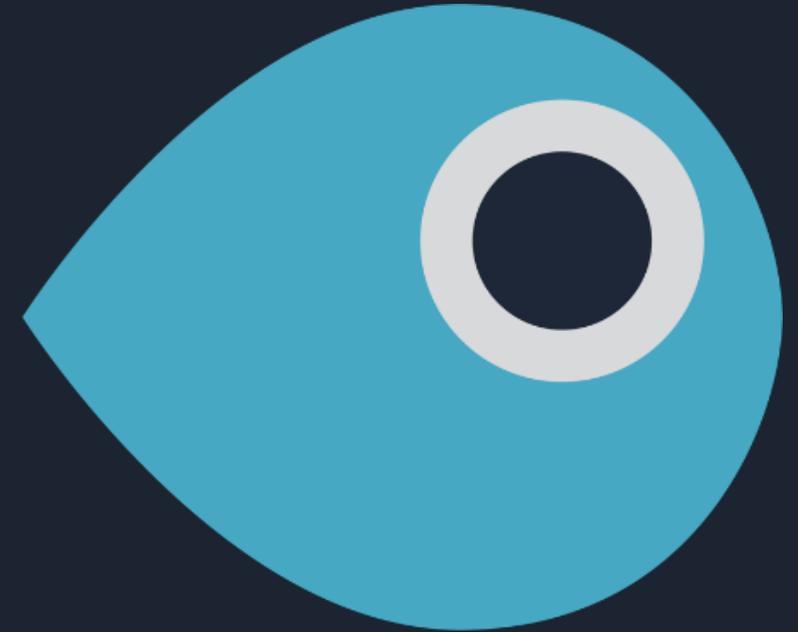




Mental health training targeted to AMEs and Medical Assessors

Paola Tomasello – 24/04/2024



Framing the problem

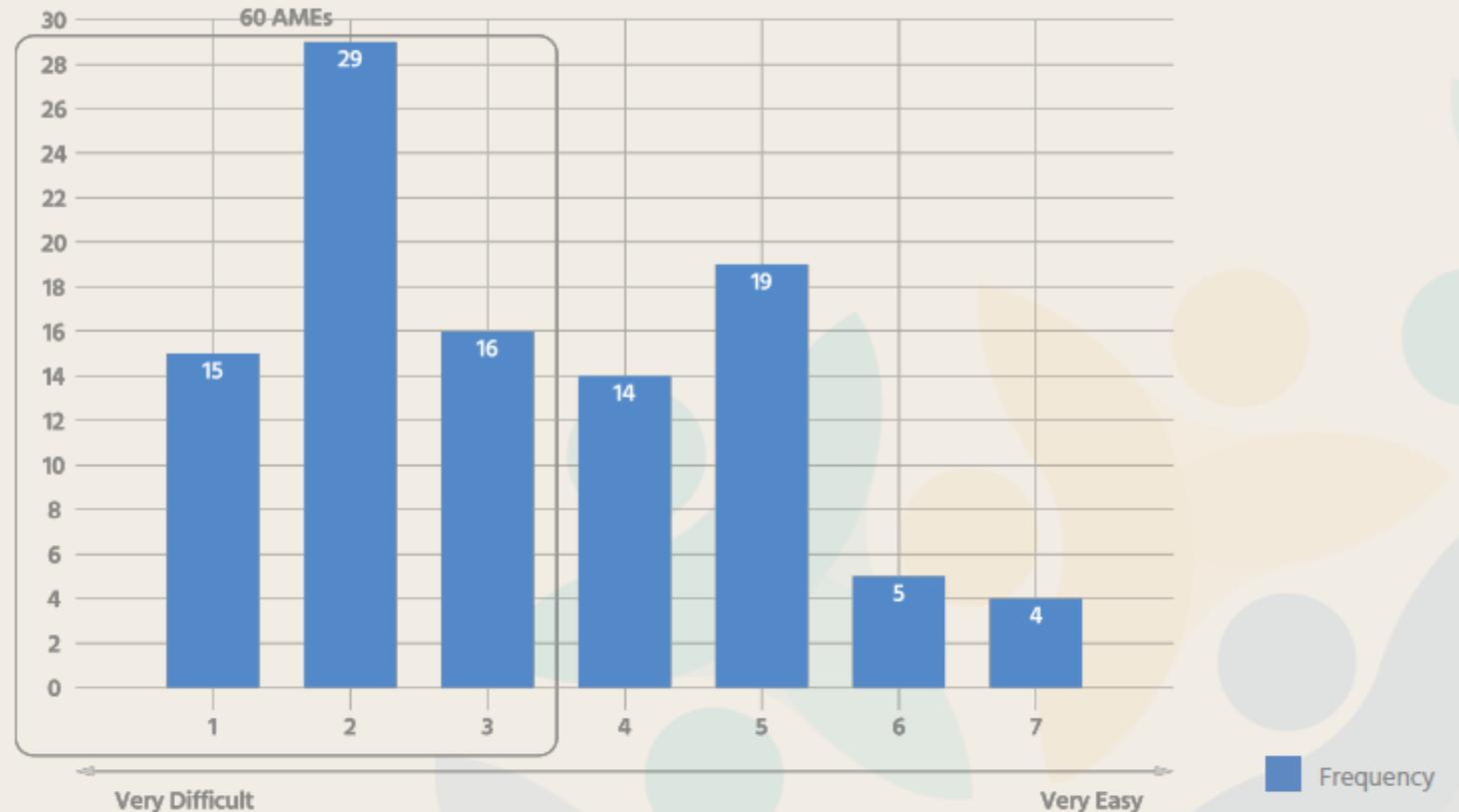
- The system puts emphasis on the ability of the AMEs to detect disorders in all fields of medicine, including mental disorders.
- Although current aeromedical assessments of pilots and ATCOs include questions to assess mental health, it is recognised that the effectiveness of such methods is limited due to the following:
 - Clinical signs of mental issues may vary over time.
 - Mental health training targeted to AMEs does not provide them with the sufficient knowledge to diagnose (and treat) these medical conditions on a professional level.
 - There are barriers affecting a frank discussion on mental issues between an AME and applicants.
- As a result, mental issues, which are likely to interfere with the safe exercise of the privileges of the licence, may remain undetected.



