

# Regulators' role in aviation mental health and wellbeing

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✈ Who had a fever in the last 2 months?



✈ Who has ever broken a hand or leg?



✈ Who had a panic attack or depression?



✈ Who has or had hypertension?



# History of Mental Health REGs

- ✈ JAA-Era (JAR-FCL 3) – Prescriptive medical standards, primarily focusing on psychiatric disorders.
- ✈ **No. 1178/2011** – Introduced a more structured approach, but still lacked sufficient detail.



# Germanwings Flight 9525



24 March  
2015  
Accident

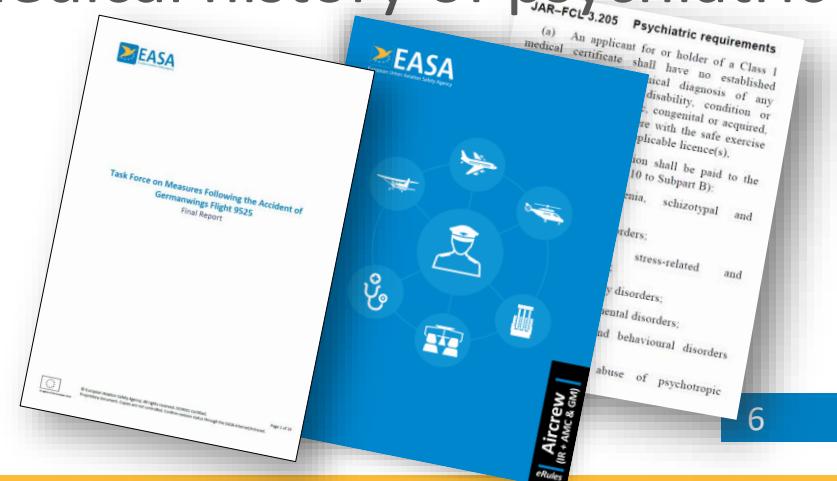


**Updated Part-MED Regulation (EU) 2019/27, issued in February 2018.**



# History of Mental health REGs

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- ✈ **Post-Germanwings** – Enhanced focus on mental health provisions.
  - ✈ **Comprehensive mental health assessment** for initial Class 1 pilots;
  - ✈ **Psychiatric evaluation** for applicants with a medical history of psychiatric conditions;
  - ✈ **Extended AME initial and refresher training;**
  - ✈ **Peer Support Programs.**



# Need for Research in Aviation Mental Health



- ✈ Development of **early diagnosis** tools for Mental Health conditions.
- ✈ **Innovation in treatment** options.
- ✈ **Lack of validated and standardised assessment** methods tailored for aviation use.

# Research - Key objectives

- Identifying **new medical diagnostic tools and treatments** suitable for use in the aviation environment;
- Provide **recommendation on implementation** of these diagnostic tools and treatment measures;
- Provide **training materials for AMEs and aviation personnel**;
- To allow the **update of the requirements and AMC/GM** according to the current **scientific evidence in Mental Health** in order to perform a better medical evaluation of pilots and ATCOs.

# MESAFE - Project Overview & Status



- ✈ The MESAFE research project financed by the European Commission and managed by EASA
- ✈ Duration: 24 months
- ✈ 2 offers received
- ✈ Contract was attributed to a consortium led by **Deep Blue**
- ✈ Kick-off meeting May 2022



## MESAFE project

#MESAFE will foster #safety in #aviation by proposing validated #MentalHealth assessment methods specific for the sector

# Results

- <https://www.easa.europa.eu/en/research-projects/mesafe-mental-health>
- [MESAFE - D-1.1 - Report on the review of diagnostic measures](#)
- [MESAFE - D-1.2 - Report on the review of treatment options](#)
- [MESAFE - D-2.1 - Report on the analysis of the availability of diagnostic tests](#)
- [MESAFE - D-3.1 - Report on the analysis of the suitability of screening and confirmation tests](#)
- [MESAFE - D-4.1 - Report on the risk of incapacitation and limitation of licence privileges](#)
- [MESAFE - D-5.1/D-6.1 - Review report and impact assessment](#)
- [MESAFE - D-7.3 - Safety promotion material](#)
- [MESAFE - D-7.4 - Final report and dissemination event](#)
- [MENTAL HEALTH ASSESSMENT: A survey to collect the Aeromedical Examiners and Assessors' point of view — Booklet of results](#)
- [AEROMEDICAL MENTAL HEALTH ASSESSMENT: two surveys to collect the European pilots and ATCOs' point of view — Booklet of results](#)
- [MESAFE — Leaflet](#)

# MESAFE Conference - 23 - 24 April 2024



Attended by over 145 professionals globally.

