

# AIRLINE PEER SUPPORT PROGRAM



Dr Mohammad Razin Kamarulzaman  
MBBCH (NUI), MAvMed (Otago)



# SCOPE

- Introduction
- Pilot Incapacitation
- Pilot Mental Incapacitation
- Peer Support Program
- Summary

## DISCLOSURE

- No funding received
- Employee of Malaysia Aviation Group
- Views are personal





# INTRODUCTION

## 13000 Total Workforce

1500 Pilots

2800 Cabin Crew

## 115 Aircrafts

7 Airbus A350

21 Airbus A330 + 3 A332 Freighter

3 Airbus A330-NEO

42 Boeing 737-800NG

11 Boeing 737-MAX8

17 ATR72-500

6 DHC6-400

440 flights/day

12 million pax/year

15 million bags/year

25 countries

74 destinations



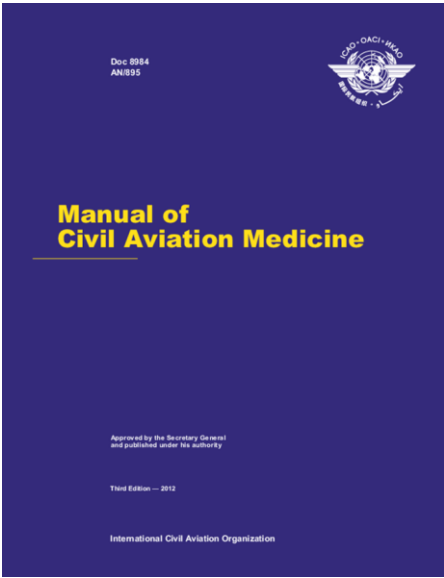
- Safety and Compliance
- Security
- CyberSecurity

# INTRODUCTION

## ICAO Annex 1 Personnel Licensing PEL

### Chapter 1

### Chapter 6



Chapter 9. MENTAL HEALTH .....	III-9-1
9.1 Introduction .....	III-9-1
9.2 Predisposition to psychiatric illness .....	III-9-2
9.3 Psychological testing .....	I II-9-3
9.4 Psychiatric disorders in aviation personnel .....	III-9-3
9.5 Mood disorders .....	III-9-3
9.6 Schizophrenia and delusional disorders .....	III-9-4
9.7 Neurotic, stress-related, and somatoform disorders .....	III-9-5
9.8 Disorders of personality and behaviour .....	III-9-5
9.9 Organic mental disorders .....	III-9-6
9.10 Sleep disorders .....	III-9-6
9.11 Flying and psychoactive medicines .....	III-9-7
9.12 Drug use (Abuse and dependence) .....	III-9-8
Appendix 1. Mini mental status examination .....	III-9-12
Appendix 2. Specific guidance concerning use of antidepressant medication .....	III-9-13

# PILOT INCAPACITATION

Rare

Screened population

Frequent medicals

## US Civil Aviation Medicine Institute report

1993-2015

185 Pilot incapacitation in US License Holder

30% gastro, 14% vasovagal, 11% cardiac

11 deaths (7 deaths on board)

Medical incap 0.61/1,000,000 flight hours

Cardiac incap 0.05/1,000,000 flight hours

Inflight death 0.014/1,000,000 flight hours

In Malaysia by Regulation a Pilot flies 1,000 hours / year



# MENTAL INCAPACITATION

- Germanwings 4U9525, 24 March 2015
- Airbus A320, BCN to DUS
- 27/Male/Co-Pilot
- Depression with suicidal ideation
- Flew the aircraft into the French Alps
- 144 Pax / 6 Crew





# EASA TASK FORCE MAY 2015

## The Task Force recommendations were:

- 1.The principle of 'two persons in the cockpit at all time' should be maintained.
- 2.Pilots should undergo **a psychological evaluation** before entering airline service.
- 3.Airlines should run a random drugs and alcohol programme.
- 4.Robust programme for oversight of aeromedical examiners should be established.
- 5.A European aeromedical data repository should be created.
- 6.Pilot support systems** should be implemented within airlines.



