mental health assessment?

### PILOTS



### ATCOs



The majority of pilots (69.3%) and ATCOs (82.4%) agree or completely agree that a close AME – MHS cooperation would improve the effectiveness of the aeromedical MH assessment. Only few pilots (17.5%) and very few ATCOs (7.3%) disagree or completely disagree with this.

# **SECTION 3: MENTAL INCAPACITATION RISK MANAGEMENT AT OPERATIONAL LEVEL**

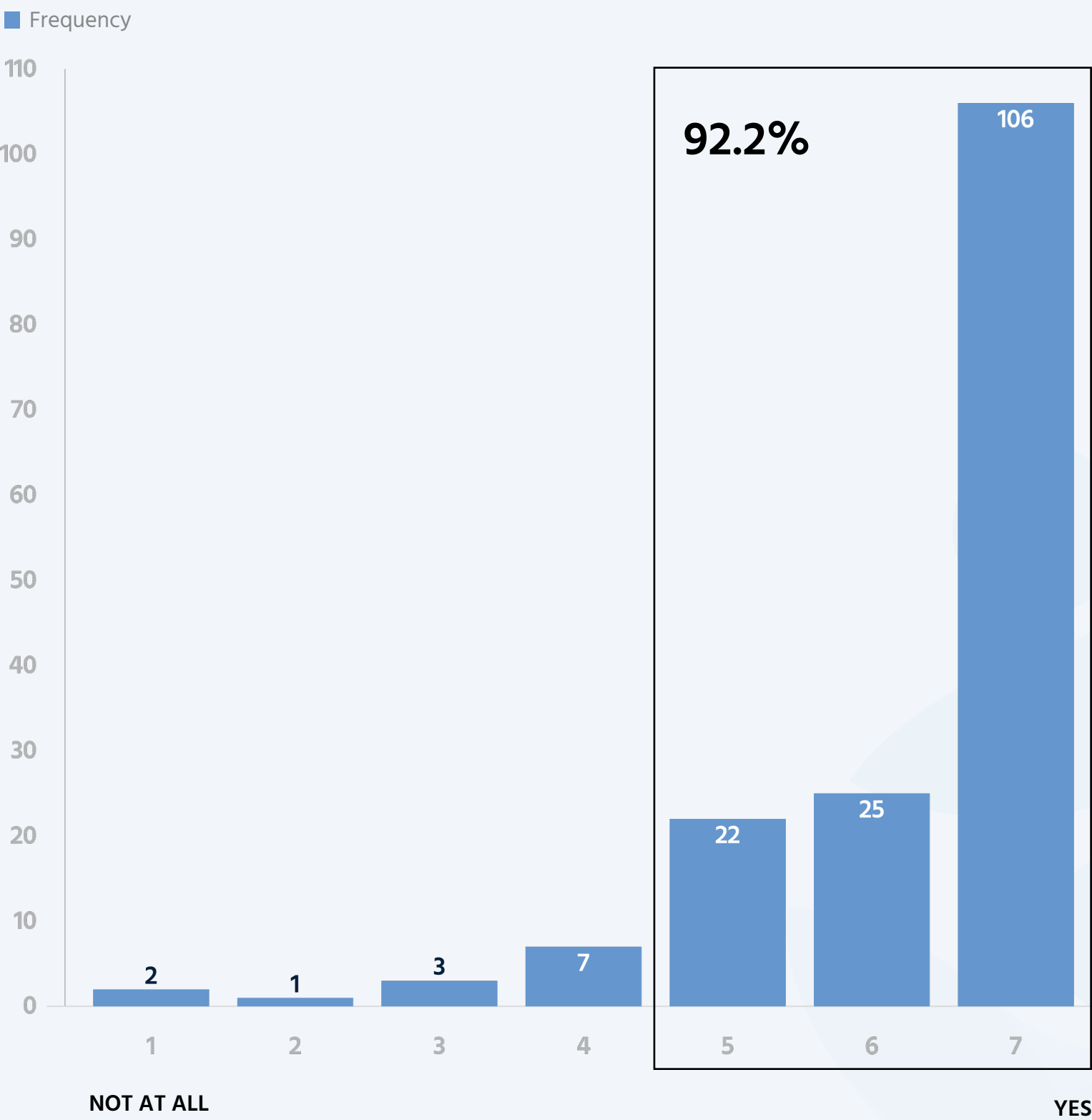




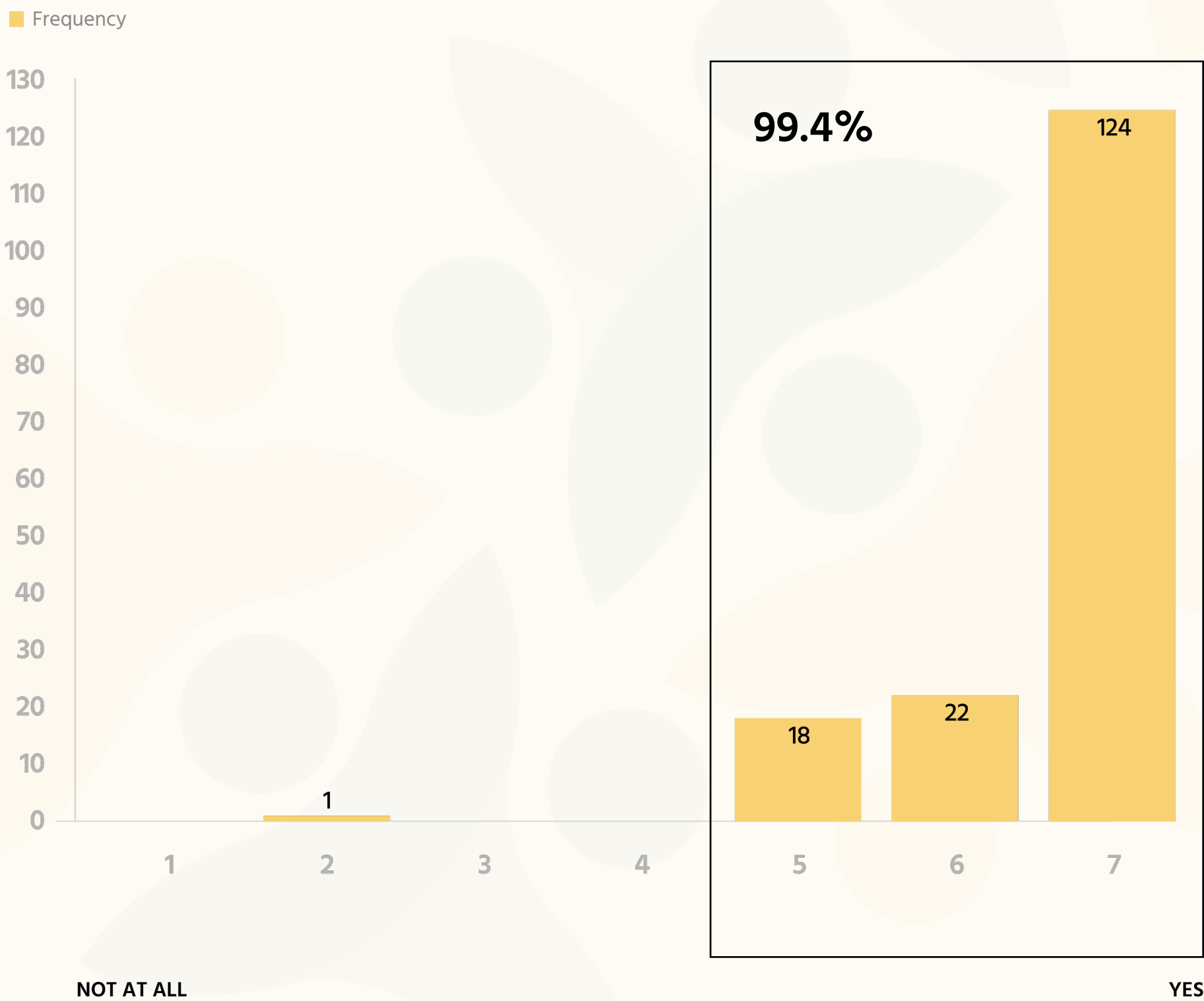
Mental health and safety

Can mental health issues have an impact on the safety of operations?

PILOTS



ATCOs

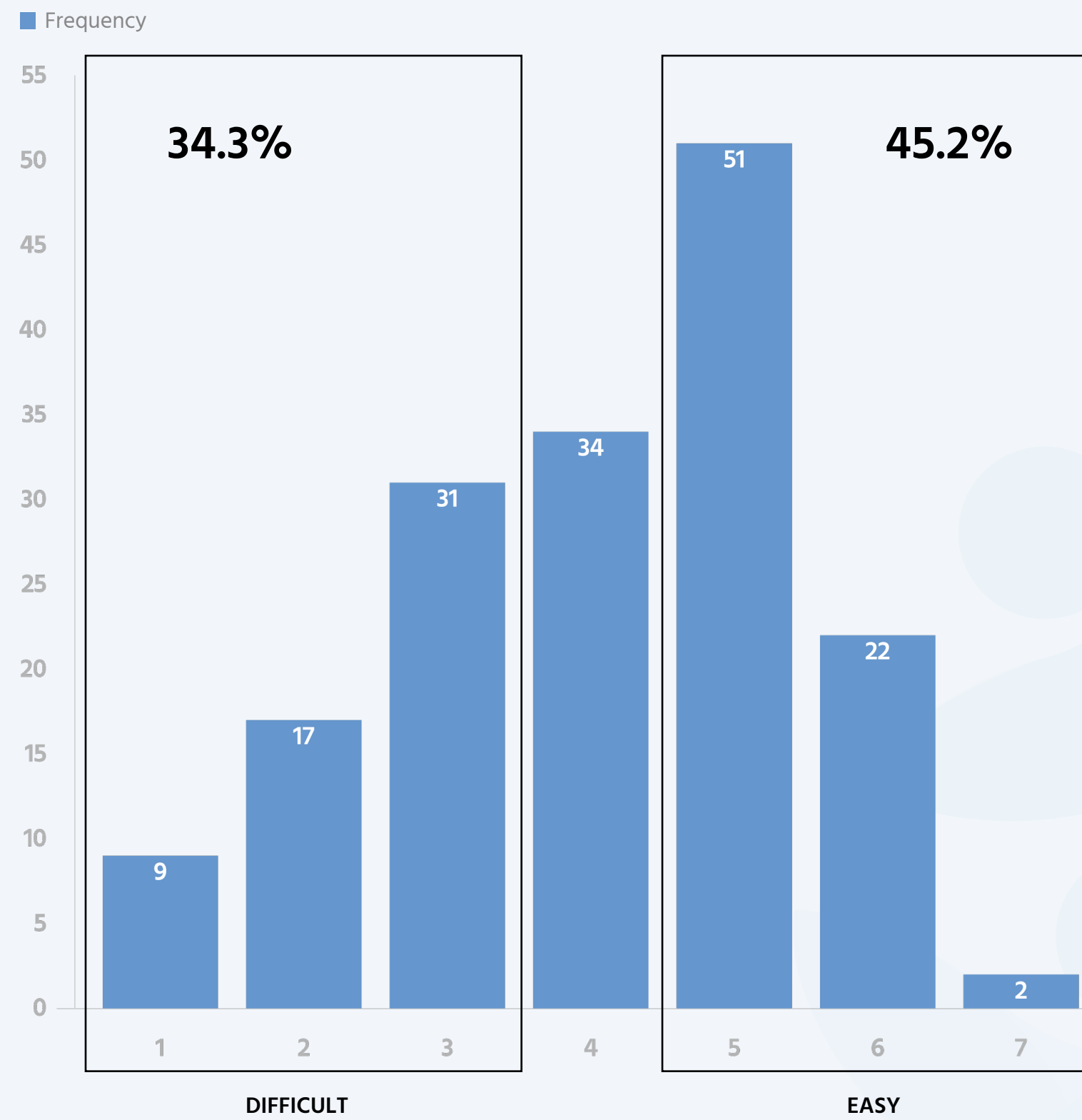


Almost all pilots (92.2%) and ATCOs (99.4%) agree that mental health issues can have an impact on the safety of operations.

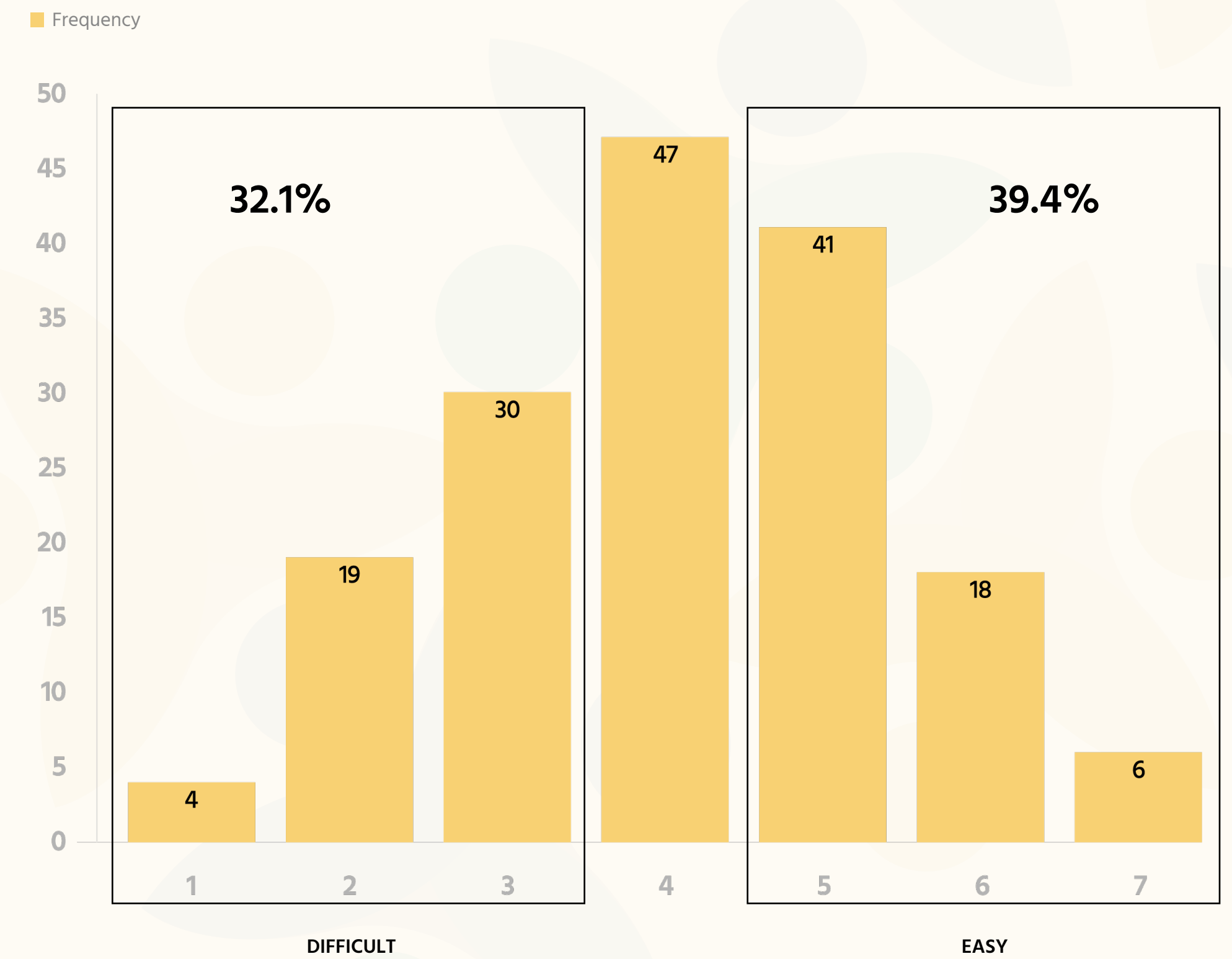
## Mental discomfort signals detection

How easy is detecting signs of mental discomfort in yourself?

