

Mental Health Specialist: role in the process and information exchange

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MESAFE Final Dissemination Event



The content of this presentation reflects the research project, and not the opinion of EASA.

Introduction

- Psychiatrist, specialised in aviation mental health
- Background in Law
- Clinical Director Transparant Mental Healthcare Leiden, independent consultant occupational health providers (focus on aviation)
- Expert EASA MESAFE-project
- Advisory Board ESAM, scientific committee Dutch association aerospace medicine, legal committee Dutch association of psychiatrists



Contents

- Different types of mental health experts
- When referral to a mental health expert?
- Requirements for mental health experts
- Ways of further professionalising aviation mental health
- Information exchange



Types of mental health experts

- Psychiatrist
- Clinical psychologist
 - Addiction medicine specialist?
 - Specialised nurse as a part of assesment?
- Involved in the treatment of the applicant
- Involved as an independent expert



MHS- treatment

- Upon referral AME/ occupational physician/ (PSP)
- Upon referral GP, or sought directly by applicant
- Preferably affinity / experience with aviation, will not always be feasible
- Most important: optimal treatment (clinical experience, language, cultural setting, distance)



MHS- independent expert

- Upon referral AME/ occupational physician/ medical assesor
- Indepent expert opinion with regards to aviation ATCO-duties
- Knowledge on aviation domain much more important
- But knowledge of the clinical condition and local circumstances even more!
- Consider: aviation MHS acting as a liason between specialised MHS and AME in rare conditions
- Need to be independent → pool in each Member State needs to be large enough



Aviation psychologist

- Course and requirements by EAAP
- Some countries official role
- Selection vs mental health assesment
- For aeromedical assesment: clinical psychologists
- For AME: check clinical experience on subject matter (not a psychologist experienced in anxiety disorders providing expert opinion in case of schizoprenia).



Aviation psychiatrist

- Not official qualification
- Membership of a national aeromedical association (which will be member of ESAM)
- Participation in aeromedical congresses and/or aeromedical publications
- Training/ practicing as an AME
- Personal flying experience (Although e.g., flying as a private pilot is very different compared to the operations of commercial pilots. Even operational circumstances can differ substantially).



For the future

- Quality assurance vs need to be attractive to engage in
- Preferably not for primarily commercial reasons
- Large enough pool
- Meetings of aviation psychiatrists, encouraging aviation psychiatrists to develop intervision groups
- Online training course for specialists providing expert advice for aeromedical examinations.
- ESAM? Also for other medical specialists?



Referral to a mental health expert

- In case of doubt
- If possible, discuss referral and questions first
- Factual questions
 - Is there a mental disorder?
 - If so, which one and classification
 - (Aviation related risks)
- A mental health specialist can never determine someone's piloting capabilities



Support by AI and new diagnostic tools

- Digital phenotyping (smartphone, wearable data)
 - AI prediction models
 - Screening for mental health problems & Supporting the mental health assessment
 - As of 2024 for mental health: promising
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- Future:
 - Protecting privacy and medical confidentiality
 - Protecting against (commercial) misuse of tools and applications
 - Safeguarding quality of tools



Info from mental healthcare providers

- (Written) consent from the applicant
- Consider to obtain information from provider directly
- Only ask factual information (diagnosis made, treatment, treatment results, any complaints still existing etc)
- No judgement on flying capabilities
- The applicant's own GP, psychiatrist, psychologist is NOT completely impartial and may be biased



Medical confidentiality

- No big changes to medical confidentiality laws advised
 - Medical law/confidentiality is largely outside jurisdiction of EU, and of EASA
 - Unified legal regime for dealing with medical confidentiality in relation to aviation professionals specifically seems difficult
- Non-adherence, especially by practitioners not familiar with aerospace medicine
- Strict regulation may increase non-disclosure and may drive aircrew with problems underground
- Consent of applicant basis of sharing information
- Except in cases of clear and imminent danger



Pilot/ ATCO Professionalism

- Professional behaviour/ lack of cannot and should not be determined by MHS
- Mental disorders are a **different entity** from unprofessional/ unsafe behaviour
- Some aviation professionals with mental disorders will be highly professional
- Some aviation professionals acting highly unprofessional do not have a mental disorder
- What is professional? → aviation professionals should decide



Conclusions/ take-home messages

- MHS involved in treatment vs MHS providing expert advice
- Sufficient pool of independent MHS, balance quality vs remaining attractive
- Years to come: further professionalising aviation psychiatry
- Information exchange, consent from applicant
- Professional behaviour/ lack of cannot and should not be determined by MHS





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