



International Civil Aviation Organization

ELECTRONIC BULLETIN

For information only

EB 2026/12

9 April 2026

MENTAL HEALTH IN AVIATION OPERATIONS IN CONFLICT ZONES

1. Mental health risks in conflict zones are foreseeable, cumulative, and safety-critical. Aviation personnel engaged in civil aviation operations within or near conflict zones can experience higher levels of stress, anxiety and fatigue – both on the ground and in the air. If these effects are not recognized and addressed, they can negatively affect individual well-being and potentially compromise flight safety. All aviation personnel are at risk — including flight crews, air traffic controllers, cabin crews, maintenance and ground personnel. Addressing these risks require multi-layered mitigation measures at various levels.
2. ICAO acknowledges that major crises can have significant effects on both aviation personnel and aviation operations. ICAO subsequently urges States, the aviation sector and public health stakeholders to work collaboratively to implement proactive strategies to promote and support the mental well-being of aviation personnel to enable safe aviation operations. Aviation stakeholders are further encouraged to assist passengers under these circumstances to the greatest extent possible.
3. Supporting employee mental well-being at all levels might mitigate the risk of errors and contribute to personal resilience, which could reduce the potential for flight safety occurrences, incidents or accidents.
4. Timely, transparent and two-way communication between management and aviation personnel is essential to decrease uncertainties by discussing relevant difficulties and constraints, potential solutions, reasons for decisions, expectations from aviation personnel, potential incentives and available support mechanisms to maintain personal mental well-being and sustain safe aviation operations.
5. Visible leadership engagement is important and could be best achieved through in-person communication or video communication scheduled at regular intervals, which might be preferable to impersonal written communications.
6. States and aviation stakeholders are invited to consider the information provided in the accompanying enclosure to promote mental health awareness and safe practices during aviation operations in conflict zones.

Enclosures:

- A — Psychological Impacts of Operating in Conflict Zones and potential mitigation measures
- B — References (English only)

Issued under the authority of the Secretary General

ATTACHMENT A to EB 2026/12

PSYCHOLOGICAL IMPACTS OF OPERATING IN CONFLICT ZONES AND POTENTIAL MITIGATION MEASURES

1. Civil aviation is generally a high-pressure environment, partly due to the nature of aviation operations and partly due to the physiological limitations of the human being in the working environment. In terms of mental health, aviation personnel are reluctant to seek assistance, which could be related to cultural practices or the fear of the consequences it might have on their aviation careers.
2. Working under exceptional circumstances in a conflict zone exposes individuals to additional stressors that can negatively affect mental well-being. It could include the fear of direct exposure to imminent danger, such as a missile strike, explosion or other threat. Working under such conditions might lead to anxiety, distraction, hypervigilance, sleep disturbances, fatigue or acute stress symptoms that could impair functioning and endanger aviation safety. These acute reactions can be caused by actual exposure, witnessing, or even hearing about a traumatic event or violent incident.
3. If these symptoms are not recognized or managed in a timely manner, they could lead to long-term or chronic functional impairment, resulting in mental ill health such as depression, problematic use of psychoactive substances, post-traumatic stress disorder (PTSD) or other mental health disorders.
4. Cumulative stress from prolonged or repeated exposure to conflict might also cause low morale with resultant reduced performance, ultimately leading to depression, exhaustion and burnout.
5. By focusing on mental health awareness and committing to support the mental well-being of aviation personnel, States and aviation stakeholders can mitigate potential negative outcomes, enhance aviation safety and build resilience within the aviation sector.
6. Mitigation measures would depend on the nature of the operations of the aviation entity, the situation, the affected groups, available resources and other considerations that could impact implementation. Some potential measures include:
 - (a) Provide general mental health awareness and support:
 - a. Create a supportive environment where aviation personnel are encouraged to seek mental health support confidentially.
 - b. Develop resources and activities to promote and support mental well-being for all personnel, such as webinars, wellness workshops, etc.
 - c. Provide access to support mental well-being, for example Employment Well-being, Counselling and Peer Support programmes.
 - d. Train personnel to recognize the symptoms of stress and apply acute stress management techniques when needed (e.g. controlled breathing, focus exercises).
 - e. Train managers to recognize when employees are under stress, and when, how and where to refer them to obtain assistance.
 - (b) Potential measures to manage operational risk:
 - a. Assess risk and identify potential mitigation measures.
 - b. Actively engage operational personnel in discussions to obtain their feedback on operational restrictions or constraints, potential changes and anticipated risks and clearly communicate management expectations.
 - c. Rotate assignments to avoid individuals being repeatedly exposed to high-threat situations.