### PILOTS



### ATCOs

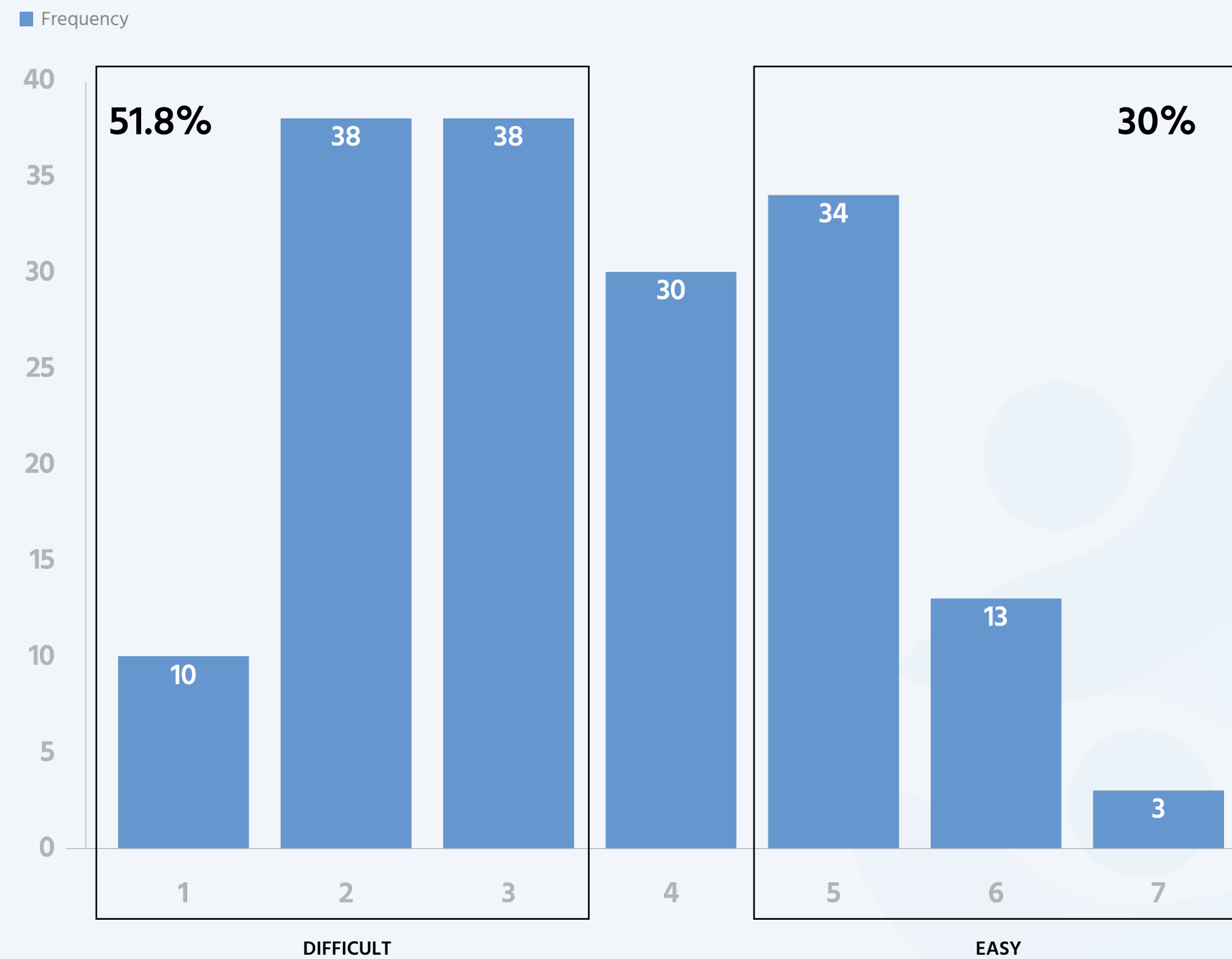


A considerable percentage of pilots (34.3%) and ATCOs (32.1%) find detecting signs and symptoms of mental discomfort in themselves difficult. Less than half of pilots (45.2%) and ATCOs (39.4%) find it easy.

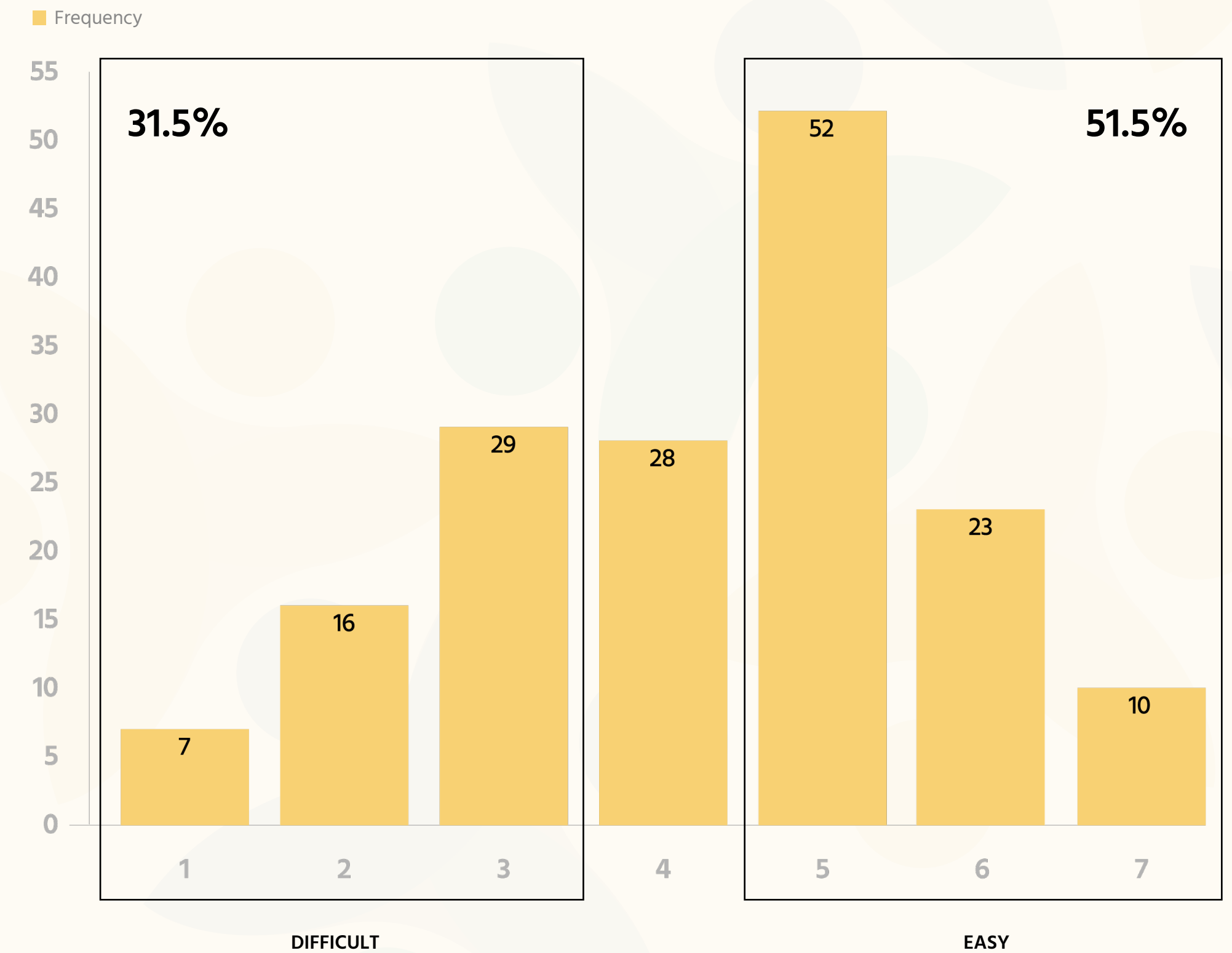
## Mental discomfort signals detection

How easy is detecting signs and symptoms of mental discomfort in colleagues?

### PILOTS



### ATCOs

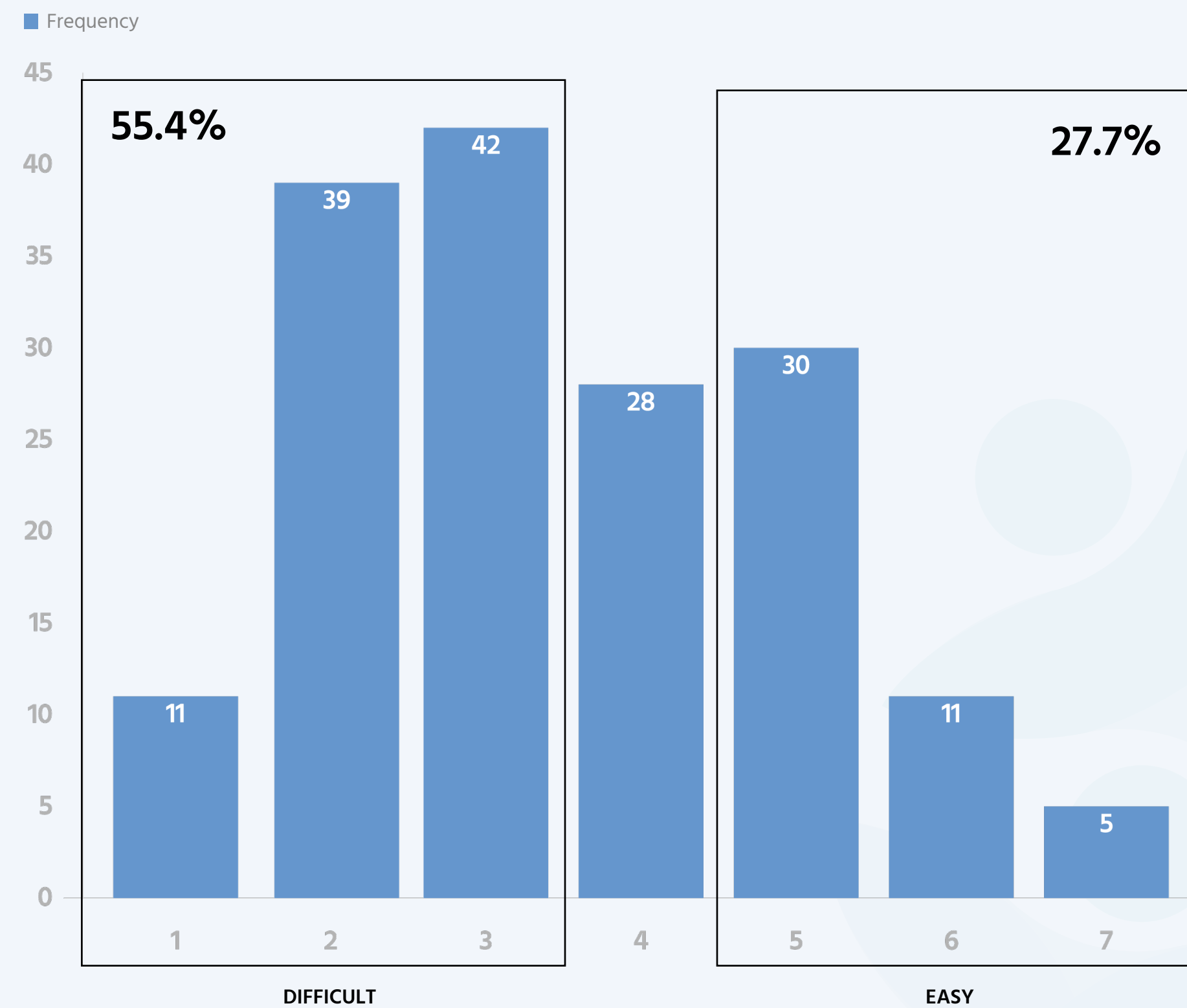


More than half of the pilots (51.8%) find detecting signs and symptoms of mental discomfort in colleagues difficult. Less than half of the pilots (30%) find it easy. On the contrary, more than half of the ATCOs (51.5%) find detecting signs and symptoms of mental discomfort in colleagues easy, whilst a considerable percentage (31.5%) finds it difficult.

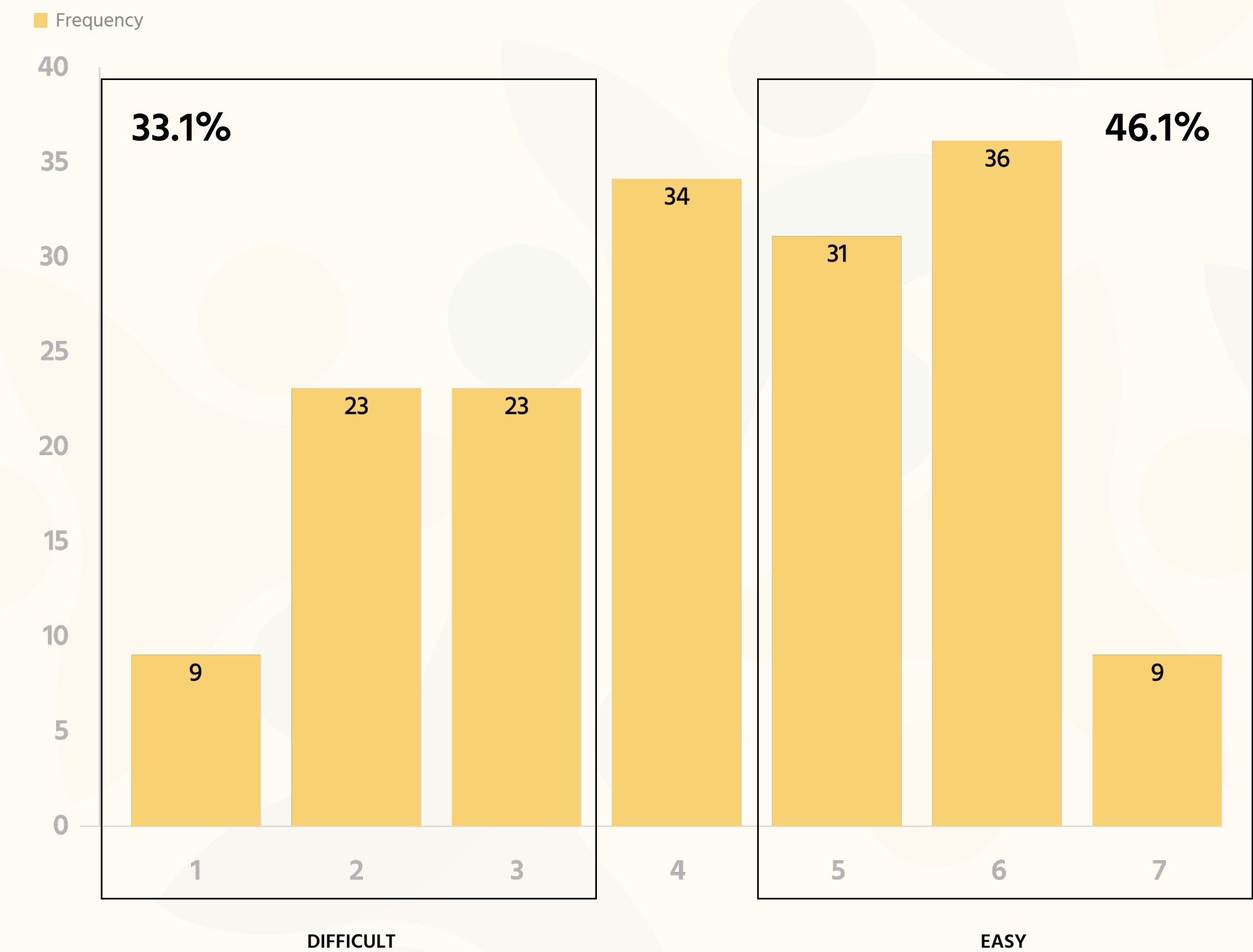
## Detect signs and symptoms of psychoactive substances abuse in colleagues

How easy is detecting signs and symptoms of psychoactive substances abuse in colleagues?

