



MINISTERIO  
DE FOMENTO



# “Mental Health: AESA Approach”

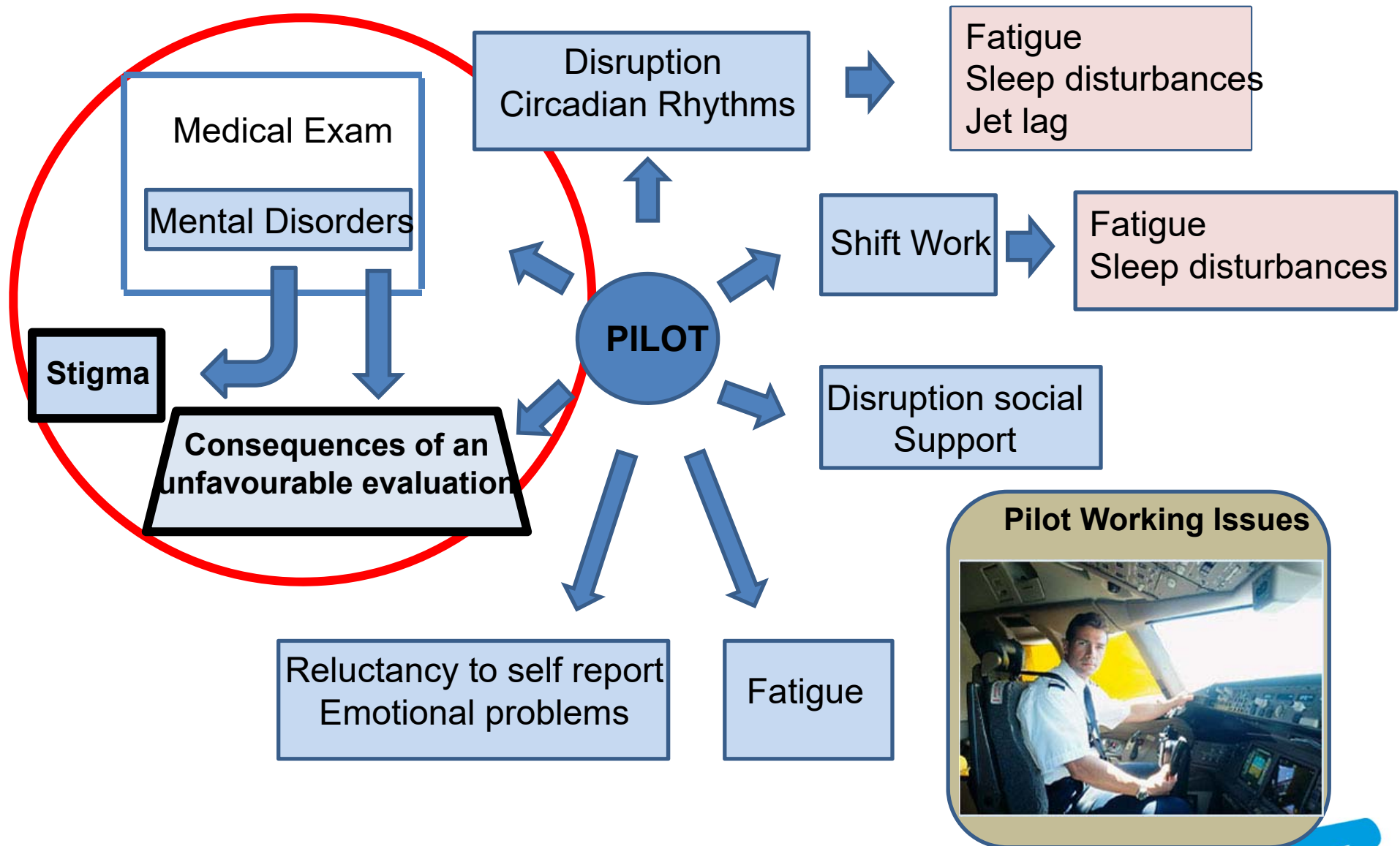
## ECAM: Aeromedical Examiners Refresher Course

Francisco Rios Tejada  
Jefe División Medicina  
ECAM, Prague, 21/09/2018

- Psychological distress and mental health issues can cause a significant impairment to pilot performance and therefore flight safety.
- Since GW, pilot mental health has become a more prominent concern among aviation regulators, and also in the mind of the general public.