Participants included regulatory bodies, airlines, pilot unions, mental health experts, peer support organizations, and AMEs.

# MESAFE - results

- 44 evidence-based recommendations, targeted to policy makers, for updating the mental fitness certification requirements in Part-MED and Part-ATCO.MED in line with the medical developments.

AREAS OF THE RECOMMENDATIONS	RECOMMENDATION NUMBER	RECOMMENDATION
Recommended terminology	Recommendation #1	It is recommended to focus on mental health rather than on mental disorders.
	Recommendation #2	It is recommended to implement measures which the safety risk caused by assessed by means of an estimation.
	Recommendation #3	<b>Recommendation #9</b> It is recommended to include in the scope of the aeromedical mental health assessment a thorough education and support for life and work-related stressors, so that the aeromedical examination can acquire a preventive value
	Recommendation #4	It is recommended to implement a mandatory means of the so called Aeromedical Operational Board (AMOB).
	Recommendation #5	It is recommended to identify any real or potential mental incapacitation events which the applicant could incur in the near future. The expected output is a list of possible MIEs or the reasonable confirmation that no MIEs are foreseen in the near future.
Recommendations concerning the scope of the aeromedical mental health assessment	Recommendation #6	When real or potential MIEs are identified, it is recommended
	Recommendation #7	<b>Recommendation #7</b> To address the severity and prognosis of mental health problems among mental disorders, risk of recurrence/relapse, benefits and side-effects of mental disorders' treatment (including biological treatment and psychopharmaceuticals), life and work-related stressors, incidents and accidents.
	Recommendation #29	<b>Recommendation #29</b> For both class 1 and class 2, it is recommended to include in the scope of the aeromedical examination a thorough education and support for life and mental health, no psychodiagnostic test and/or questionnaires. For the aeromedical examination, it is recommended to use the available questionnaires and "wave them in" into the conversation with the applicant during the aeromedical examination as part of a general health promotion discussion.
Recommendations concerning the scope of the aeromedical mental health assessment	Recommendation #38	AMEs are advised to try to build a trustful relationship with the applicant and to use the questions provided by the available questionnaires and "wave them in" into the conversation with the applicant during the aeromedical examination as part of a general health promotion discussion.
	Recommendation #39	<b>Recommendation #39</b> It is recommended that AME's further develop their interviewing skills.

# Next steps

- **Review and update mental health requirements based on MESAFe evidence.**

*(Timeline Q2 2025 – Q4 2027)*

- **Implementation support and safety promotion activities:**
  - includes contributing to ICAO working groups and panels
  - AME refresher training

*(Timeline 2025 – 2030)*

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# Unfitness

The most common causes of unfitness:

- **Cardiovascular** (e.g., heart attacks, arrhythmias, hypertension).
- **Mental Health** (e.g., depression, anxiety, substance abuse).
- **Neurology** (e.g., epilepsy, stroke).
- **Musculoskeletal** (e.g., joint or bone inflammatory or degenerative disease).
- **Vision** (e.g., colour vision).

# Stigma

## → Why It's Still Hard to Talk About?



- **Weakness** – Often seen as a sign of personal failure rather than a medical issue.
- **Judgment** – Fear of being labeled as "crazy," "unstable," or unreliable.
- **Consequences** – Concerns over career impacts, such as loss of medical certification, or reputation.
- **Understanding** – Lack of public awareness leads to misinterpretation or fear.
- **Culture** – some cultures associate mental illness with shame or dishonor.
- **Media Influence** – Mental illness often shown negatively in media/news.

# Summary

- **A multi-layered approach is essential:** Medical prevention, Comprehensive assessments, and Support programs.
- **Building trust** between AMEs and applicants encourages transparency and help-seeking behavior.
- **Enhanced AME and medical assessor training** promotes healthy lifestyles and preventive care.
- **Mental health awareness and prevention** should be integrated into pilot and ATCO training.
- Collaborate with airlines, unions, and society to **shift cultural attitudes and reduce stigma.**



Thank you for your attention!



**Your safety is our mission.**

[easa.europa.eu/connect](http://easa.europa.eu/connect)



***Your health is also our mission.***

An Agency of the European Union 