### PILOTS



### ATCOs



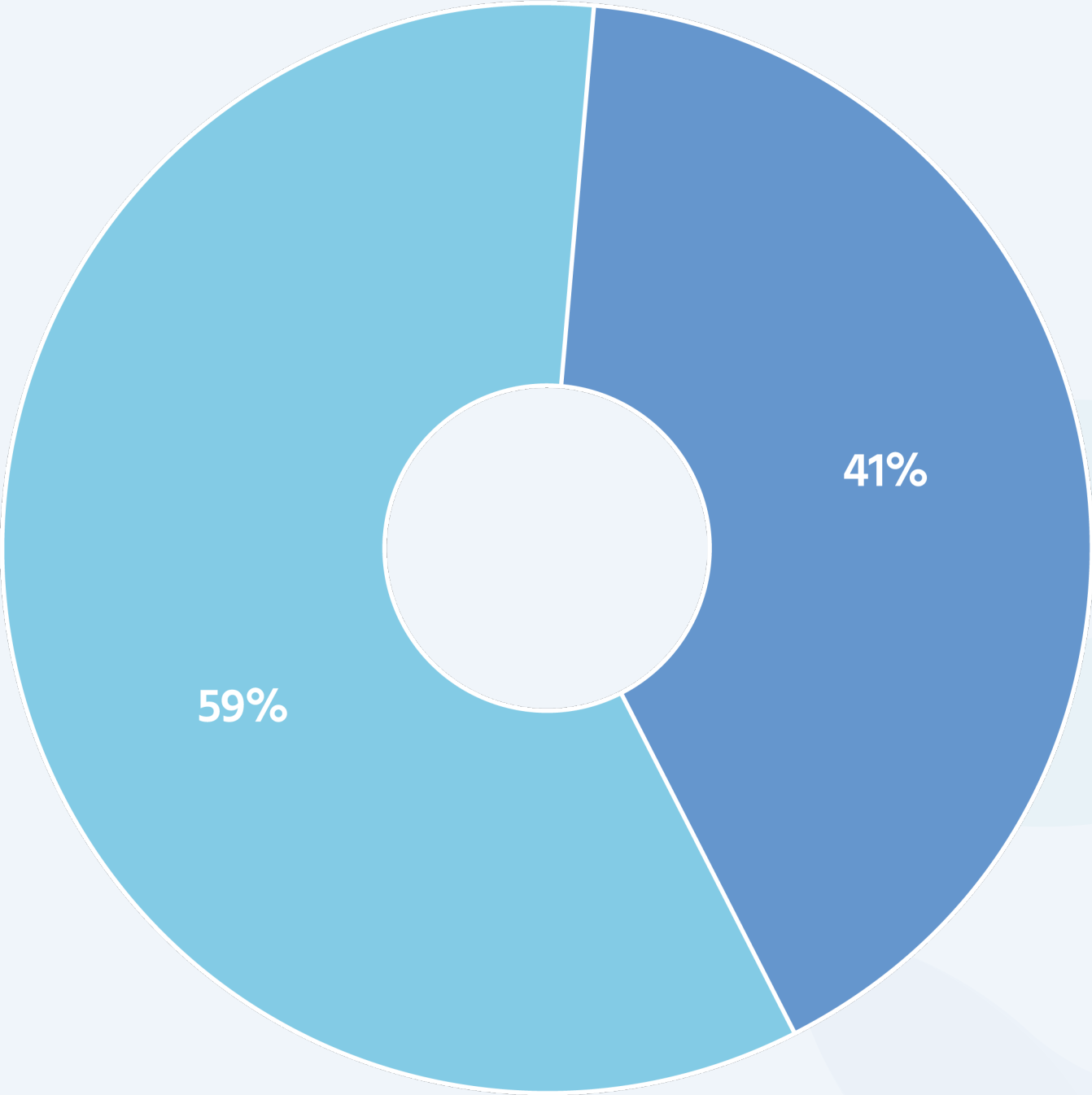
The majority of pilots (55.4%) find detecting signs and symptoms of alcohol, drugs and other psychoactive substances abuse in colleagues difficult. Only the 27.7% of pilots find it easy. On the contrary, the majority of ATCOs (46.1%) find detecting signs and symptoms of alcohol, drugs and other psychoactive substances abuse in colleagues easy. Only the 33.3% finds it difficult.

Taking actions for mental health and safety

Do you take any action when a colleague shows signs and symptoms of stress potentially impacting operational safety?

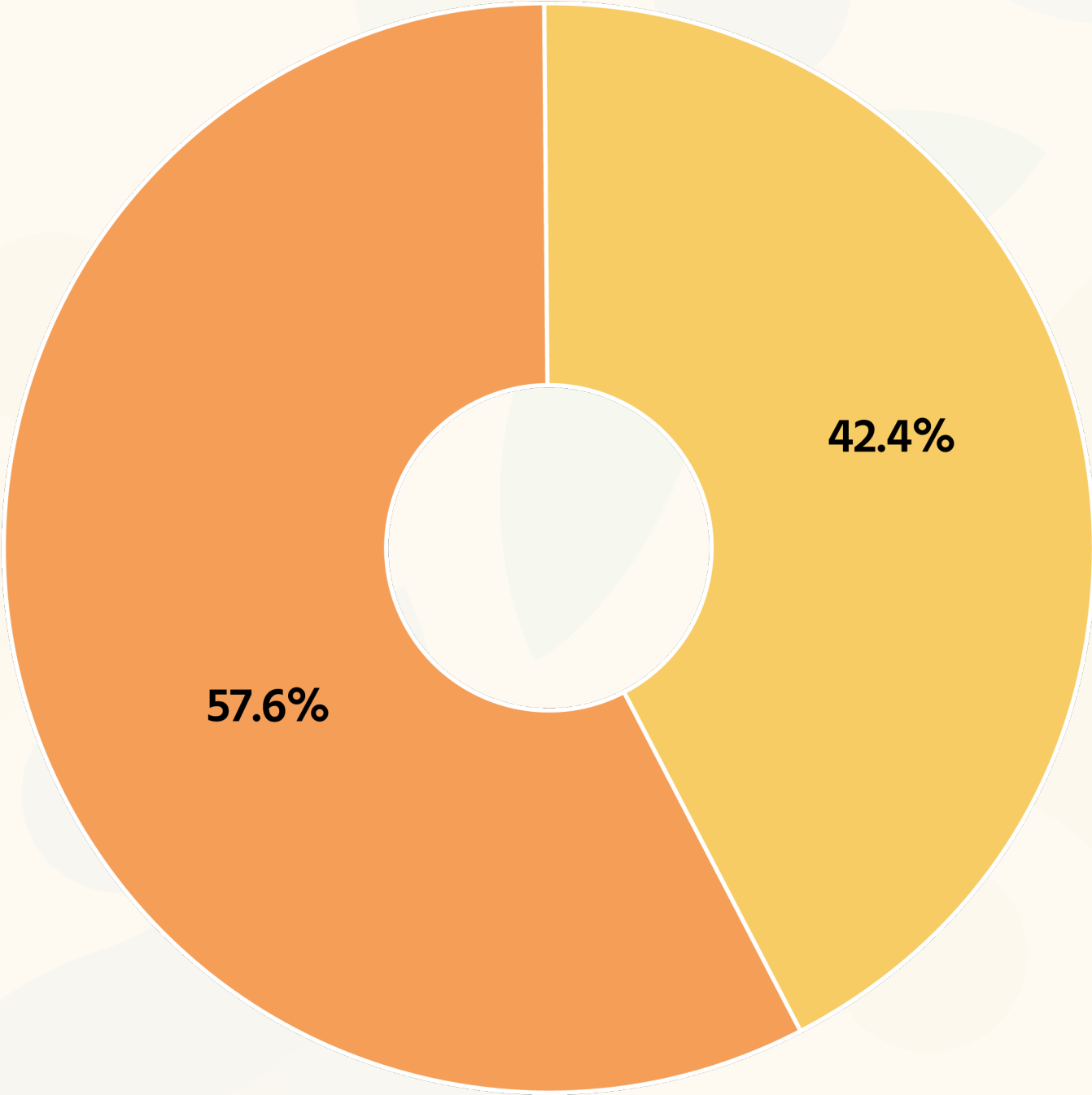
PILOTS

■ Yes  
■ No



ATCOs

■ Yes  
■ No



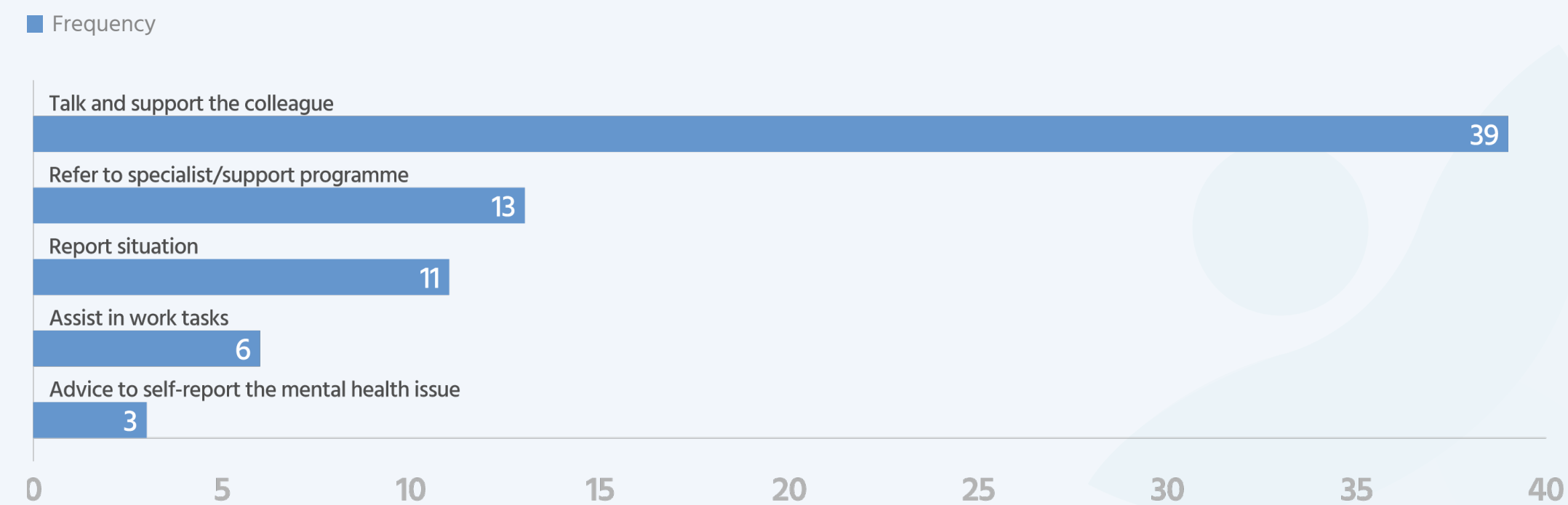
Less than half of pilots (41%) and ATCOs (42.4%) take actions when a colleague shows signs and symptoms of stress potentially impacting operational safety.



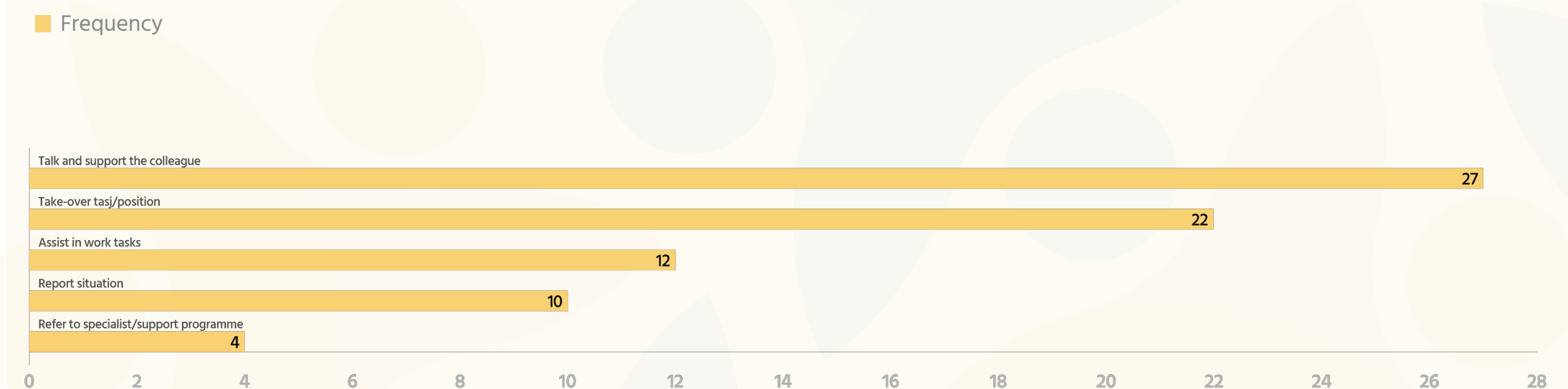
## Taking actions for mental health and safety

If yes, what actions do you take?

