

# Mental health promotion and Peer Support Groups

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

## Background

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US Centers for Disease Control and Prevention: consistent worsening of mental health among young individuals between 2011 and 2021.

Rates of persistent feelings of sadness or hopelessness climbed from 28% to 42%, and suicidal contemplation rates rose from 16% to 22%.

By 2018, suicide was the second leading cause of death among those aged 10 to 24 years.

[Centers for Disease Control and Prevention, 2022]



# Background

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European countries, such as the Netherlands, reported escalating rates of mental disorders, especially evident in the group aged 18 to 34 years.

[Ten Have et al., 2023; van Os & Guloksuz, 2024]

Mayday Foundation: Before COVID 80% Critical Incident Stress Management (CISM) cases and 20% Mental Health (MH) cases. In recent years and at present 20% CISM and 80% MH cases

[personal communication Hans Rahmann, Mayday Foundation].



# Background

Social demands are on the increase . . . . .



Mismatch between job demands and social demands:  
**STRESS**



## Life stress that can form part of any pilot's "carry on luggage"

- work related problems
- financial worries
- health concerns
- bereavement issues
- relationship / family difficulties
- separation from family
- social demands

May lead to impaired performance and to significant mental health problems in some cases

[e.g. Hammen, 2005; Young, 2008]



## Life stress that can form part of a pilot's "carry on luggage"



## Life stress that can form part of a pilot's "carry on luggage"





# Mental Health Stigma and Unawareness

- Pilots are reluctant to report Mental / Emotional Issues to AMEs
- Pilots are reluctant to tell colleagues about their problems or seek help





# Mental Health Stigma and Unawareness

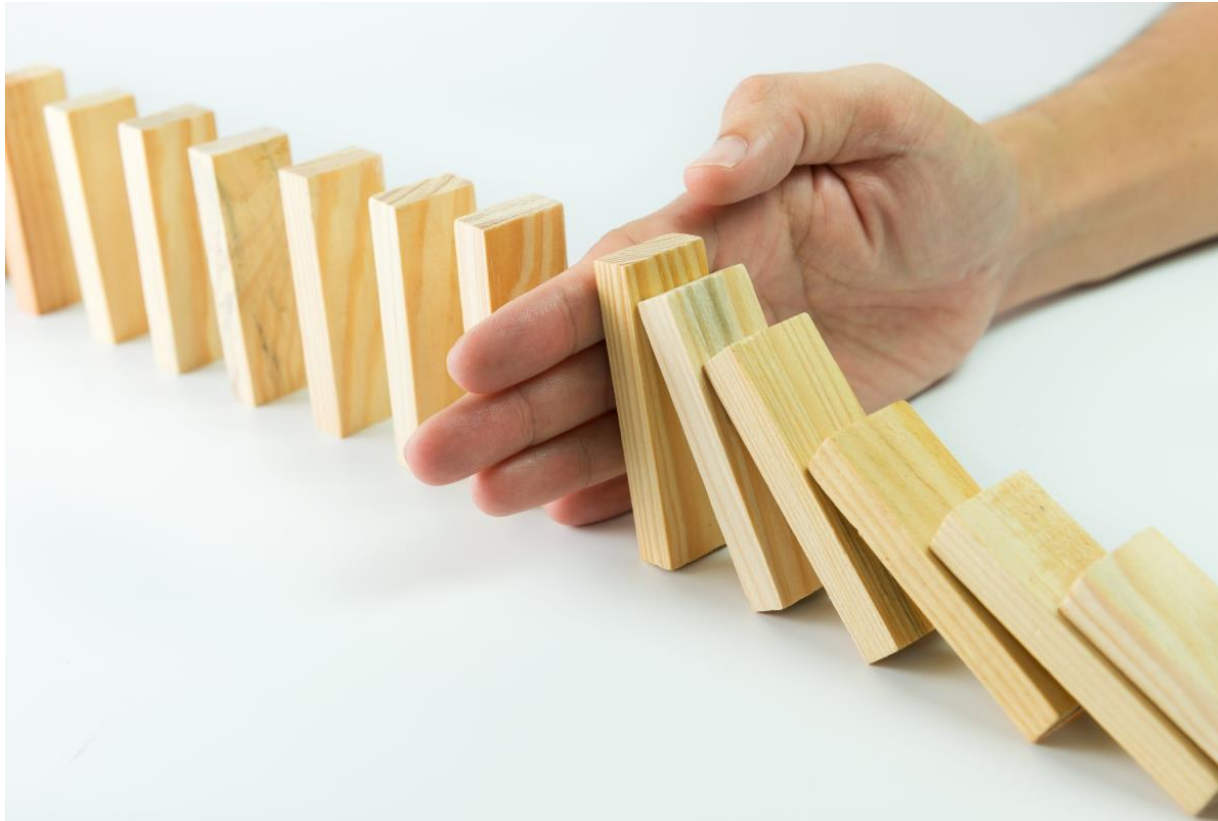
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Pilots / ATCOs are often unaware about the impact of their problems on professional performance and health