# MESAFE STUDY (MENTal Health for Aviation SAFETY)

**Post Germanwings 2015**  
**Study period 2022-2024**

## **Aim**

Enhance aviation safety by addressing mental health challenges Pilots and Air Traffic Controllers

## **Key Objectives**

1. Assessing Mental Health Risks
2. Developing Assessment Methods
3. Reviewing Certification Processes





# MESAFE STUDY (MENTal Health for Aviation SAFETY)

## Findings

### Impact of Mental Disorders

Significantly affect aviation safety

Lack of specific, standardized assessment method

### Need for standardization

Effective evaluation of mental health risk

### Regulatory implications

New assessment methods may require adjustments to existing regulations



# MESAFE STUDY (MENTal Health for Aviation SAFETy)

## Recommendations

1. Update Aeromedical Certification Standards
2. Enhance Training for AMEs
3. Implement Continuous Monitoring Mechanism
4. **Promote Peer Support Programs**
5. Develop Safety Promotion Materials
6. Standardize Substance Use Screening



# MENTAL INCAPACITATION

October 22, 2023

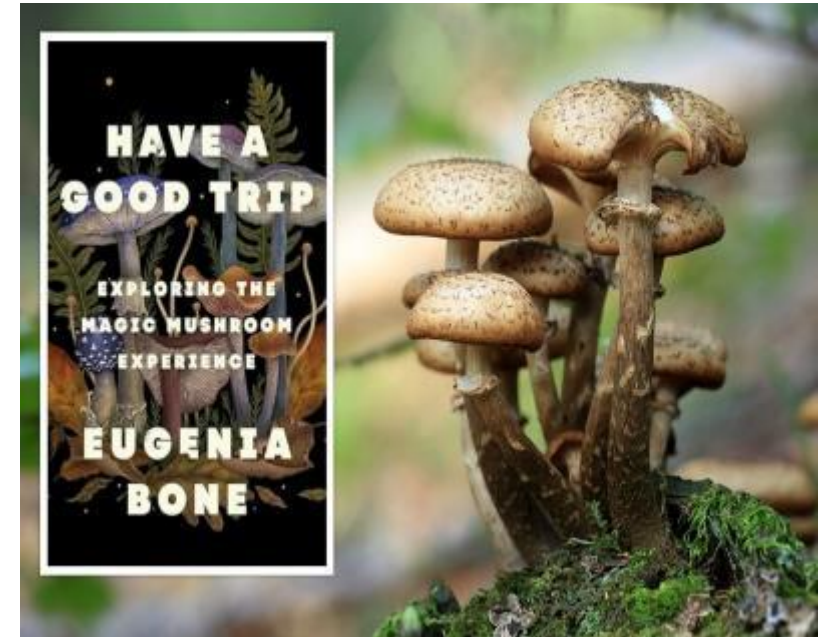
44 y.o Male Captain

Magic Mushroom

Washington State to SFO Divert to Oregon

Deadhead / Jumpseat Embraer

- Attempted to pull Fire Suppression Levers in Cockpit > Shut Down the Engines
- Removed to the back of aircraft.
- Wanted to open emergency exit.
- Asked to be tied
- Arrested on arrival
- Claim severe depression, death of close friend
- Took Magic Mushroom 48hrs before





# CIVIL AVIATION DIRECTIVE 1004

## MEDICAL REQUIREMENTS

### 9.2.1 Class 1 Medical Assessment standards

#### 9.2.1.1 General

9.2.1.1.1 The applicant will not suffer from any disease or disability which could render that applicant likely to become suddenly unable either to operate an aircraft safely or to perform assigned duties safely.