### PILOTS



### ATCOs



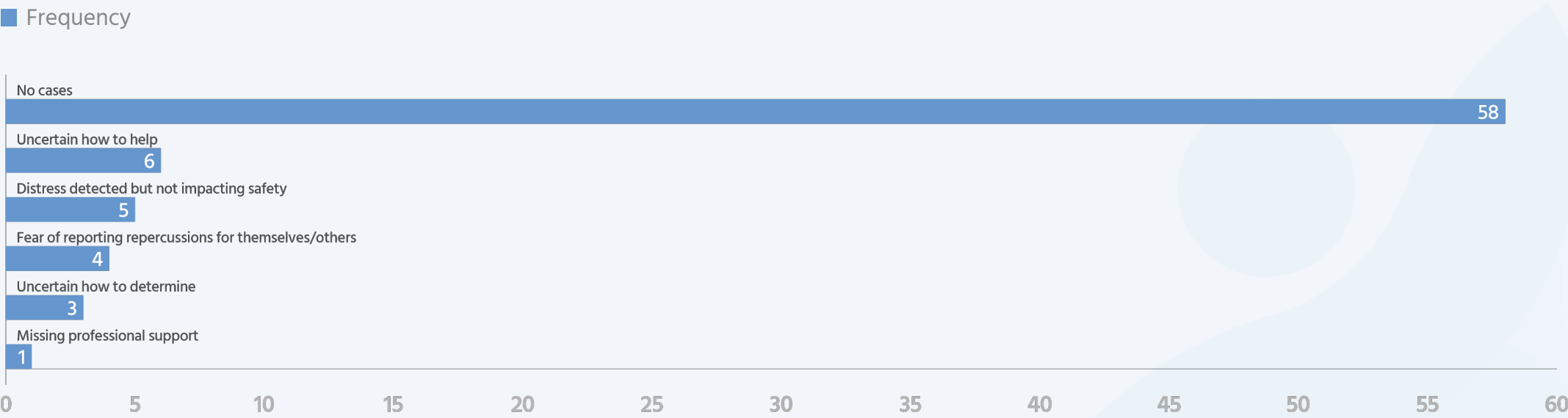
Pilots report to “talk and support the colleague” (N=39; 54.2%), to “Refer to specialist/support programme” (N=13; 18%), to “Report situation” (N=11; 15.3%), to “Assist in work tasks” (N=6; 8.3%), and to “Advice to self-report the mental health issue” (N=3; 4.2%).

ATCOs report to “talk and support the colleague” (N=27; 36%), to “take-over tasks/position” (N=22; 29.4%), to “Assist in work tasks” (N=12; 16%), to “Report situation” (N=10; 13.3%); and to “Refer to specialist/support programme” (N=4; 5.3%)

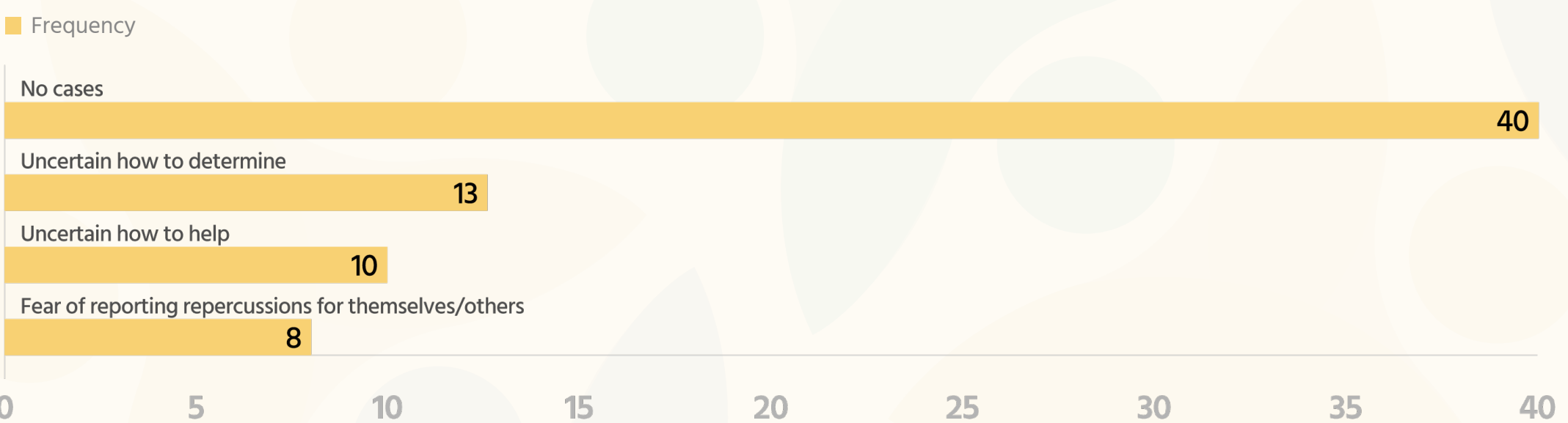
Taking actions for mental health and safety

If no, why?

PILOTS



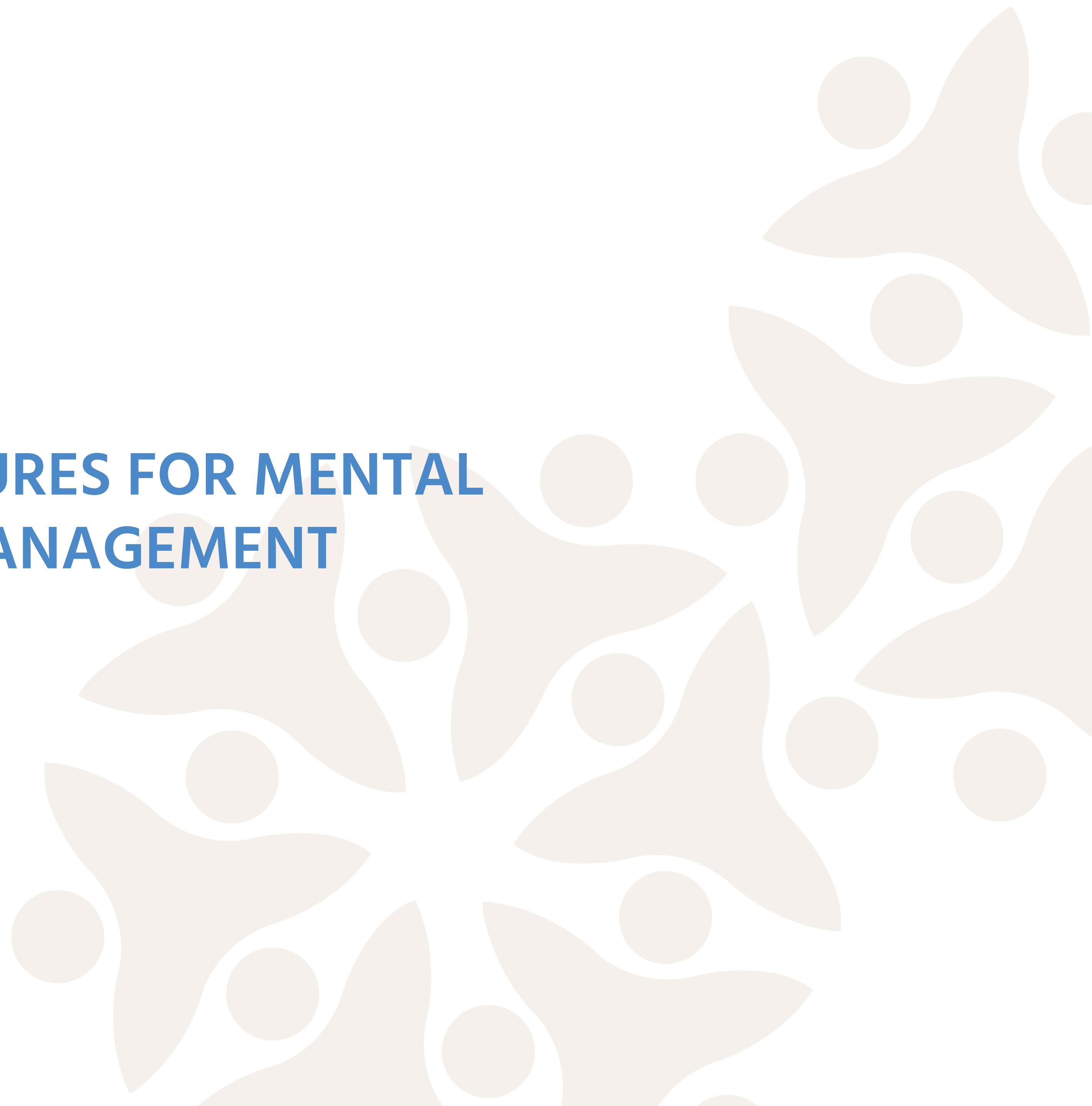
ATCOs



58 pilots (75.3%) report that there were “No cases” for which actions had to be taken or they were “uncertain how to help” (N=6; 7.8%), “uncertain how to determine” (N=3; 3.9%), “fear of reporting repercussions for themselves/others” (N=4; 5.2%) or because the “distress was detected but not impacting safety” (N=5; 6.5%). 1 pilot (1.3%) reported that there was a “Missing professional support”.

40 ATCOs (56.3%) report that there were “No cases” for which actions had to be taken, or they were “uncertain how to help” (N=10; 14.1%), “uncertain how to determine” (N=13; 18.3%) or “fear of reporting due to potential repercussions for themselves/others” (N=8; 11.3%).

# **SECTION 4: ORGANISATIONAL MEASURES FOR MENTAL INCAPACITATION RISK MANAGEMENT**

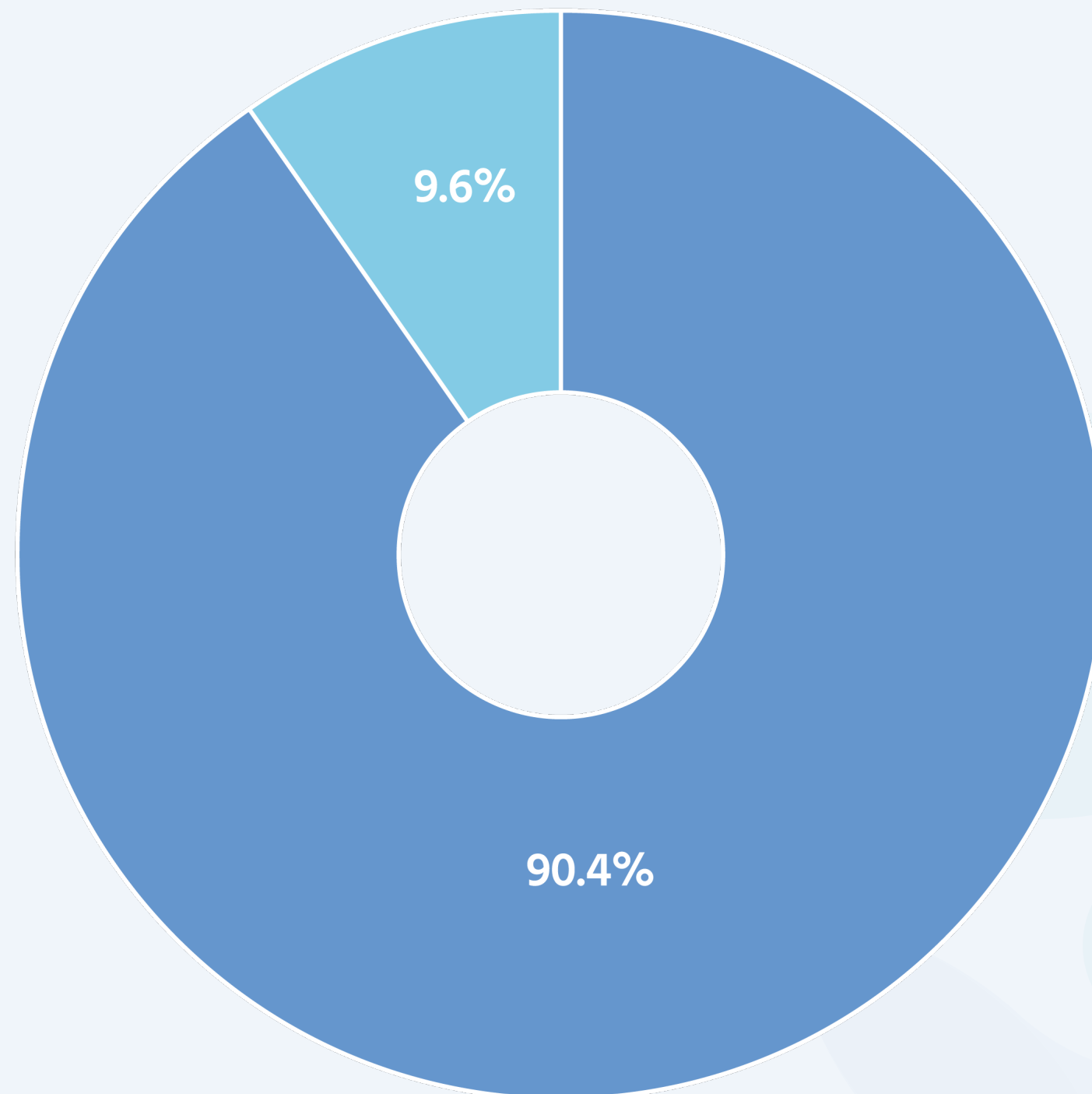


## Peer Support Programmes (PSP)

Do you know what Peer Support Programmes (PSP) are?