# Situation



Application Form/General & Med. History

AME-Pilot Interview

Rule out

TRUST

Open Interview

Structured Interview

Balance/Compromise

- Noticeable impairment in cognitive function.
- Mood disturbance.
- Significant PSYCHO/PSYCHIC SX.
- Psycho risk factors.
- Allow to refer to specialist in Mental Health.



### ***EASA Recommendation num 2:***

«The Psychological part of the initial and recurrent aeromedical assessment and the related training for aeromedical examiners should be strengthened».



## Issues Identified

- Candidate interview/questionnaire very little impact in mental health.
- AME: Lack of adequate training in mental health problems.
- Need of «Comprehensive and up to date Syllabus of training specifically designed for AME's».
- Lack of normalization in the Psychological approach and assessment of candidates: Psychometric testing.



## AESA Experience AESA (2016-17)

Applicant	Class	Date	Application Request	Problem	Final
FPG	2	17-08-16	Negative	Personality Dis.	Revocation
EMS	2	01-06-16	Negative	Bipolar Dis.	Denial
SSP	2	06-06-16	Negative?	Personality Dis.	Denial
DMR	LAPL	30-01-17	Negative	Bipolar Dis.	Revocation
RAC	1	28-01-16	Negative	Bipolar Dis.	Revocation
AD	1	09-02-17	Negative	Drugs	Follow Up
DVC	1	15-09-16	Negative	E-OH	Follow Up
RDA	1	31-03-16	Negative	Psychosis	Revocation
IH	CC/2	30-01-17	Negative	Suicide Attempt	Susp/Revoc

Total: 9 cases

«Application Request without findings vs emergent Mental Disorders»



# WG Composition

- Representative of the Spanish Aviat. Med. Society (SEMA) and AME. (MED)
- Staff Psychiatrist of AeMC. (MED)
- Psychologist appointed by one AeMC. (PSY)
- Psychologist appointed by the General Council of College of Psychology. (PSY)
- Psychologist appointed by University CUD-AGA. (PSY)
- Psychologist appointed by the Spanish Association of Aviation Psychology. (PSY)
- Medical assesor of AESA. (MED)
- CMO of AESA. (MED). Coordinator





# Objectives

- To define a mini-questionnaire in order to help AME in the mental health evaluation of the applicant.
- To provide guidelines related to Mental Health Issues, to take into account by the AME.
- To produce a comprehensive Syllabus of Training designed for AME in the area of Mental Health.
- To standardized the psychological approach and psychometric testing for the evaluation of candidates.



## Part 1: Mini-Questionnaire

Answer the following questions related to the last year or last valid time of medical certificate:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. <i>Sleep pattern has change</i>  | 1 | 2 | 3 | 4 | 5 |
| 2. <i>I have got significant stress time</i>  | 1 | 2 | 3 | 4 | 5 |
| 3. <i>I feel motivated in my job</i>  | 1 | 2 | 3 | 4 | 5 |
| 4. <i>My family expectations are fully accomplished</i>   | 1 | 2 | 3 | 4 | 5 |
| 5. <i>Sometimes I felt guilty due to alcohol</i>  | 1 | 2 | 3 | 4 | 5 |
| 6. <i>I feel much more snappy</i>   | 1 | 2 | 3 | 4 | 5 |
| 7. <i>My finances are acceptable</i>  | 1 | 2 | 3 | 4 | 5 |
| 8. <i>I fall down sleeping all the night long</i>   | 1 | 2 | 3 | 4 | 5 |
| 9. <i>I rather like to relax after work, having a drink</i>   | 1 | 2 | 3 | 4 | 5 |
| 10. <i>It is hard to me to control my mood</i>  | 1 | 2 | 3 | 4 | 5 |
| 11. <i>Many colleagues are good friends</i>   | 1 | 2 | 3 | 4 | 5 |
| 12. <i>My family status is kept stable</i>  | 1 | 2 | 3 | 4 | 5 |
| 13. <i>My weight does not significantly change</i>  | 1 | 2 | 3 | 4 | 5 |
| 14. <i>There are a good work atmosphere</i>   | 1 | 2 | 3 | 4 | 5 |
| 15. <i>Sometimes it is hard to keep myself confident enough</i>                                       | 1 | 2 | 3 | 4 | 5 |
| 16. <i>Sometimes I use medications or substances to keep me better</i>                                | 1 | 2 | 3 | 4 | 5 |
| 17. <i>I am thinking in moving to a new job</i>   | 1 | 2 | 3 | 4 | 5 |
| 18. <i>It is very easy for me to disconnect of my current work</i>                                    | 1 | 2 | 3 | 4 | 5 |
| 19. <i>It is hard to catch up my sleep pattern after a few days of work</i>                           | 1 | 2 | 3 | 4 | 5 |
| 20. <i>I really think that certain substances consumption does affect the current labour activity</i> | 1 | 2 | 3 | 4 | 5 |