#### 9.2.1.2 Mental health and behavioural disorder

9.2.1.2.1 The applicant will have no established medical history or clinical diagnosis of: a) an organic mental disorder; b) a mental or behavioural disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances; c) schizophrenia or a schizotypal or delusional disorder; d) a mood (affective) disorder; e) a neurotic, stress-related or somatoform disorder; f) a behavioural syndrome associated with physiological disturbances or physical factors; g) a disorder of adult personality or behaviour, particularly if manifested by repeated overt acts; h) mental retardation; i) a disorder of psychological development; j) a behavioural or emotional disorder, with onset in childhood or adolescence; or k) a mental disorder not otherwise specified; l) such as might render the applicant unable to safely exercise the privileges of the licence applied for or held.

9.2.1.2.2 An applicant with depression, being treated with antidepressant medication, will be assessed as unfit unless the MA, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.

**Note 1.— Guidance on assessment of applicants treated with antidepressant medication is contained in the ICAO Manual of Civil Aviation Medicine (Doc 8984)**



# CIVIL AVIATION DIRECTIVE 6007

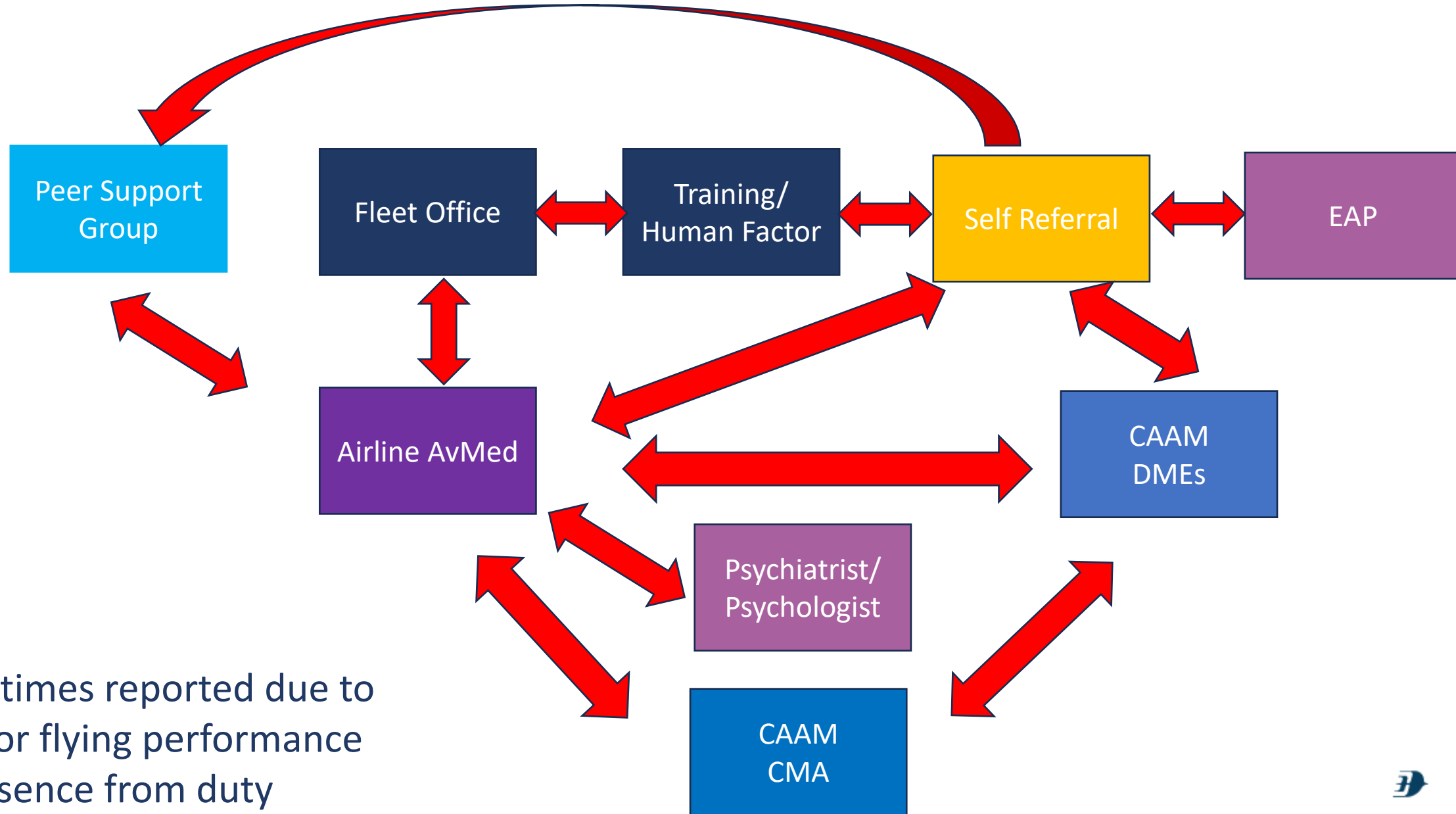
## OPERATOR ALCOHOL AND DRUG TESTING PROGRAM

7.1.2 An AADMP must include the following:

- a) processes for the AOC holder to be informed of any crew member it employs who is believed to be engaging in the problematic consumption or use of alcohol and/or drugs;
- b) a risk-based testing programme for the crew members employed by the AOC holder;
- c) a medical intervention and rehabilitation programme for any affected crew member;
- d) a peer support programme for any affected crew member;
- e) a programme for educating all crew members the AOC holder employs on the risks associated with the problematic consumption or use of alcohol and/or drugs.



# PATHWAYS TO A MENTAL WELLBEING CONSULT



## Most times reported due to

- Poor flying performance
- Absence from duty



# AIRLINE MENTAL HEALTH SUPPORT

- Peer Support Program
- Employee Assistance Program
- Visiting Psychologist
- Clinic consult and referral