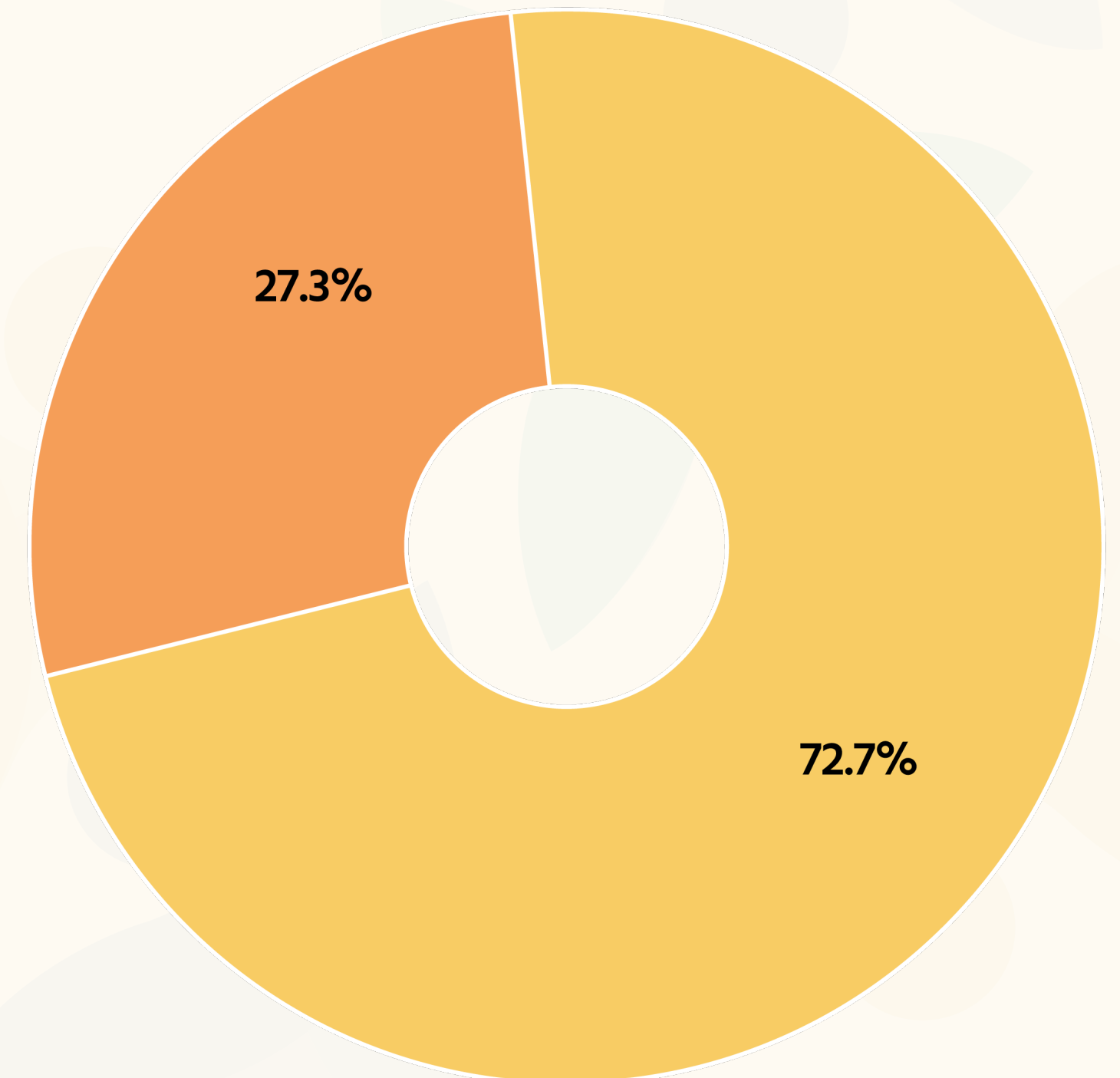
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No



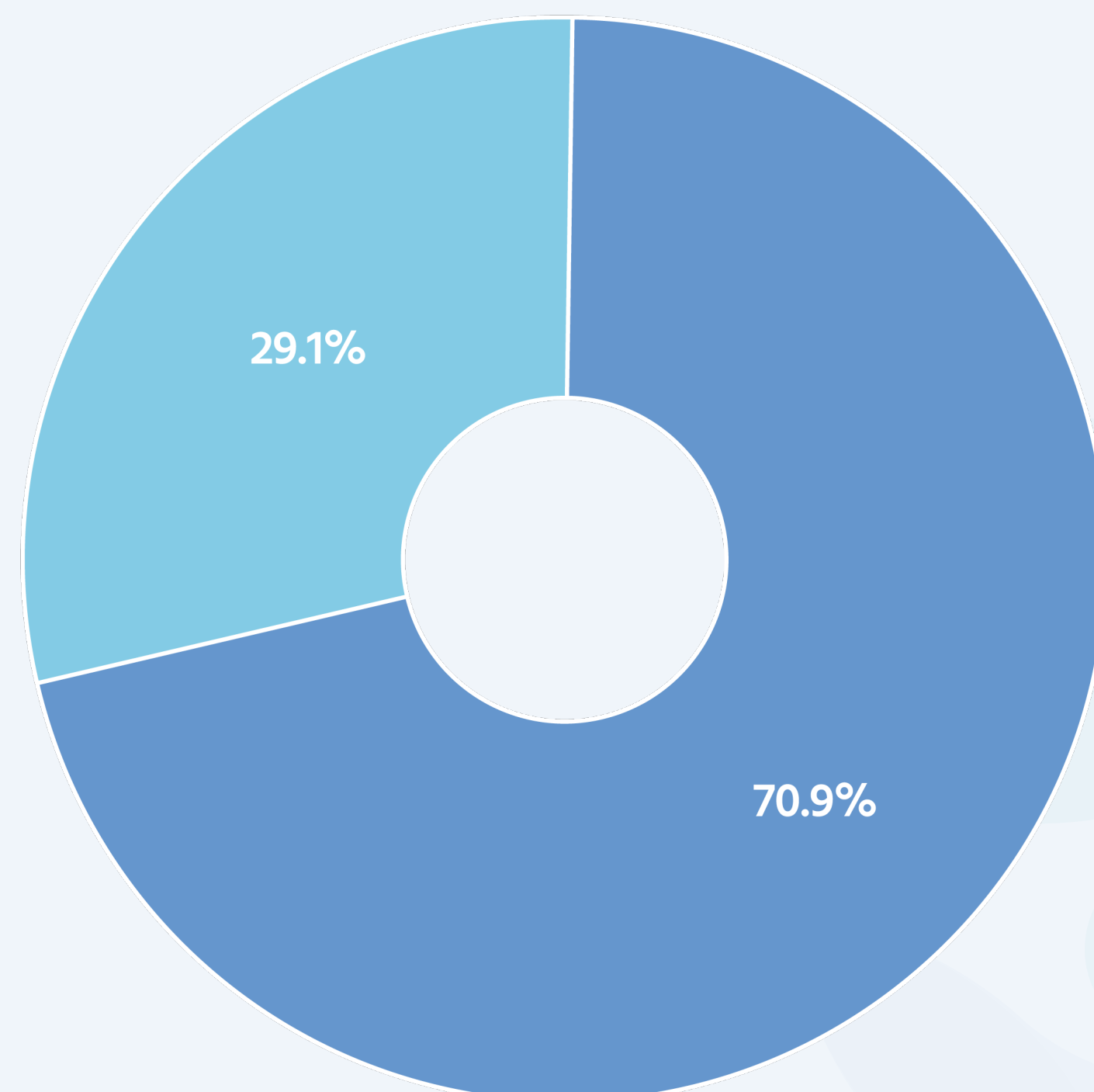
The majority of pilots (90.4%) and ATCOs (72.7%) are aware of what Peer Support Programmes are.

## Experience with the PSP

Do you think that PSP are effective to mitigate pilots' / ATCOs' stress?

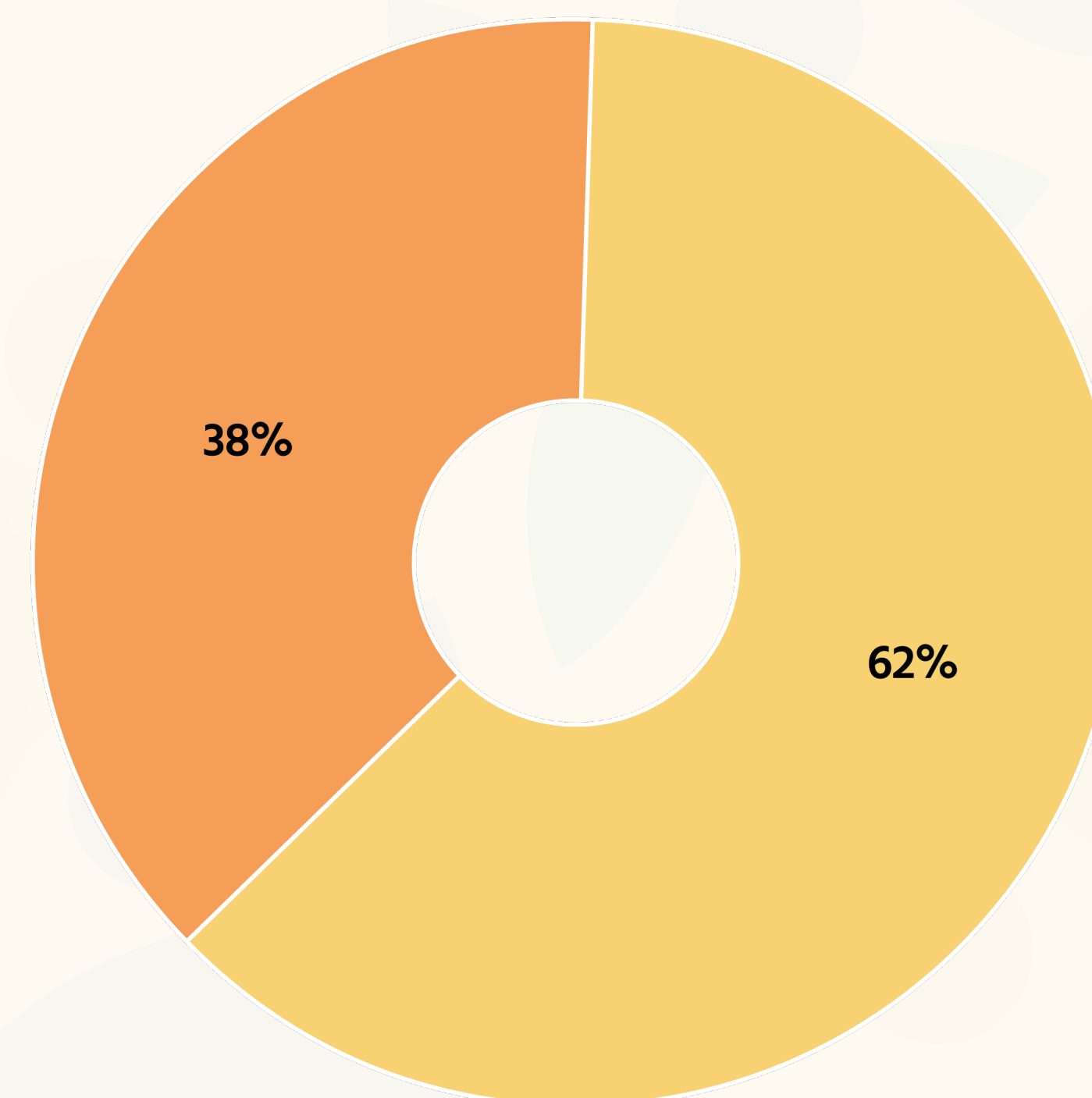
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No



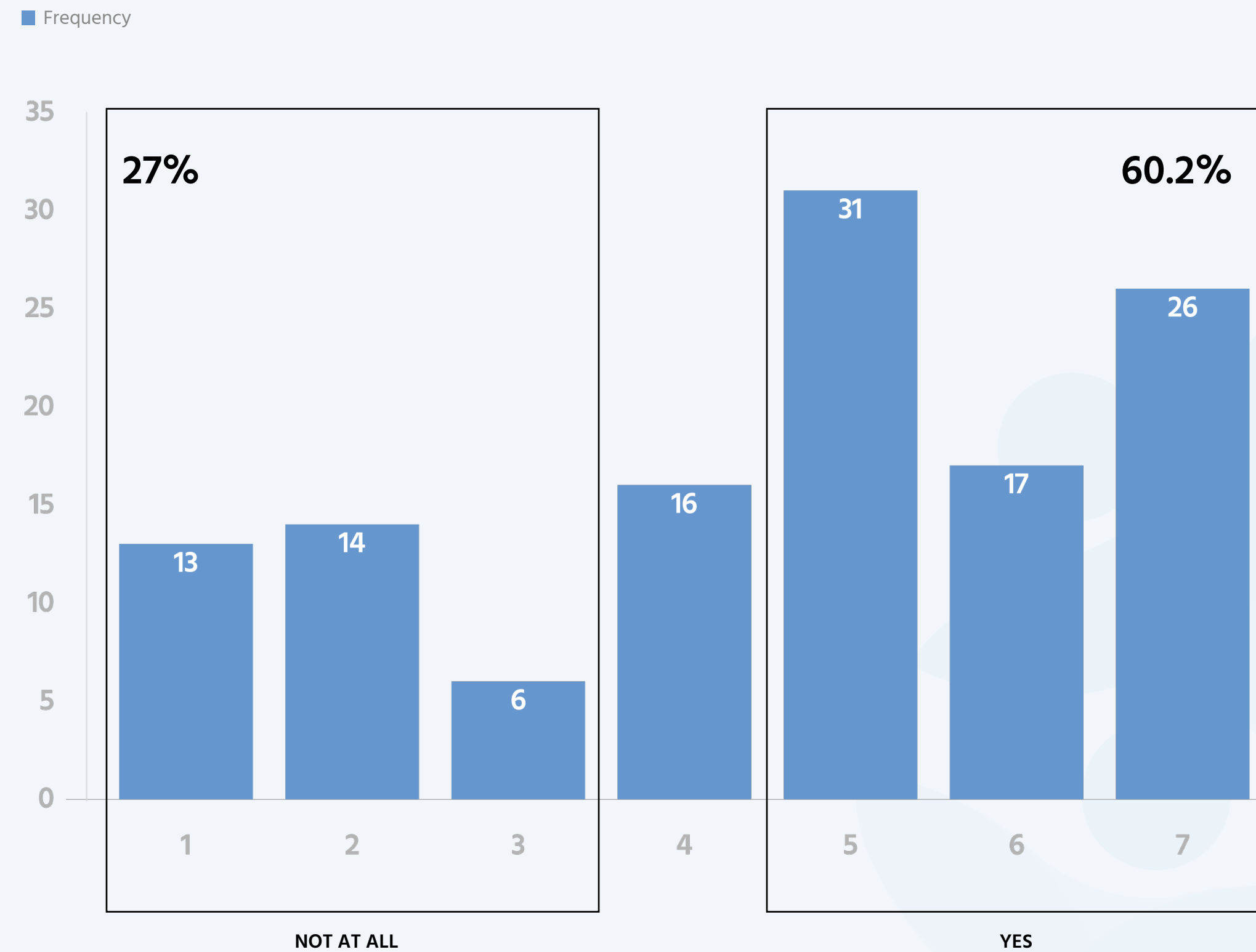
The majority of pilots (70.9%) and ATCOs (62%) think that PSP are effective to mitigate stress.



