AEROMEDICAL EXAMINATION 0F AIR CREW INITIAL AND REVIEW

Mental, Behavioural & Social Functioning Assessment

A structured screening approach for early identification of concerns

Focus: mental state, stress & coping, interpersonal functioning, CRM, sleep, substance use, insight and judgment.

Purpose: identify potential aeromedical risk — not to make a psychiatric diagnosis during a routine examination

Why Include Mental & Social Functioning?

Mental health and behavioural problems may first become apparent through changes in performance or interpersonal behaviour

Commercial flying requires effective communication, teamwork, judgement and self-awareness

Routine medical renewal provides an opportunity for early identification and prevention

Assessment should be brief, structured, confidential and aviation-focused

1. Observe Before You Ask

- Appearance and grooming
- Attitude, cooperation and rapport
- Eye contact and behaviour
- Speech — rate, volume and coherence
- Mood and affect
- Thought process and content
- Attention, concentration and cognition
- Insight and judgement

2. Stress & Coping

"How have you been coping with work recently?"

"Have you experienced any significant work or personal stress during the past year?"

"Tell me about the most stressful situation you have experienced recently. How did you deal with it?"

Assess: resilience, problem-solving, emotional control, help-seeking and recovery

Look for deterioration from the pilot's normal baseline

3. Social & Interpersonal Functioning

- Family and close relationships
- Relationships with flight crew and colleagues
- Relationship with management
- Recent conflicts or interpersonal difficulties
- Ability to accept criticism and alternative views
- Ability to work effectively as part of a crew

Important: assess functional impact — not personality preference.

4. CRM & Safety Attitude

"Do you feel comfortable admitting an error or asking another crew member for assistance?"

"If a First Officer challenged a decision you had made, how would you respond?"

"If you believed another crew member was medically or psychologically unfit to fly, what would you do?"

"If you personally felt unfit to fly, what would you do?"

Look for: openness, self-awareness, appropriate authority gradient and safety-first judgement

5. Mood, Sleep & Behaviour

- Persistent low mood or loss of interest
- Anxiety or excessive worry
- Unusual irritability or anger
- Unusual high energy or reduced need for sleep
- Significant behavioural or personality change
- Difficulty concentrating
- Sleep disturbance, fatigue or excessive daytime sleepiness
- Any suicidal thoughts or thoughts of self-harm → immediate appropriate clinical assessment

6. Alcohol & Psychoactive Substances

- Ask in a neutral, non-judgemental manner
- Alcohol: frequency, quantity and pattern
- Use of alcohol, medication or other substances to cope with stress or sleep
- Recreational/psychoactive substance use
- Consider impairment, dependence, misuse and safety implications
- Follow applicable CAA policy and referral/testing pathways