### Scoring System

- 1: Complete Disagreement/Never
- 2: Disagreement/ Almost Never
- 3: Balance/Sometimes
- 4: Agree/Often
- 5: Complete Agreement/ Always



## Part 2: Open Questions

1. Have you ever got any Psychiatric or Psychological Treatment?
2. Have you got any significant or relevant event?
3. Did you get any accident or incident?
4. Does your professional situation has changed, (position, mates, salary, boss)?
5. How is your family status?
6. Are you aware how relevant it is the Mental Health in Aviation?.





Cerrar ventana

Nota: La puntuaciones se corresponden con el siguiente significado:

1. Totalmente en desacuerdo / Nunca
2. En desacuerdo/Casi nunca
3. Ni de acuerdo ni en desacuerdo / A veces
4. De acuerdo / Con frecuencia
5. Totalmente de acuerdo / Siempre

**Mini Cuestionario**

1. Han cambiado mis patrones de sueño. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. He tenido periodos de estrés significativo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Me siento motivado en el trabajo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Mis expectativas familiares se han cumplido. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Alguna vez me he sentido culpable por lo que he bebido. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Me he vuelto más irritable. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Mi situación económica es aceptable. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Duermo toda la noche del tirón. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Me gusta relajarme después del trabajo tomándome una copa. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Me cuesta controlar mi genio. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Muchos de mis compañeros son buenos amigos. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Mi situación familiar se mantiene estable. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Mi peso se mantiene estable sin variaciones significativas. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Hay buen ambiente en mi trabajo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Algunas veces me cuesta mantener la confianza en mí mismo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Ocasionalmente tomo medicamentos o productos para encontrarme mejor. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. He pensado en cambiar de trabajo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Consigo desconectar del trabajo fácilmente. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Me cuesta recuperar el ciclo del sueño tras días de trabajo. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Creo que el consumo de algunas sustancias no afecta a mi actividad laboral. *	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Preguntas Abiertas**

1.- ¿Ha recibido algún tratamiento psicológico y/o psiquiátrico?

2.- ¿Ha vivido acontecimientos significativos o relevantes?

3.- ¿Ha tenido algún incidente/accidente?

4.- ¿Ha cambiado su situación laboral (cargo, compañeros, sueldo, jefes...)?

5.- ¿Cómo es su núcleo familiar?

6.- ¿Es consciente de la importancia de la salud mental en la Aviación?

**Resultado**

Resultado del Cuestionario: \*  Normal  Anormal

Resultado de la Entrevista:  No Realizada  Normal  Anormal

Derivación a Especialista autorizado: \*  Si  No

Siguiente



## MINI CUESTIONARIO RELATIVO A LA SALUD MENTAL DEL TRIPULANTE

**Declaración:** Declaro que las anotaciones efectuadas, a mi mejor entender, son correctas y completas y que no he omitido ninguna declaración importante o efectuado anotación errónea. Acepto que si he hecho alguna anotación falsa o errónea relacionada con esta solicitud, o no proporciono la información médica necesaria, la autoridad puede denegarme el certificado médico o cancelar el certificado médico emitido, sin perjuicio de cualquier otra acción aplicable según las leyes nacionales.