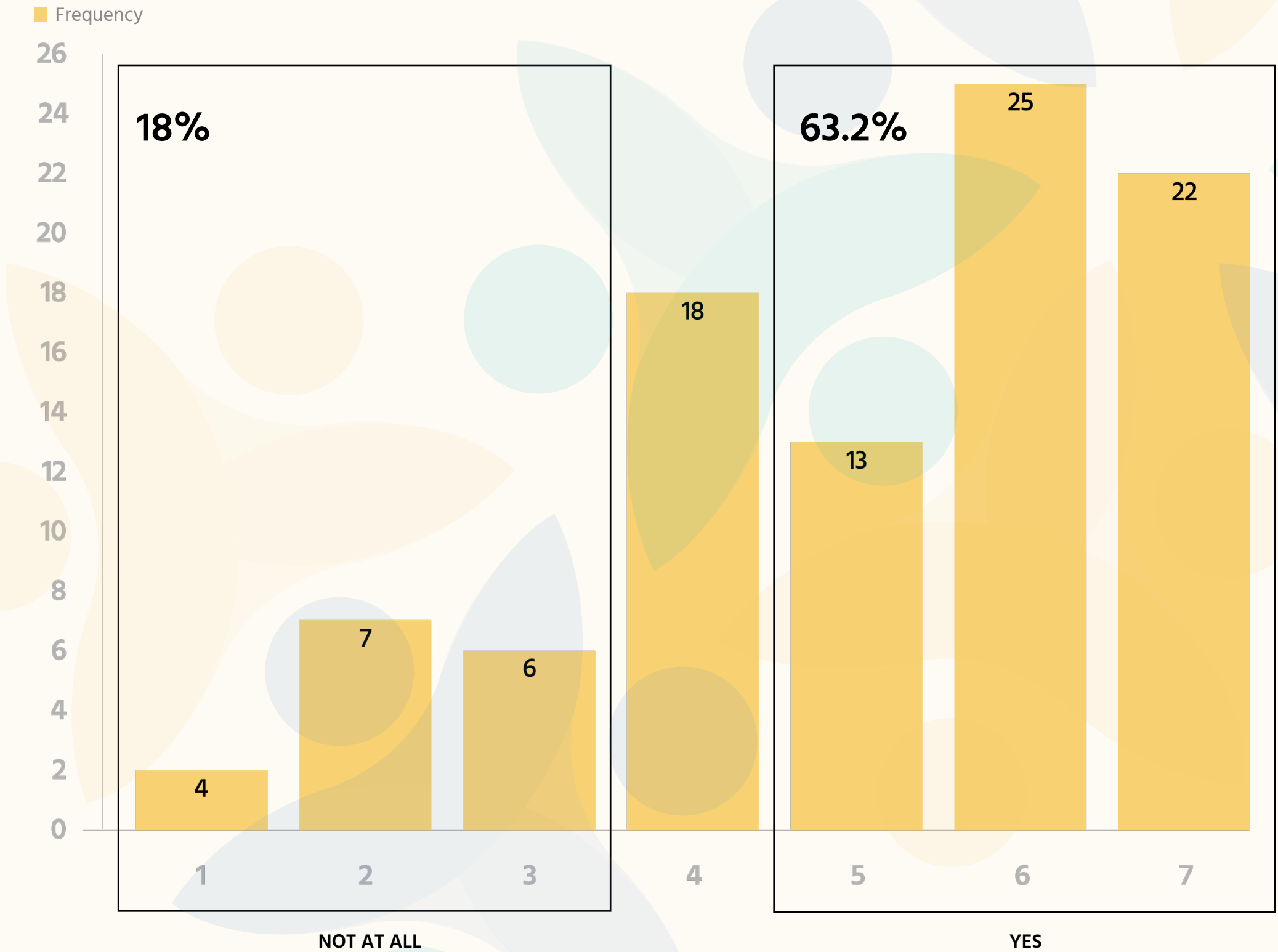
## AME – PSP cooperation

Do you think a close AME – PSP cooperation would help mitigate the safety risks related with mental health issues?

### PILOTS



### ATCOs



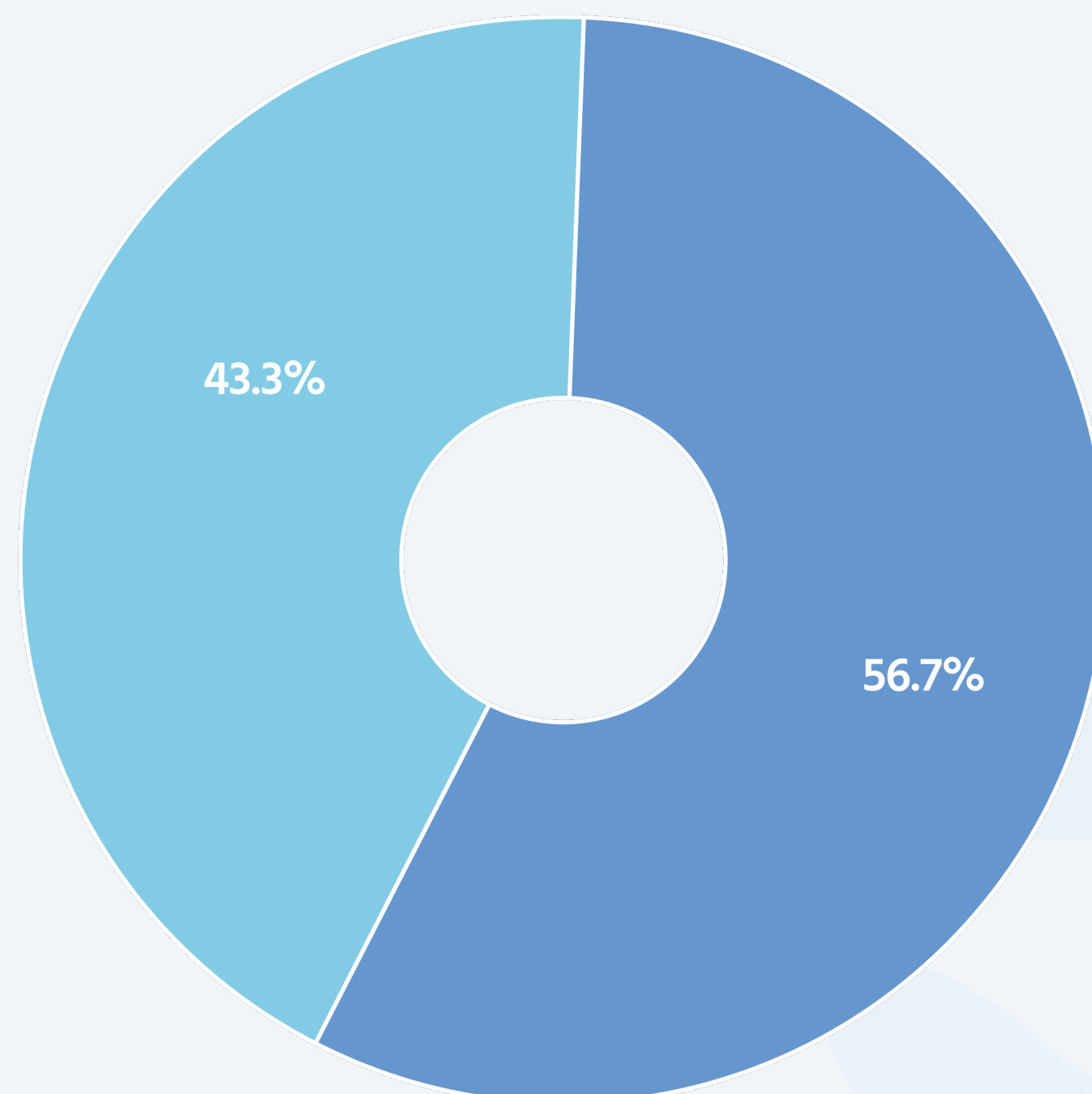
The 60.2% of pilots and the 63.2% of ATCOs think that a close AME - PSP cooperation could mitigate the safety risks related with mental health issues.

## Training for mental health

Have you ever received any training about mental health issues' signs and symptoms?

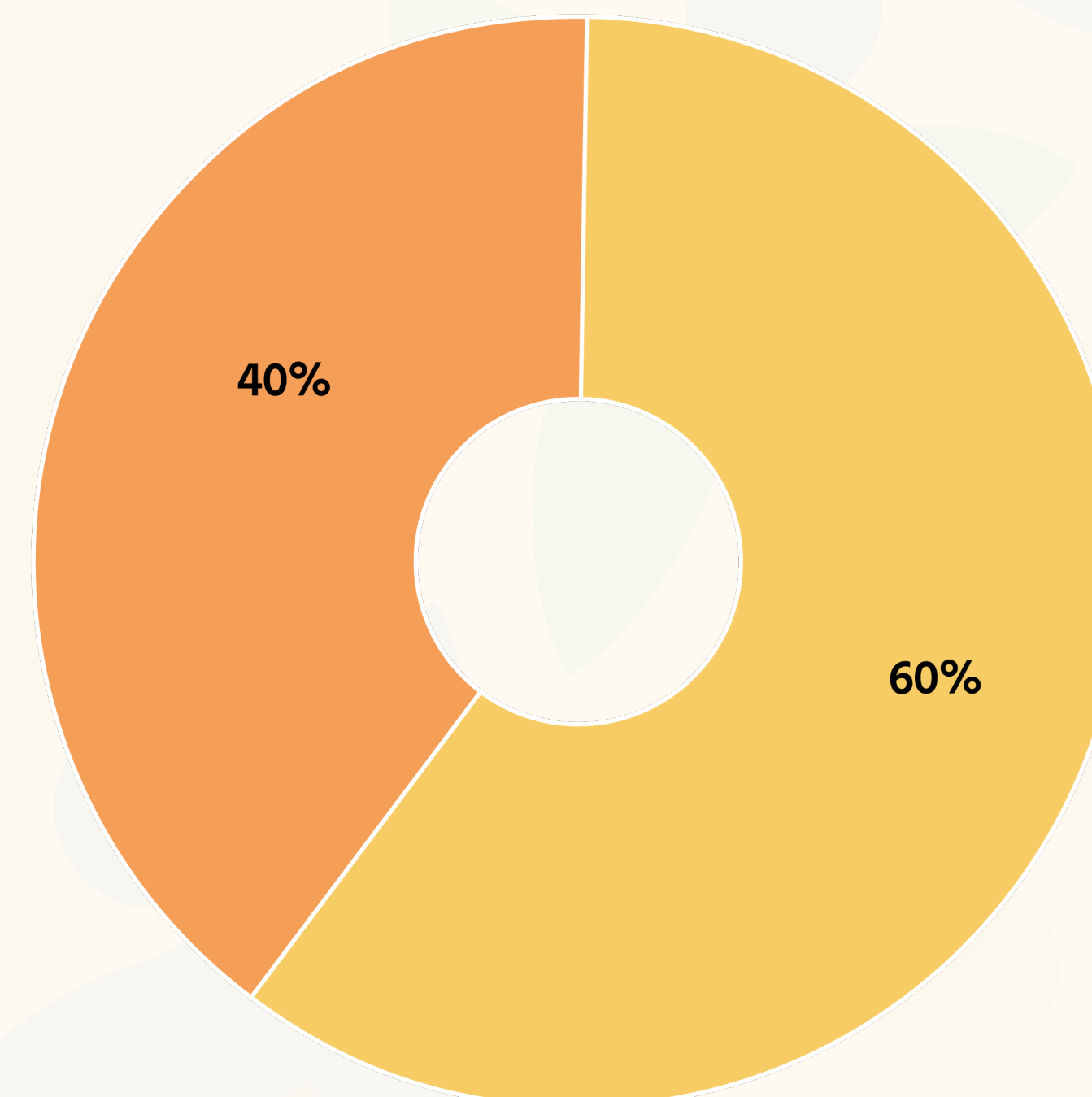
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No



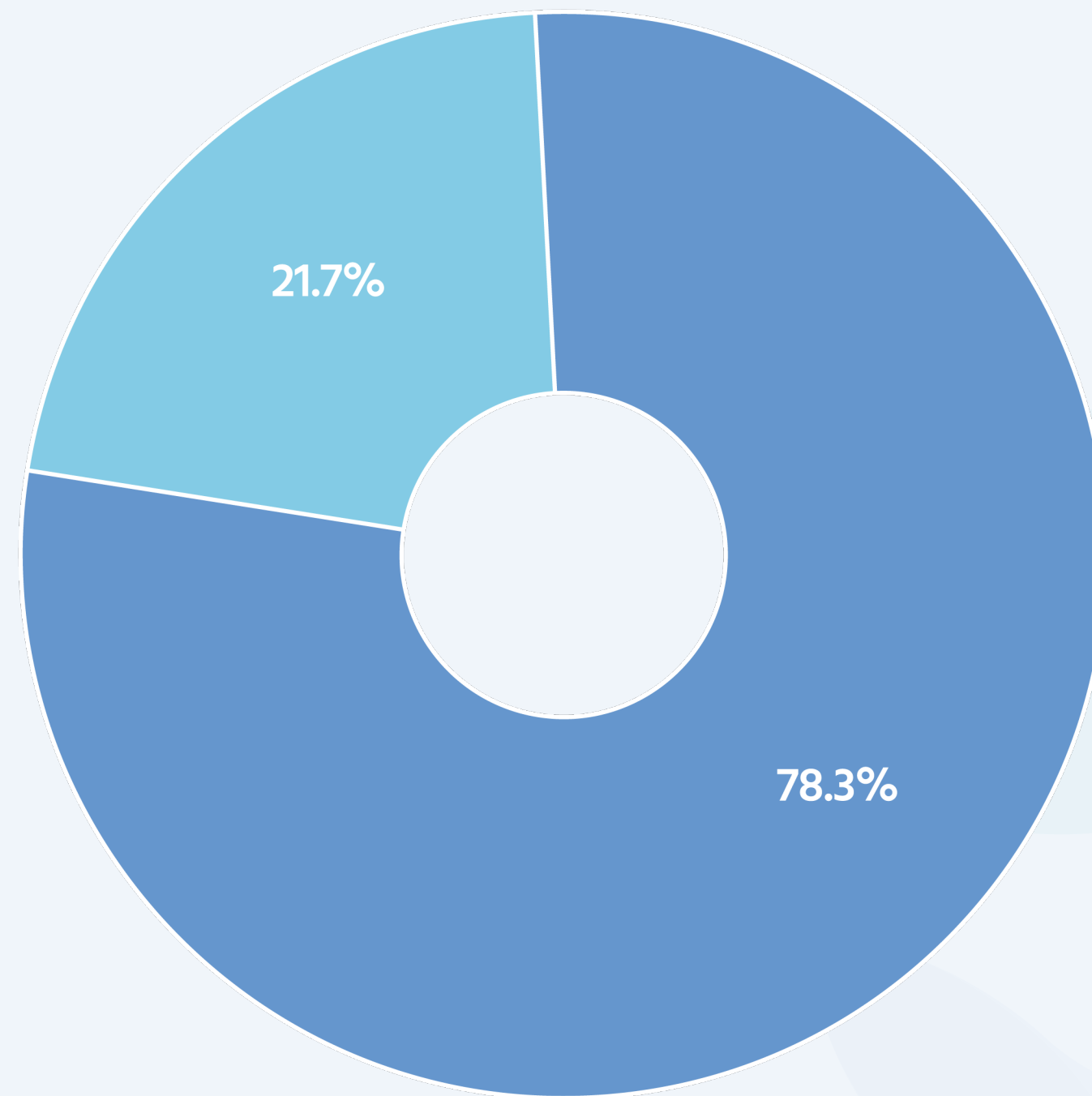
The 56.7% of pilots and 60% of ATCOs received training about mental health issues' signs and symptoms.

## Training against psychoactive substances

Have you ever received any training about the safety impact of alcohol, drugs and other psychoactive substances?