The perspective of AMEs and MAs

- difficulties in identifying symptoms of mental issues of their applicants
- lack of training on mental health issues

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.



The perspective of AMEs and MAs

- need of dedicated educational material, guidelines on how to perform the assessment
- need of more collaboration with mental health specialists



Overcoming the challenges: the EASA Opinion 09/2016 -1

- The Germanwings Task Force recommended to extend the Advanced Training Course from 60 to 66 hours (EASA, 2016), with: 1) 2 extra training hours on alcohol and psychotropic substance abuse in the Neurology/Psychiatry section; 2) 4 extra hours on communication and interview techniques in the Human Factors section.
- It was further recommended that problematic use of alcohol and psychotropic substances, flight safety consequences of prescription and OTC drugs, and communication and interview techniques should be regular topics of AME refresher training.



Overcoming the challenges: the EASA Opinion 09/2016 -2

- **Peer Support networks for AMEs** to enhance the professional education and competency as well as the trust relationship amongst colleagues by encouraging the sharing of experience and socialising
- contacts both via the communication network (email, telephone), and through 3 to 4 group meetings a year



Follow-up by MESAFE: scope of the training -1

- identifying pilots and air traffic controllers at risk of mental incapacitation due to psychological factors and quantifying such risk, taking into account operational needs for each class of aeromedical certification and the respective level of acceptability of such risk;
- defining which diagnostic methods can be used for screening, confirmation, and monitoring purposes;
- observing how certain organizational conditions can become sources of stress, thereby contributing to amplifying risk factors for the mental health of workers;



Follow-up by MESAFE: scope of the training -2

- collaborating with mental health professionals and peer support groups for the prevention of psychological issues and harm reduction in case of risk
 - One of the main issues to develop these curricula is the question: to what extent can we train AMEs to perform the mental health assessment independently, and to what extent are there relevant scales or formalised/validated tools which may be used autonomously by AMEs – and what training would be needed to give a basic competency in doing such evaluations?



The MESAFE training structure

Modules		Objective	Topics		hours
1	Basic mental health knowledge	Make a list of the mental health conditions that are eligible for certification	1	Mental health and safety impact of mental disorders	1
			2	Mental incapacitation	
			3	Weaknesses of the self-declaration principle & Cultural biases towards mental discomfort and seeking psychological help	



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2	AME-Assessors/MHS cooperation	Define the criteria to call for the MHS advice and to recommend peer support	1	Conditions requiring the MHS advice (ie history of suicide attempts, of use of drugs, of use of psychopharmaceuticals)	1
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3	The MIRAP	Describe how to determine the acceptable risk level	1	Mental incapacitation events	1
			2	The MIRAP steps	
			3	Tools & templates	



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4	Tools	Identify suitable tools for the aeromedical MH assessment	1	Tests	1
			2	Questionnaires	
			3	Interviews	



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6	Aeromedical stress management	Identify strategies for stress management	1	Acute and chronic stress management strategies	1
			2	Loss-of-medical post traumatic stress management	
			3	Link with instructors and peers	



Experiential training approach

- **Generative exercises** are used to collect participants' prior knowledge, experiences and opinions on the concept of mental health, mental incapacitation, mental health specialist, bias towards mental health, etc. Using an inductive approach, they are first collected and then systematized to articulate the various elements and thus co-generate a structured and shared knowledge on the subject.
- **Simulation** is useful when trainers want to deepen participants' awareness on which behavioural strategies tend to be used in certain situations and what alternatives could be applied to respond to certain circumstances effectively. MESAFE's training involves the use of **role-plays** to train AMEs on the main mental health interview management techniques.



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Website

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



MESAFE project