**Consentimiento para transferir información médica:** Autorizo a la transferencia de toda la información contenida en este informe y cualquier otra al AME y, siempre que sea necesario, al asesor médico de la autoridad de licencias, comprendiendo que estos documentos o los datos guardados electrónicamente son para completar la evaluación médica y que serán y se tendrán bajo la propiedad de la autoridad de licencias, teniendo en cuenta que, bien yo o mi médico, podemos acceder a ella acorde a la normativa nacional. La confidencialidad médica será siempre respetada en todo momento. (Debe ser cumplimentado por el tripulante / ATCO, con la supervisión del AME)

Lea con detenimiento las preguntas y rodee con un círculo la que estime adecuada con arreglo a las instrucciones siguientes.

NOTA: las puntuaciones se corresponden con el siguiente significado:

1. Totalmente en desacuerdo/Nunca
2. En desacuerdo/Casi nunca
3. Ni de acuerdo ni en desacuerdo/A veces
4. De acuerdo/Con frecuencia
5. Totalmente de acuerdo/Siempre

Responda a las siguientes preguntas referidas al último año o periodo de vigencia de su certificado:

1. Han cambiado mis patrones de sueño
2. He tenido periodos de estrés significativo
3. Me siento motivado en el trabajo
4. Mis expectativas familiares se han cumplido
5. Alguna vez me he sentido culpable por lo que he bebido
6. Me he vuelto más irritable
7. Mi situación económica es aceptable
8. Duermo toda la noche del tirón
9. Me gusta relajarme después del trabajo tomándome una copa
10. Me cuesta controlar mi genio
11. Muchos de mis compañeros son buenos amigos
12. Mi situación familiar se mantiene estable
13. Mi peso se mantiene estable sin variaciones significativas
14. Hay buen ambiente en mi trabajo
15. Algunas veces me cuesta mantener la confianza en mí mismo
16. Ocasionalmente tomo medicamentos o productos para encontrarme mejor
17. He pensado en cambiar de trabajo
18. Consigo desconectar del trabajo fácilmente
19. Me cuesta recuperar el ciclo de sueño tras días de trabajo
20. Creo que el consumo de algunas sustancias no afecta a mi actividad laboral

	1	2	3	4	5
1	X				
2		X			
3			X		
4	X				
5			X		
6				X	
7			X		
8	X				
9	X				
10		X			
11			X		
12		X			
13		X			
14		X			
15			X		
16			X		
17			X		
18				X	
19					X
20				X	