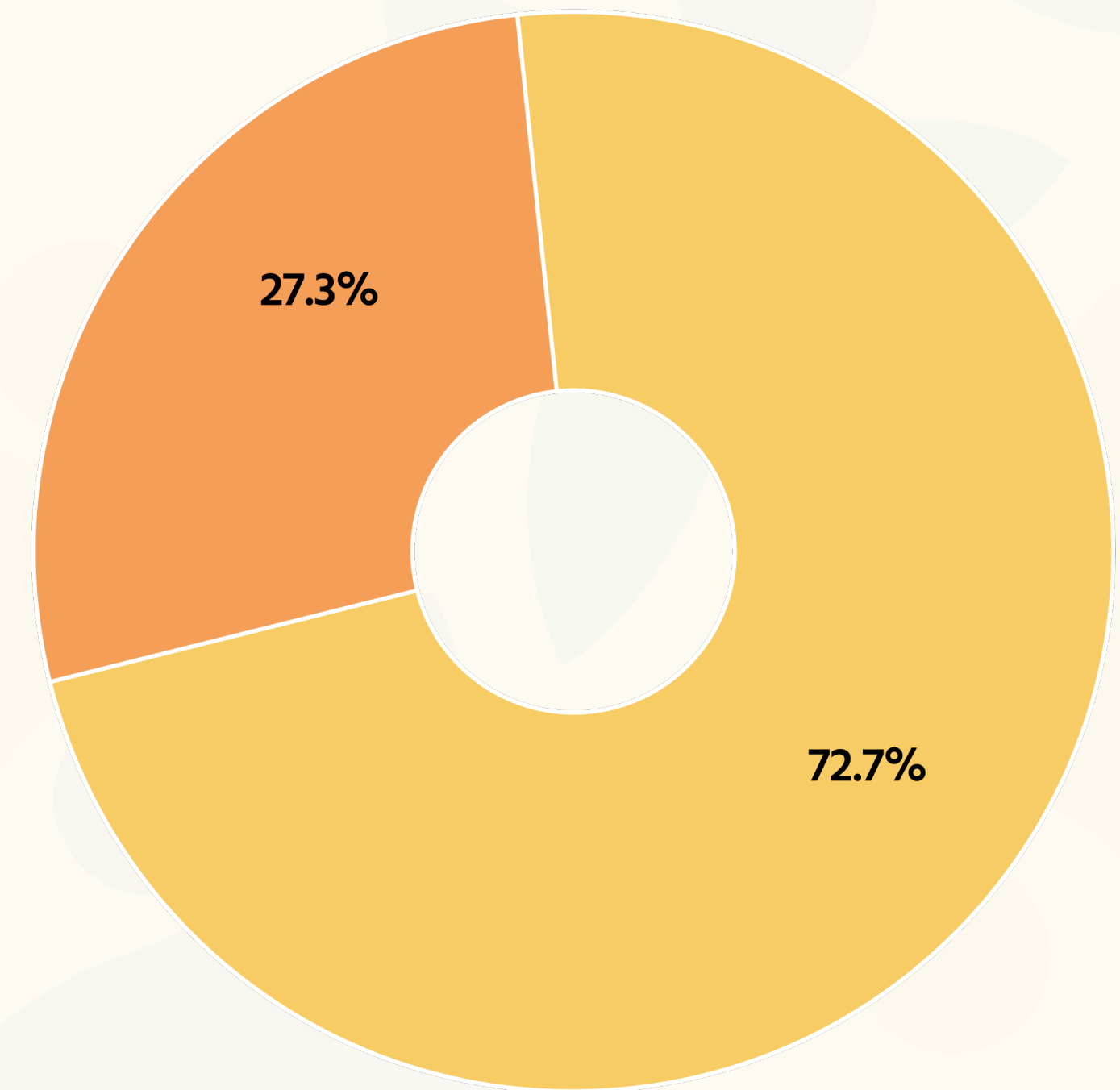
### PILOTS

■ Yes  
■ No



### ATCOs

■ Yes  
■ No



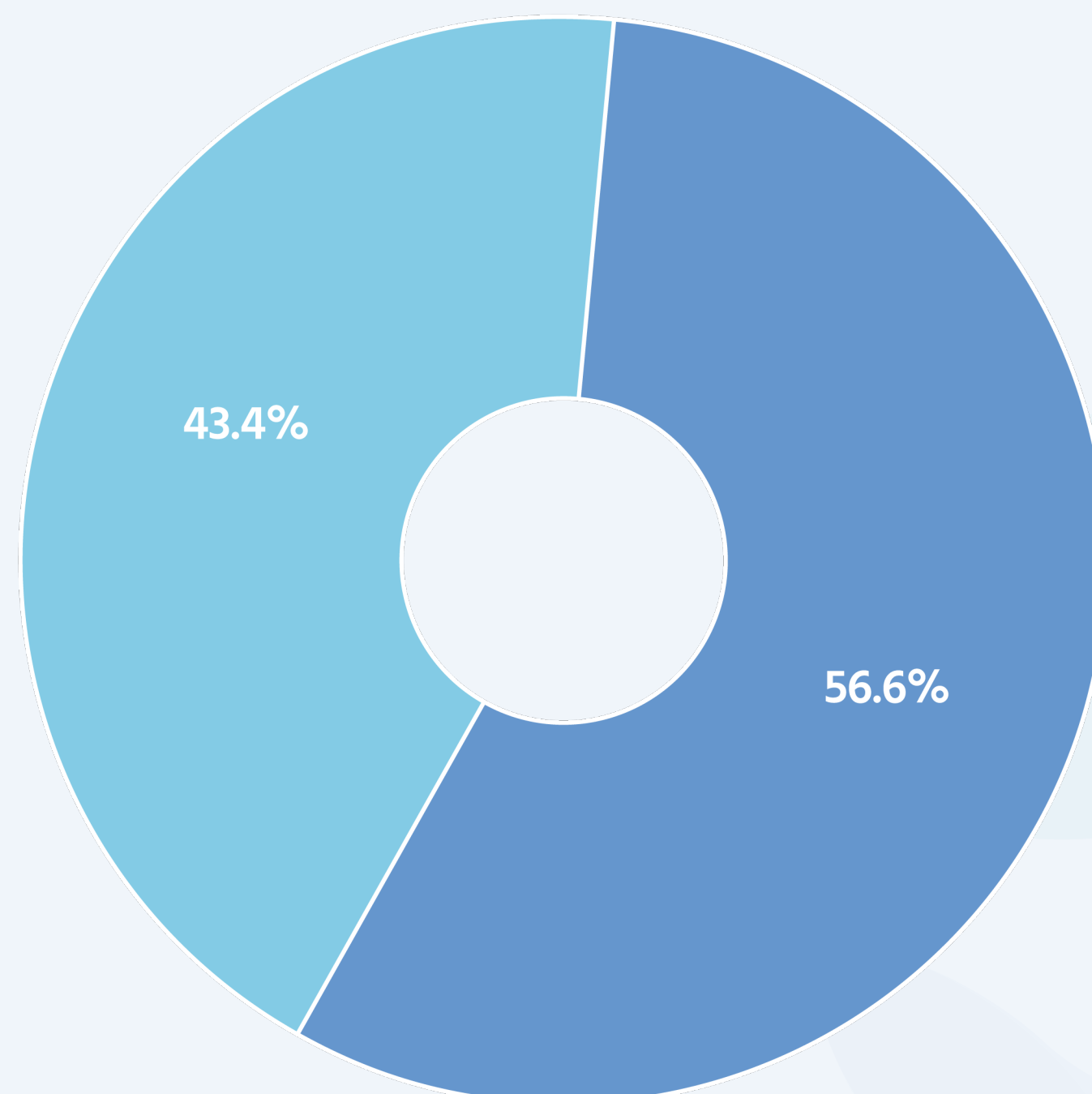
The 78.3% of pilots and 72.7% of ATCOs received training about the safety impact of alcohol, drugs, and other psychoactive substances.

## Training for psychoactive medication awareness

Have you ever received any training about the safety impact of psychoactive medication?

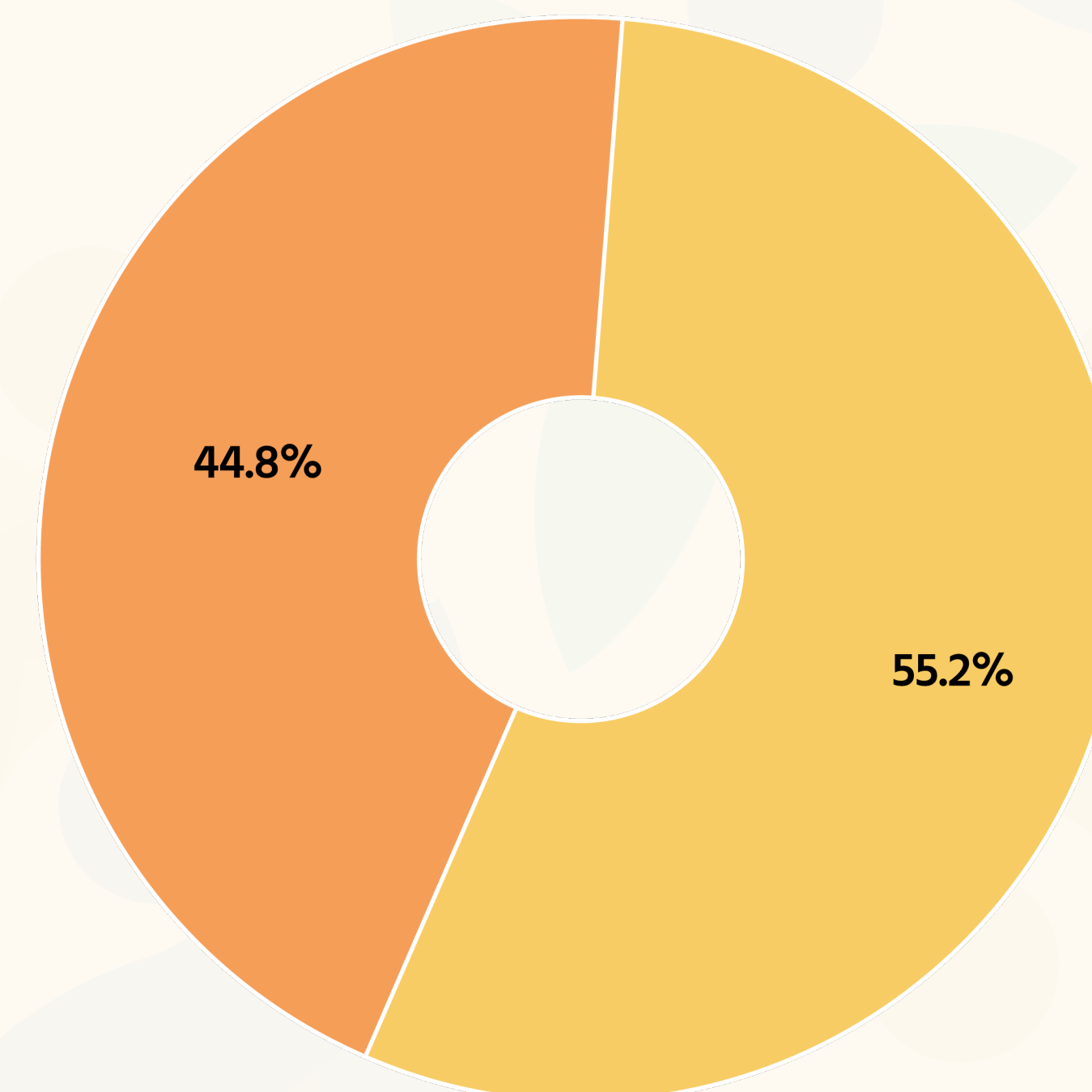
PILOTS

■ Yes  
■ No



ATCOs

■ Yes  
■ No



The 56.6% of pilots and 55.2% of ATCOs received training about the safety impact of psychoactive medication.