- d. Manage duty time with consideration of fatigue risk mitigation measures.
 - e. Simplify workflows and staffing patterns to reduce pressure.
 - f. Provide access to recreational activities or safe spaces for stress relief.
 - g. Provide updated safety and security briefings, including pre-flight briefings.
- (c) Potential actions after a traumatic event:
- a. Critical incident response measures (e.g. conduct immediate debriefings).
 - b. Provide professional psychological support (trauma counselors, psychologists), either on-site, via telemedicine or through Peer Support Programs.
 - c. Allow time off for recovery.
 - d. Refer for further evaluation and treatment if needed.
- (d) Other potential longer-term actions
- a. Implement gradual return-to-work plans.
 - b. Encourage use of leave and ensure easy access to counseling/ professional help.
 - c. Recognize signs of chronic stress and refer for evaluation.
 - d. Promote team cohesion and mutual support by encouraging team members to check in on each other.
7. Further guidance provided by international, regional and national aviation and healthcare entities - promoting mental well-being, support systems, training, and adjusting operations and policies – should also be consulted to protect aviation personnel, sustain aviation operations, and preserve aviation safety in the most challenging environments.

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ATTACHMENT B to EB 2026/12

REFERENCES

1. International Civil Aviation Organization. Assembly Resolution 42-4: Addressing risks to civil aviation arising from conflict zones.
2. International Civil Aviation Organization. Doc 9957: The Facilitation Manual.
3. International Civil Aviation Organization. Doc 8984: ICAO Manual of Civil Aviation Medicine.
4. International Civil Aviation Organization. Doc 9433: Manual Concerning Interception of Civil Aircraft (Consolidation of Current ICAO Provisions and Special Recommendations).
5. International Civil Aviation Organization. Doc 9734: Safety Oversight Manual
6. International Civil Aviation Organization. Doc 9554: Manual Concerning Safety Measures Relating to Military Activities Potentially Hazardous to Civil Aircraft Operations.
7. International Civil Aviation Organization. ICAO public website. Mental Health guidance. Available at: [Mental Health](#)
8. International Civil Aviation Organization. ICAO EB 2020/55: Promoting, maintaining and supporting mental well-being in aviation during the COVID-19 pandemic.
9. International Civil Aviation Organization. Collaborative publication with IATA & IFALPA: Fitness to fly – A medical guide for pilots, 2019.
10. Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*. 2019;394(10194):240–248. Available at: [New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis - The Lancet](#)
11. World Health Organization. Mental health in emergencies. May 2025. Available at: [Mental health in emergencies](#)
12. World Health Organization. mhGAP Humanitarian Intervention Guide (mhGAP-HIG) training of health-care providers. 2022. Available at: [mhGAP Humanitarian Intervention Guide \(mhGAP-HIG\) training of health-care providers](#)
13. World Health Organization. Mental Health and Psychosocial Support Interventions. 2025. Available at: https://whocares-pss.info/wp-content/uploads/2025/01/WHO-2024-Psychological-interventions-implementation-manual_in-eng.pdf
14. Flight Safety Foundation. Path to Wellness: Charting a New Course for Mental Health in Aviation. 2024.
15. Ahmed Yassin Omer Ahmed, et al. Mental health consequences in populations exposed to war and violence: A global health crisis. *World Journal of Advanced Research and Reviews*. 2025;27(2):1368-1371. Article DOI: <https://doi.org/10.30574/wjarr.2025.27.2.2983>
16. International Federation of Air Line Pilots' Associations (IFALPA). Position paper: Flights Into and Over Conflict Zones. 2023. Available at: [Flights Into and Over Conflict Zones | IFALPA](#)

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