Nombre, Apellidos y Firma del Candidato/a

Firma, fecha y sello del AME

Ejemplar para el interesado

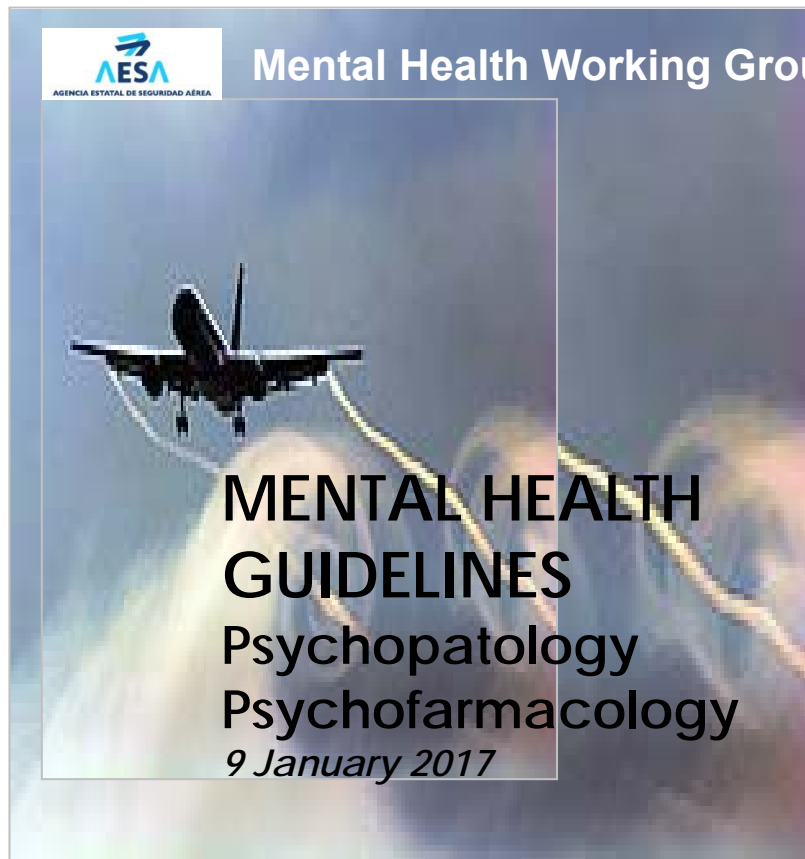
www.seguridadaerea.gob.es

28020 MADRID  
TEL: +34 91 396 80 00  
FAX: +34 91 770 54 65



## Mental Health Guidelines

1. Instructions and guidelines to complete **Mini-Questionnaire (MQ) & Open Questions (OQ)**
2. **General Guidelines in the area of Mental Health: «MENTAL HEALTH GUIDELINES».**
3. **Restricted access by AME through Aeromedical Application: MQ & OQ**
4. **Open access by AME and professionals through web site «MENTAL HEALTH GUIDELINES».**



### INDEX

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- I. Anxiety
  - a. Diagram
  - b. Diagnostic criteria
- II. Depression
  - a. Diagram
  - b. Diagnostic criteria
- III. Suicide risk assessment
- IV. Bipolar disorders
- V. Sleep
  - a. Sleep Hygiene
- VI. Addictions
  - a. Substances and false positive results
  - b. Test: Audit y Cage
- VII. Psychosis
- VIII. Organic disorders
- IX. Psychopharmacology



## **INTRODUCTION (15 min.)**

- Relevance of Mental Health in Aviation.
- EASA Recommendations.
- Rationale: Incidents & Accidents (Germawings & others))
- Flight Safety.
- EASA Reg's & AMC's
- Learning objectives.

## **1.- AVIATION PSYCHOLOGY & HHFF (60 min.)**

- Relevance of Psychology in Mental Health.
- HHFF & Errors in Aviation: Reason Model & HFACS
- Information processing: Cognitive impairment & psychomotor functions
- Brief HX of Aviation Psychology
- HHFF & Aircraft Accidents
- Learning Objectives.

## **2.- AME-PILOT RELATIONSHIP (15 min.)**

- Responsibility of AME: Raise awareness among AME's.
- Referrals.
- Interface with authority. Confidentiality.
- Learning Objectives.



### **3.- INTERVIEW, TECHNICAL APPROACH (120 min.)**

- Basic skills to consider during interview
- Estructural and Semistructural Interview
- Approved Questionnaire by EASA.
- Non verbal communication
- AME Active Listening
- Learning Objectives

### **4.- PSYCHOLOGICAL TECHNICAL EVALUATION (90 min)**

- Psychological Exam: methodology.
- Description & Evaluation
- Personality and Conductual Profile
- Learning Objectives

### **5.- PSYCHOPATHOLOGICAL DISORDERS (120 min)**

- Anxiety. Panic disorders and generalized anxiety disturbances.
- Phobia: fear to fly
- Obsessive Disorders
- Dissociative and Somatomorphic disorders
- Stress Reaction: acute and chronic
- Adaptation disturbances
- Pathological mourning
- Psychotic disorders
- Mood and affective disturbances: depression, bipolar disturbances
- Suicidal behaviour & risk assessment
- Personality disorders
- Organic disorders
- Drugs, Alcohol & Psychoactive substances: use and abuse (Chapter 6)
- Problems related to Eating habits/behaviour.
- Other disorders
- Learning Objectives