## WRAP-UP OF CHALLENGES

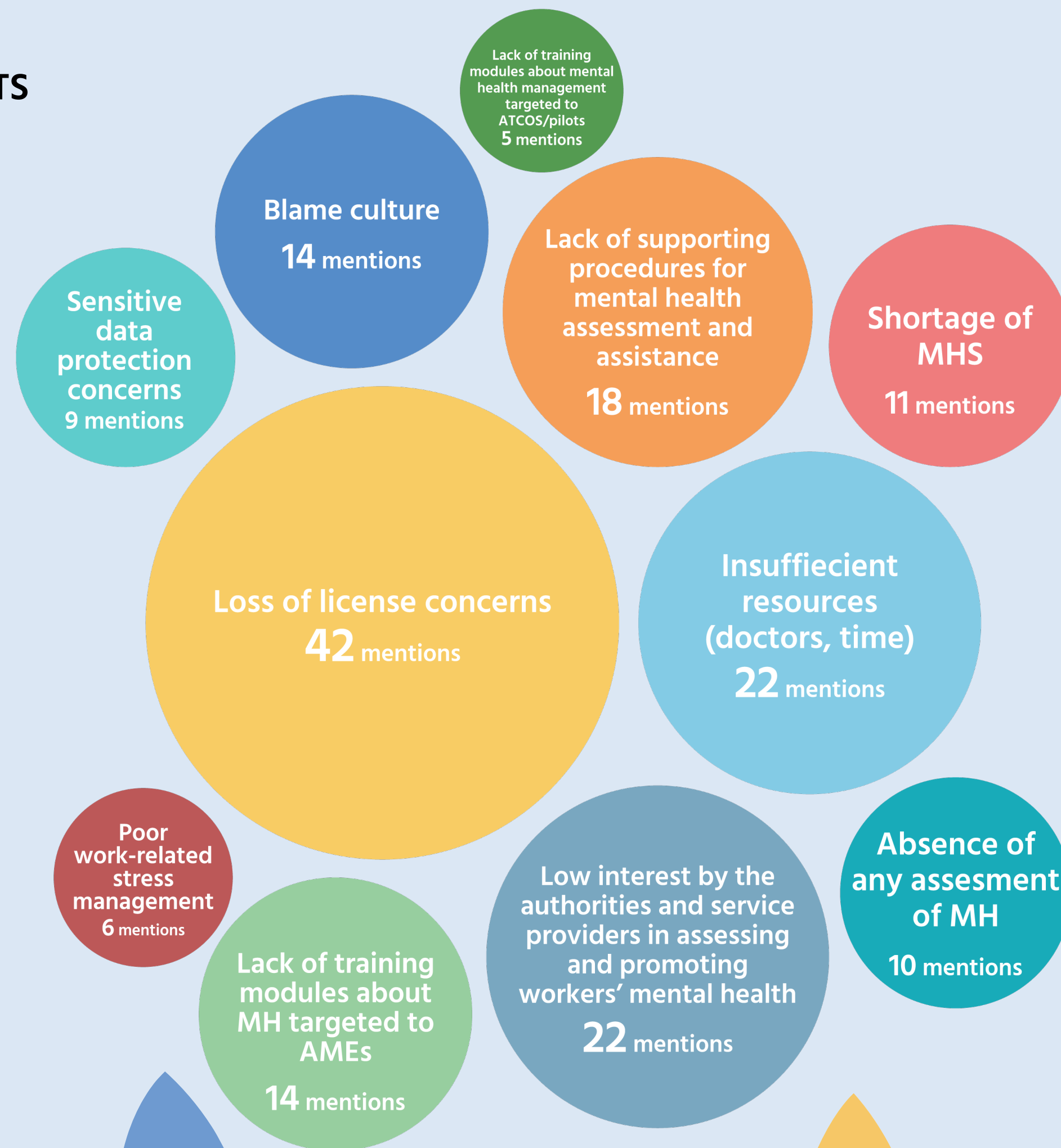




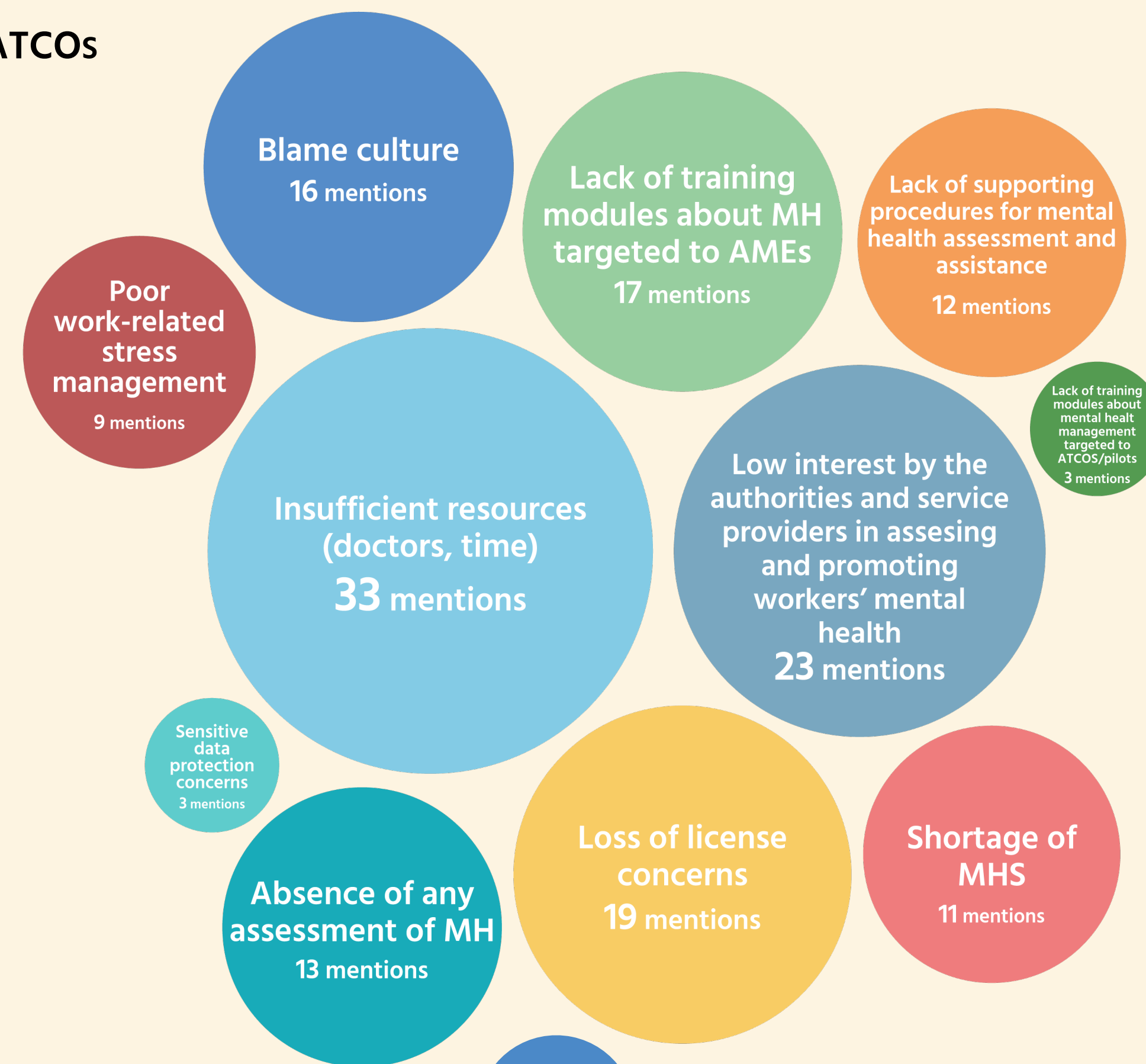
# Reported challenges

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

## PILOTS



## ATCOs



## Selected mentions reporting challenges: what applicants told us

**Loss of licence.** “The potential punitive side of it is also a big issue, **not knowing what is acceptable to talk about** without risking losing the medical approval or being subjected to extensive testing. All pilots will undergo though times in life, just like everyone else. **I wish there was a system where my colleagues could call or talk to someone** without fearing the consequences. After working for an airline with hundreds of pilots for many years I have heard stories about many personal tragedies (suicide, substance abuse etc), that probably **could have been avoided if it was easier to ask for help in a secure environment**”.

**Loss of licence.** “The fact that if you seek help you may be grounded. This may cause pilots not to seek the assistance they need. The same applies to other medical issues as well”.

**Insufficient training/resources.** “I have been to several aeromedical examiners that share the same frustration, which I have discussed with them. They are **neither trained** nor do they have the **time or resources to perform good assessments today.**”

**Low interest in promoting mental health.** “If employers were required to provide Loss of Licence/Medical insurance that included a loss of medical due to a mental health issue, with full pay until recovery or significant 6-7 figure payout for permanent loss of medical, then many would start to open up. **Until then, no chance**”.

**Low interest in promoting mental health.** “Too much focus on grounding and diagnoses, and too little on keeping people happy and flying”.

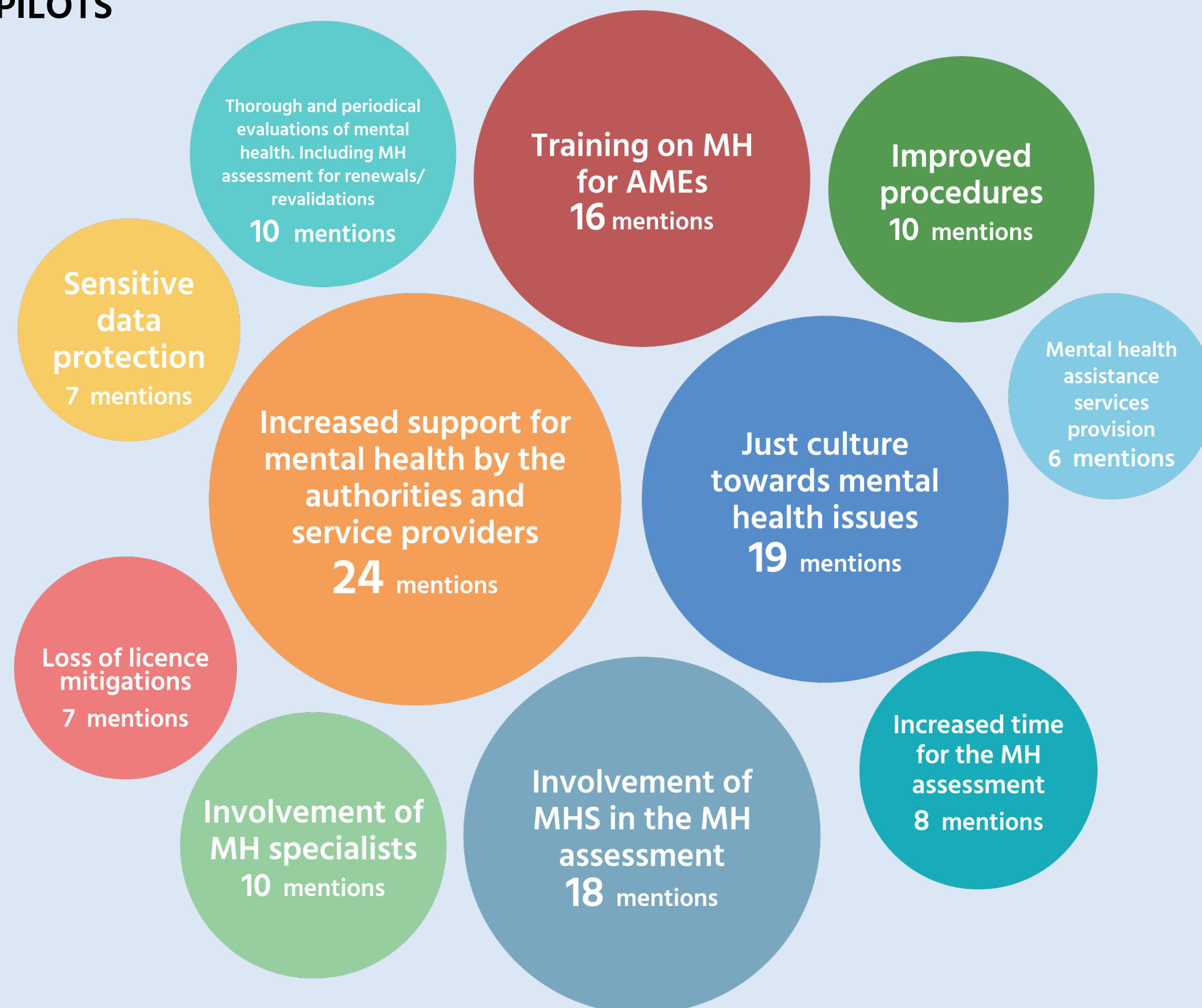


# WRAP-UP OF RECOMMENDATIONS

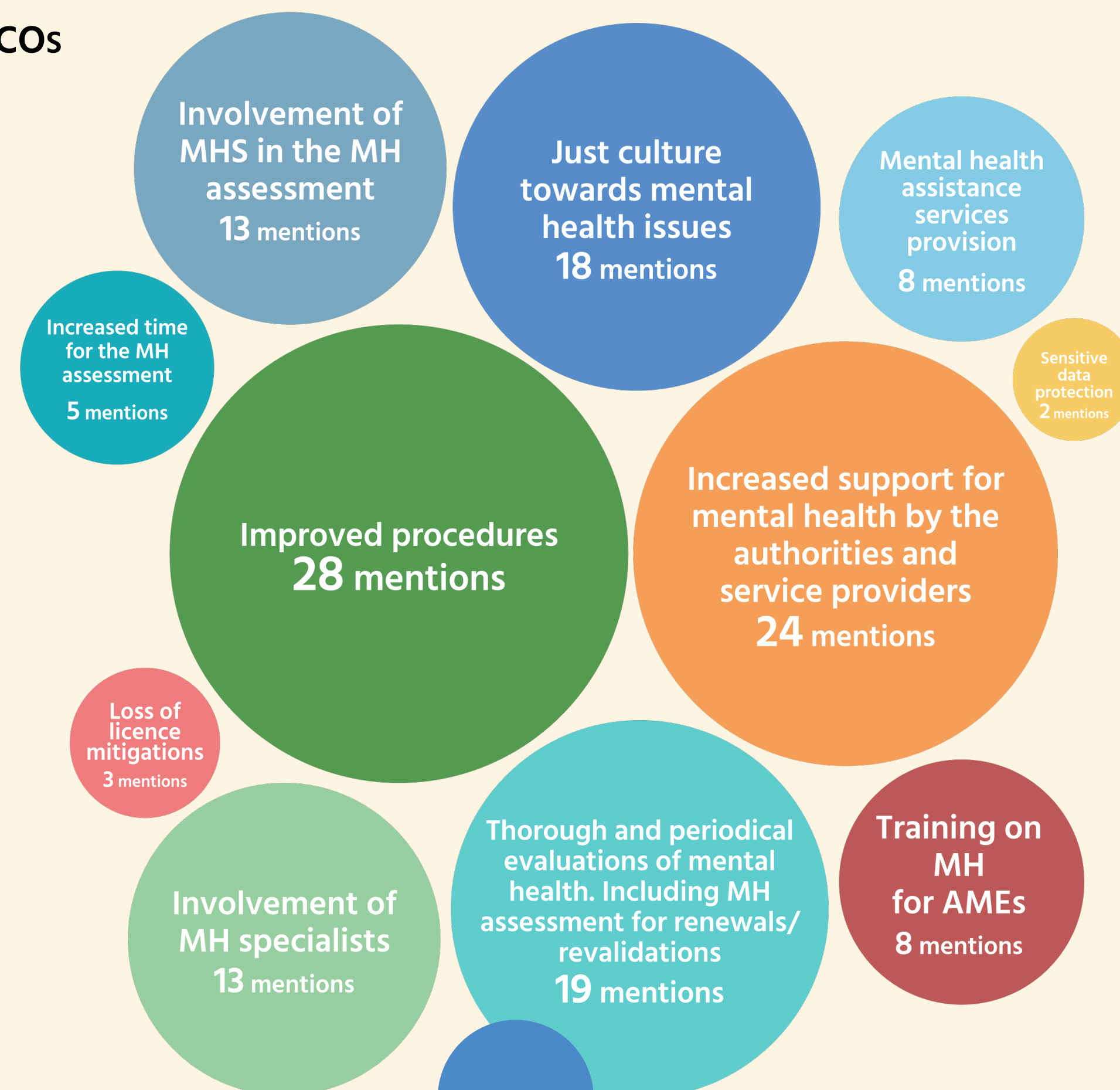


## What do you suggest to improve the aeromedical MH assessment?

### PILOTS



### ATCOs





## Selected mentions reporting recommendations: what applicants told us

**Increased time and MHS involvement.** *“More time on the exam and that it is a mental health professional who takes the exam”.*

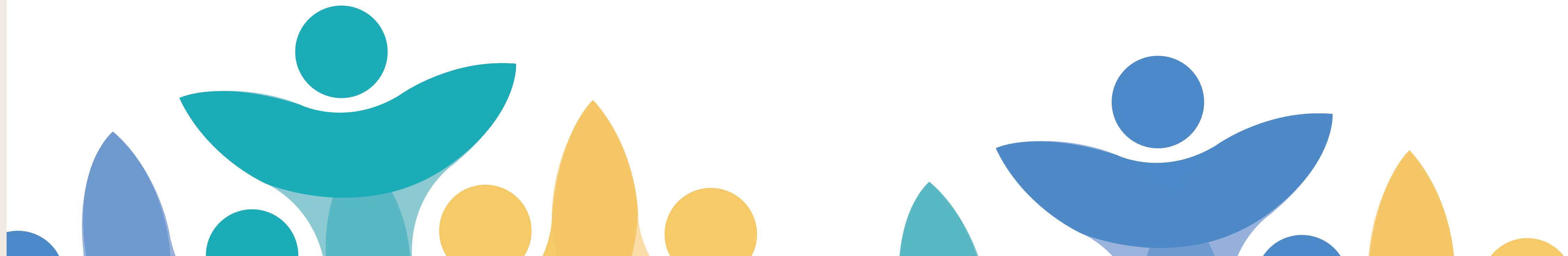
**Just culture.** *“Improvements in training to better understand just culture without penalty but with professional help to solve psychological pathologies or addictions with follow-up by the company in order to help in the healing of the worker. Measures should also be implemented by the company that **reduce the psychosocial risks of its workers**, such as conciliation of work shifts, adaptation of the schedule agreed with the worker, reduction of working hours, etc.”*

**Continuous monitoring.** *“That there should be mental health assessment **every year** as it is for the other medical exams. Unfortunately if you pass the initial mental health assessment at the age of 20+ they are assuming that you are still mental healthy 20-30 years later. it is a shame that no mental health assessment is being conducted.”*

**Improved methods.** *“A more thorough talk in lieu of simple questionnaires.”*

**Preventive approach.** *“Let people tell about difficulties in a confidential way that would not impact the result. But give the applicant a **recommendation on what they should do** with a certain mental state.”*

**AME-MHS cooperation.** *“Give each ATCO the possibility to speak with a psychologist on a regular basis without the risk of losing the medical/be judged. Then if the AME is detecting something on the yearly exam, the psychologist assigned to the ATCO should be **contacted** and together **make a strategy** to get the ATCO cleared for duty if needed”.*





# WE ARE MESAFE

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Website

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



MESAFE project



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