7. Insight & Self-Awareness

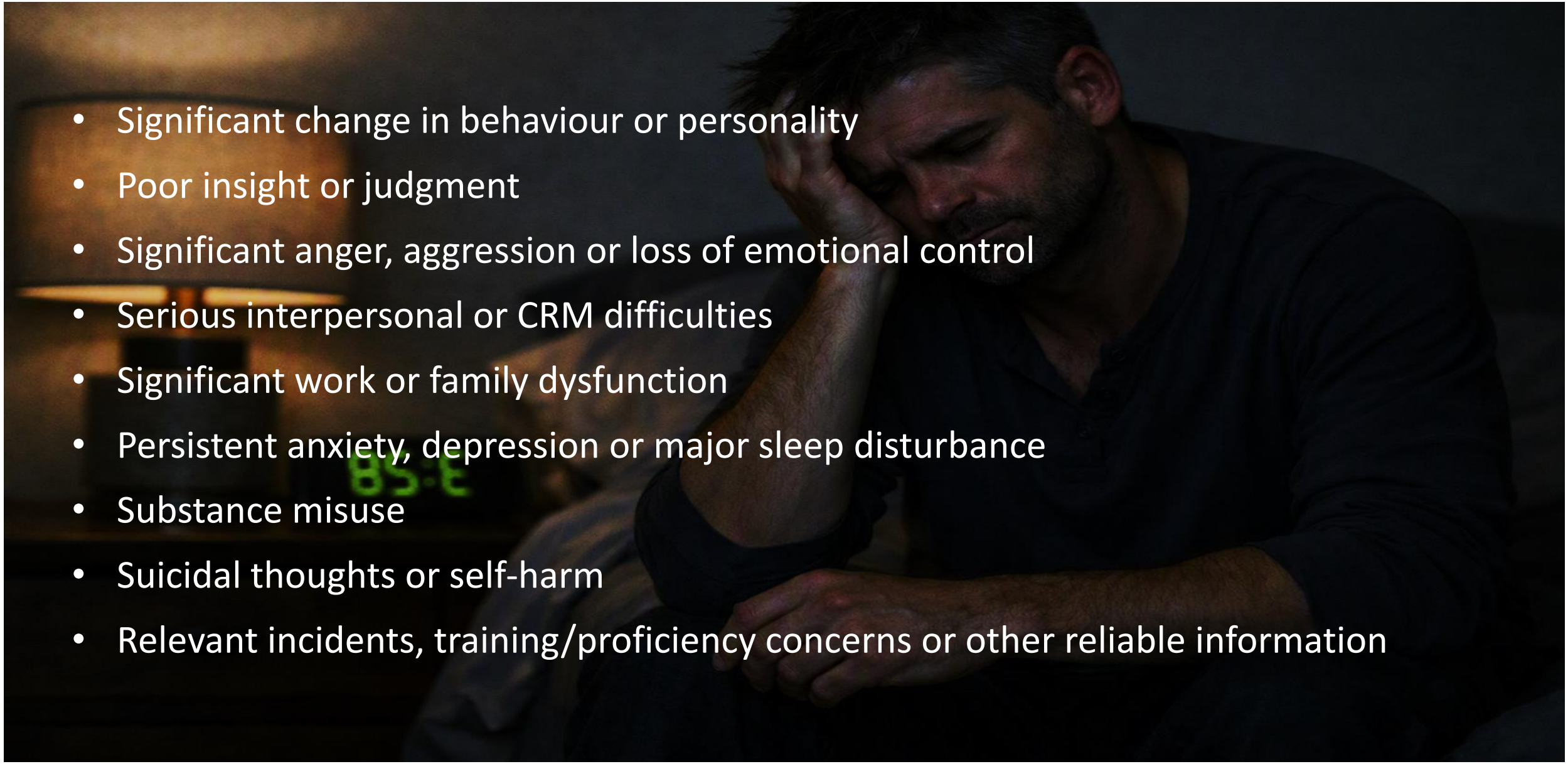
"What do you consider to be the most stressful part of being a commercial pilot?"

"What signs would tell you that your mental health or performance was deteriorating?"

"What would make you seek professional help?"

Strong protective indicators: insight, willingness to seek help and willingness to self-ground when unfit

Red Flags Requiring Further Exploration



- Significant change in behaviour or personality
- Poor insight or judgment
- Significant anger, aggression or loss of emotional control
- Serious interpersonal or CRM difficulties
- Significant work or family dysfunction
- Persistent anxiety, depression or major sleep disturbance
- Substance misuse
- Suicidal thoughts or self-harm
- Relevant incidents, training/proficiency concerns or other reliable information

Medical Assessor Decision Pathway

GREEN
No significant concern
Normal mental state
Adequate coping & social functioning
→ Continue routine assessment

AMBER
Some concern
No clear evidence of impairment
→ Explore further / obtain information / review

RED
Significant concern
Potential safety or functional impairment
→ Specialist assessment / Medical Assessor

Suggested Documentation

- Mental state: Normal / Concern identified
- Stress & coping: Adequate / Concern identified
- Social & interpersonal functioning: Appropriate / Concern identified
- Sleep & fatigue: Adequate / Concern identified
- Insight & judgement: Appropriate / Concern identified
- Overall: No significant psychological/social concern identified
- Or: Findings warrant further psychological/psychiatric assessment before a fitness-to-fly decision

Key Principle for CAA Implementation

- This is a SCREENING instrument — not a psychiatric diagnostic test
- Do not label a pilot based on personality style or isolated interpersonal difficulty
- Focus on change from baseline, functional impairment, safety behaviour, judgement and CRM
- Use specialist aviation psychology/psychiatry when indicated
- Maintain confidentiality and document objective findings
- The ultimate question: “Could this issue adversely affect safe exercise of licence privileges?”

Recommended Next Step for the CAA SOP

- Develop a one-page routine screening form for AMEs
- Define objective GREEN / AMBER / RED referral criteria
- Create a 5-minute Medical Assessor decision algorithm
- Establish referral pathways to Clinical Psychology and Aviation Psychiatry
- Integrate relevant information from incidents, training and proficiency assessments where permitted
- Pilot the form with AMEs before formal CAA implementation