## **6.- USE & ABUSE OF SUBSTANCES: FLIGHT INCOMPATIBILITY (45 min)**

- Alcohol.
- Legal & Non Legal Drugs
- Legal stimulants consumption.
- Parapharmacy, natural/herbal remedies and selfmedication
- Psychactive substances guidelines
- Learning objectives

## **7.- STRESS & FATIGUE IN FLIGHT (45 min)**

- Life events associated to stress
- Flight Fatigue
- Circadian rythms & sleep disorders
- Rest-Activity: guidelines and standards
- “Fatigue Resource Management System” (FRMS): Programme
- Learning Objectives

## **8.- PREVENTIVE ISSUES in MENTAL HEALTH (30 min)**

- Sleep Hygiene
- Physical training
- Psychological training
- Eating and nutritional facts
- Learning objectives





## **9.- REQUIREMENTS & AEROMEDICAL DISPOSITION (30 min)**

- Recommendations to resume medical certificate
- How to keep medical certificate after.
- What to do if airmen does not feels well or a mental health problem is raised.
- Psychopathological follow up
- Learning Objectives

## **10.- PRACTICAL CASES: MORE FREQUENT PSYCHOPATHOLOGIES IN AVIAT MEDICINE**

- Cases study
- Simulations: Role-playing.
- Learning Objectives



# PSYCHOMETRIC TESTING (1)

## Note:

- Mark the Test performed.
- Complete at least 1 Personality and Intelligence Test for Class 1 Medical Certificate.
- Complete at least 1 Personality and Intelligence Test + 1 Stress Management Test for Class 3 Medical Certificate.
- Complete the corresponding Class 1 or 3 included in Viena Test.
- In case of new medical exam after denial because of Psychological reasons the new Exam will include accepted psychometric testing but different from the applied in the previous exam. besides it will be acceptable after the Psychological assessment to apply the same test already performed plus at least another from the same group or of the including in the group "Other Testing".

### 1. PERSONALITY (Class 1 and 3)

- PAI (Personality Assessment Inventory)
- CTC (TEA Clinical Questionnaire)
- 16-Pf-5 (Personality Factorial Questionnaire)
- MMPI-2 (Minnesota Multiphasic Personality Inventory - 2)
- MMPI-2-RF (Minnesota Multiphasic Personality Inventory – 2-RF)

Cut-Off Point: It will be considered as abnormal 2 typical deviations above or under the mean in at least two dimensions. In this cases it will be necessary to extend the evaluation.

Result: Direct scoring and percentile of every scale.

### 2. INTELLIGENCE (Class 1 and 3)

- BAT-7 (TEA Aptitude Battery High Level)
- PMA (Primary Mental Aptitude Test)
- DAT 5 (Differential Abilities Test 5)
- EFAI-4 (Intellectual Aptitudes Factorial Evaluation -4)

Cut-Off Point:  $\geq 40\%$ .

Comments/Remarks:

Result:



Aeromedical interview apply to all



## PSYCHOMETRIC TESTING (2)

### 3. STRESS MANAGEMENT (Class 3)

- **CRI-A** (CREST Registered Intrusion Analysis)

Cut-Off Point: 2 Typical deviations under or above of mean average.

Comments/Remarks:                      Result:

### 4. OTHER TESTING

Cut-Off Point: According to normal value established by scales.

- **TIG 2** (General Intelligence Test)
- **D2** (D2 Test of Attention)
- **PAS** (Personality Assessment Screener)
- **VIENA TEST:**

#### Transport and Commercial Pilots:

- **PST** (spatial aptitude for pilots, navigation skills). Cut-Off Point= 7 (direct scoring).
- **WAFG:**
  - **UNI** (reaction time, mental and organic disorders). Cut-Off Point=550 (direct scoring).
  - **CROSS** (divided attention, state of alert). Cut-Off Point=646 (").
  - **DT/S1** (stress reactive tolerance and associated capacities, stress conductual reactions).