# MALAYSIA AVIATION GROUP PEER SUPPORT (MAPS) PROGRAM

## Reference from

CAD 6007 – Operator Alcohol and Drug Testing Programme

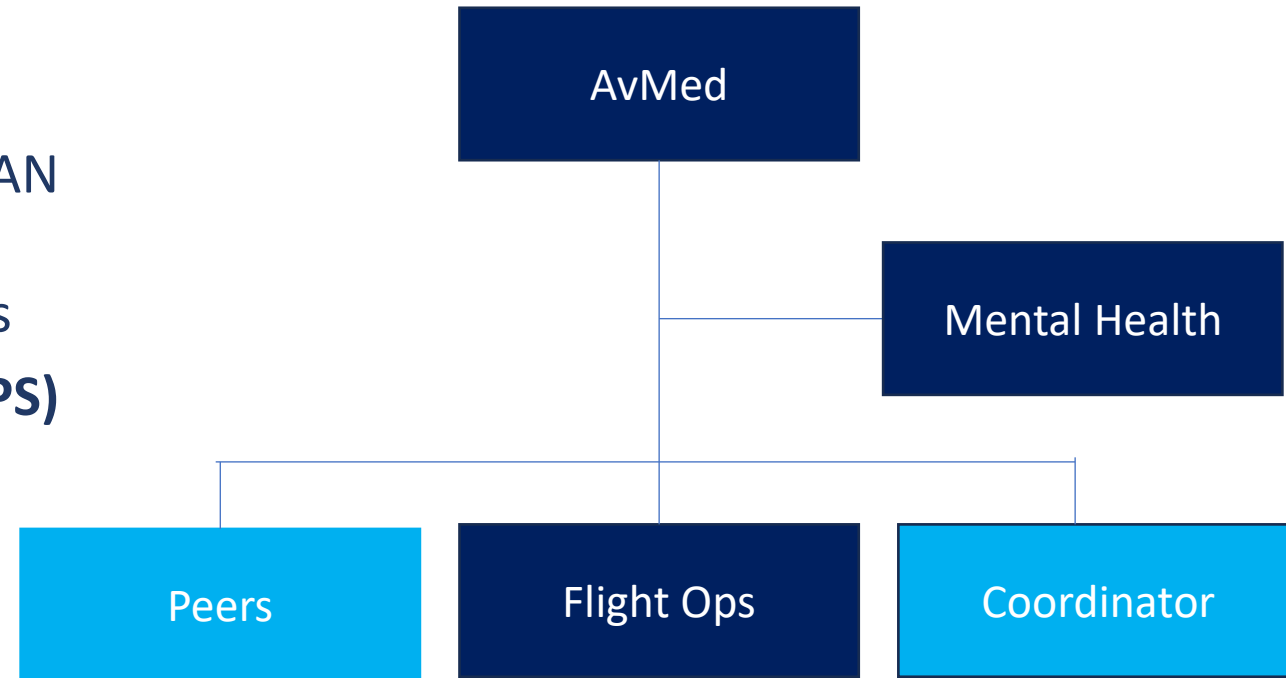
## Guided by

EASA recommendation and British Airways PAN PAN Speedbird Program

At present initiative lead by Malaysia Airlines

## Malaysia Aviation Group Peer Support (MAPS)

- Introduced in October 2024
- Captains and First Officers
- Volunteer Line Pilots
- Non-Managerial / Non-Instructor
- Male and Female
- Not only related to Drugs and Alcohol
- Two series of training by Psychologists



# MALAYSIA AVIATION GROUP PEER SUPPORT PROGRAM

## Peer Support Program Guidance Manual

**Purpose:** The Peer Support Program (PSP) is designed to provide a confidential, supportive network for flight crew and cabin crew to get support with mental wellbeing or life stress issues from a dedicated and trained colleague in a confidential setting.

**Goal:** Is to enhance safety, mental health, and overall job satisfaction within the aviation community.

**Principles:** Confidential, Non-Judgmental, Listening, Counselling, Life Events, Non-Emergencies, Referral Escalation



## PEER SUPPORT PROGRAM GUIDANCE MANUAL

Table of Contents

Preface

1. Introduction

1.1 Purpose of the Program

1.2 Scope

2. Structure of the Program

2.1 Peer Support Network

2.2 Roles and Responsibilities

3. Required Training

3.1 Initial Planning

3.2 Recurrent Training

3.3 Training and Certification

4. Program Guidelines

4.1 Confidentiality

4.2 Support Process