# Peer Support Programmes

Peer Support Programmes can help to prevent flight safety consequences and escalation of mental health problems



# Peer Support Programmes

The decision to take the first step in opening up about mental health issues will always be a voluntary choice by the pilot or ATCO . . .



The point of PSPs is making that step as easy and safe as possible



## MESAFE Recommendation #9

**It is recommended for AMEs to have a preventive approach concerning life and work-related stressors in the aeromedical mental health assessment. A focus on prevention and education on mental health may be helpful to lower the threshold of reporting mental health issues and/or self-referral to a Support Programme/MHP.**

Physicians should be informed about the opportunities for a pilot to self-refer to a PSP and stimulate self-referral in case of suspicion that a pilot's circumstances and/or life-stresses might lead to unfavourable developments in the pilot's wellbeing, mental health status, or professional career

## MESAFE Recommendation #20

**It is recommended to bridge the gap between Aeromedical Examiners and Assessors and Peer Support Groups (PSGs), in order to reduce barriers to seek help for mental health problems occurring between two mandatory aeromedical examinations.**

AMEs should be trained to know the key–principles and the aims of the PSP(s)

AMEs should learn that PSPs are to prevent that pilots with mental health issues are driven ‘underground’, but instead come forward to seek help.



# PSPs and AMEs

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AMEs should teach pilots that:

- self-reporting of addiction or mental health problems will improve flight safety;
- one can recover from addiction and/or mental health problems;
- self-reporting can be the start of regaining a healthy and safe pilot career.



## PSPs and AMEs

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Mental health is not a binary sick / not sick status

In the continuum of well - to less well - to mental illness there are pilots/ATCOs feeling less well for whom deterioration to illness or mental incapacitation events might be prevented by suitable support and/or treatment, while keeping them on an active job status or taking them temporary off the roster during treatment while keeping their licence.

[Working Paper A41-WP/256 – ICAO 2022]





## How can PSPs support the work of AMEs?

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- helping to prevent escalation of mental health problems
- promoting self-referral
- referring to a MHS for treatment
- mental health monitoring and detecting signs and symptoms of decreased fitness in between two medical examinations
- educating about the aeromedical assessment process
- providing access to accurate medical information to support applicants with medical certification issues or concerns



## How can PSPs support the work of AMEs?

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- promoting a mental well-being culture in a just-culture oriented work environment
- reporting, discussing and mitigating the impact of organizational stressors on mental health of safety critical personnel
- providing non-judgmental help for those colleagues who have limitations or lost their licence and help them cope with the new situation



## Self-assessment for pilots/ATCOs

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Self-assessment using a Fit-to-Fly tool (checklist) may lead to a need for support and self-referral to a PSP, or external MHS, or disclosure to an AME.

Keywords for factors concerning health, wellness and prevention :

Sleep, Fatigue, Appetite, Stimulants and medications, Mood, Concentration, Stress, Motivation, Social support, Organisation, Career, Economy, Family, Relaxing methods.

[Bio-Psycho-Social Model (Engel, 1977)]



# Self-assessment for pilots/ATCOs

Factor	Good ----- Challenging	Remarks
Sleep		
Fatigue		
Appetite		
Exercise		
Stimulants/medication		
Mood		
Concentration		
Stress		
Motivation		
Social support		
Organisation		
Changes in position/roles		
Economy		
Family		
Relaxing techniques		





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*Thank you for your attention!*