#### Helicopter Pilots:

- **A3DW/S1** (spatial aptitude perception)
- **DT/S2**

#### Air Traffic Controllers (ATCO):

- **SIMKAP/S2** (simultaneous capacity: final performance under simultaneous either routine or demanding cognitive task. Stress tolerance.
- **WAFG**

Comments/Remarks/Recomendations:                      Result:                      Global Profile:

**Final Result:**



**Aeromedical interview apply to all**



PSYCHOLOGICAL EXAMINATION REPORT

23432823X - 0001

Applicant details

MEDICAL IN CONFIDENCE

State of license issue	Class of medical certificate 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> AFIS <input type="checkbox"/> CC <input type="checkbox"/> LAPL <input type="checkbox"/> MEC <input type="checkbox"/>	
Surname	Application <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal	Category <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral
Name	Date of birth	Sex Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Consent to release of medical information:

I hereby authorize the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognizing that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: \_\_\_\_\_ Signature of the applicant \_\_\_\_\_ Signature of Psychologist examiner (witness) \_\_\_\_\_

Family history

\_\_\_\_\_

Personal history

\_\_\_\_\_

Laboral history

\_\_\_\_\_

Medical history	Yes	No	Yes	No	Yes	No
Accident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Injury to head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unconsciousness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Having a hard time sleeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Types of used drugs

\_\_\_\_\_

Diseases

\_\_\_\_\_

Hobbies

\_\_\_\_\_

Medical history details

\_\_\_\_\_

Examiner's declaration

I hereby certify that I/my ABE group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

Place and Date:	Psychologist examiner's name and address:	Psychologist or specialist stamp with No.
Authorized Psychologist examiners signature	E-mail: Telephone No: _____ Fax: _____	

PSYCHOLOGICAL EXAMINATION REPORT

23432823X - 0001

Personal Profile

MEDICAL IN CONFIDENCE

Personality	Date	Result
16-PPe		
CTC		
MMP-2		
MMP-2-RF		
PAI		

Intelligence

BAT-7		
DAT-5		
SFA-4		
PIA		

Global C.  Ast  No Ast  Laterality  Right-Handed  Left-Handed

Remarks

\_\_\_\_\_

Stress Management

CR-A	Date	Result
Global Profile:		

Remarks

\_\_\_\_\_

Other Tests

	Date	Result
D2	01-01-2016	
PAS	01-01-2016	
TIO 2	01-01-2016	
WIENA TEST	01-01-2016	

Global Profile:

Remarks

\_\_\_\_\_

Diagnosis

\_\_\_\_\_

Examiner's declaration

I hereby certify that I/my ABE group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

Place and Date:	Psychologist examiner's name and address:	Psychologist or specialist stamp with No.
Authorized Psychologist examiners signature	E-mail: Telephone No: _____ Fax: _____	

According to the article of the Law 10/2009 on Personal Data Protection Act (LOPD), we inform you that the personal data provided to us through this form will be added to a file owned by Spanish State Agency of Air Security to control the medical fitness of the aviation license holders (AFIS). Right afterwards, as the case continues to develop the procedure, we shall data you may exercise your rights of access, modification, cancellation and opposition by writing to the Aeronautical Security Management of Spanish State Agency of Air Security.

According to the article of the Law 10/2009 on Personal Data Protection Act (LOPD), we inform you that the personal data provided to us through this form will be added to a file owned by Spanish State Agency of Air Security to control the medical fitness of the aviation license holders (AFIS). Right afterwards, as the case continues to develop the procedure, we shall data you may exercise your rights of access, modification, cancellation and opposition by writing to the Aeronautical Security Management of Spanish State Agency of Air Security.



## Conclusions

- **EASA recommendation in relation to assessment of Mental Health Status by AME can be fully accomplished by following directions and procedures of AESA WG.**
- **Information collected more reliable and standardized.**
- **Procedure to refer to specialist in Mental Health the doubtful or borderline cases.**
- **Syllabus of AME Mental Health Course established and Course provided to all Authorized AME's in Spain.**
- **Mental Health Guidelines provided and available throughout website.**
- **Psychometric testing: Standardization substantiated.**

**NOTE:** Implemented in June 2018, well supported, not referrals yet.





Thanks for your attention

[www.seguridadaerea.gob.es](http://www.seguridadaerea.gob.es)  
[farios@seguridadaderea.es](mailto:farios@seguridadaderea.es)