4.3 Referral Mechanism

4.4 Documentation

5. Contact Information





# MALAYSIA AVIATION GROUP PEER SUPPORT PROGRAM



## 1 April 2025

- 35 km from KLIA
- Gas pipeline explosion
- >400 homes affected
- 20 MAG personnel
- 6 MH Pilots

## Six Monthly Oversight Meeting

12 cases – 10/12 texted or calls, 2/12 Face to Face

## Self Referral

Two cases

1. Relationship
2. Stress - training

## Proactive Peer Support

Four cases – Post In Flight Emergencies

Six cases – Post disaster gas pipeline explosion

Case discussion - Deidentified

All recovered and did not need medical attention

# SUMMARY

Pilot with mental health issues is difficult to detect at clinical consult.

Most times reported due to

- Poor flying performance
- Absence from duty

Approaches include

- Peer Support Program
- Employee Assistance Program
- Mental wellness counselling
- Medical consult



# REFERENCES:

[www.caam.gov.my](http://www.caam.gov.my)

CAD 1 Medical Requirements

CAD 6007 Operator Alcohol and Drug Testing Programme

<https://www.nytimes.com/2025/03/18/magazine/airline-pilot-mental-health.html>

[https://flightsafety.org/wp-content/uploads/2024/10/FSF\\_MentalHealthWhitePaper\\_V5.pdf](https://flightsafety.org/wp-content/uploads/2024/10/FSF_MentalHealthWhitePaper_V5.pdf)

<https://www.ifalpa.org/publications/library/mental-health-requirements-for-active-pilots--4151>

<https://www.ipaac.com/post/join-us-in-osaka-advancing-aviation-safety-through-peer-support>



**Thank You.**  
**Terima Kasih.**