

**CIVIL AVIATION DIRECTORATE**

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**Introduction**

The procedures for mental health & drug and alcohol testing adopted by TMCAD are as follows:

1. Mental health assessment of flight crew will be conducted by a qualified psychiatrist and psychologist at initial for Class 1. For initial Class 2 mental health assessment shall be conducted by an EASA authorised AME and referred to a qualified psychiatrist and psychologist only if the AME deems necessary. In the case of a revalidation or renewal the mental health assessment as specified in Part-MED shall be conducted by an EASA authorised AME.
2. Alcohol and other psychoactive substances testing of flight crew shall be conducted at initial by a certified laboratory by the health authorities.
3. In line with regulation AMC1 MED.B.055(d)(2), AMEs are to conduct drug and alcohol testing at the ratio of one in every ten medicals performed **for pilots holding or will hold (students undergoing training) a Maltese Part-FCL licence**. A list of such testing is to be kept by the AMEs and submitted to the Aero Medical Section as requested.

**Guidance from EASA regulations – Mental Health and Drug and Alcohol Testing**

MED.B.055 Mental Health

- (a) Comprehensive mental health assessment shall form part of the initial class 1 aero-medical examination.
- (b) Drugs and alcohol screening shall form part of the initial class 1 aero-medical examination.
- (c) Applicants with a mental or behavioural disorder due to use or misuse of alcohol or other psychoactive substances shall be assessed as unfit pending recovery and freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment.
- (d) Applicants with a clinical diagnosis or documented medical history of any of the following psychiatric conditions shall undergo satisfactory psychiatric evaluation before they may be assessed as fit:
  - (1) mood disorder;
  - (2) neurotic disorder;
  - (3) personality disorder;
  - (4) mental or behavioural disorder;
  - (5) misuse of a psychoactive substance.
- (e) Applicants with a documented medical history of a single or repeated acts of deliberate self-harm or suicide attempt shall be assessed as unfit. However, they may be assessed as fit after satisfactory psychiatric evaluation.
- (f) Applicants with a documented medical history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder shall be assessed as unfit.

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AMC1 MED.B.055 and GM3 MED.B.055 Mental health – Initial Class 1

Mental health assessment as part of the initial class 1 aero-medical examination:

- (1) A comprehensive mental health assessment should be conducted and recorded taking into account social, environmental and cultural contexts.
- (2) The applicant's history and symptoms of disorders that might pose a threat to flight safety should be identified and recorded.
- (3) The mental health assessment should include assessment and documentation of:
  - (i) general attitudes to mental health, including understanding possible indications of reduced mental health in themselves and others;
  - (ii) coping strategies under periods of psychological stress or pressure in the past, including seeking advice from others;
  - (iii) childhood behavioural problems;
  - (iv) interpersonal and relationship issues;
  - (v) current work and life stressors; and
  - (vi) overt personality disorders.

**This assessment shall be conducted by a qualified psychiatrist and psychologist.**

AMC1 MED.B.055 (b) Mental health – Revalidation and Renewal (Class 1 and Class 2)

The assessment should include review and documentation of:

- (i) current work and life stressors;
- (ii) coping strategies under periods of psychological stress or pressure in the past, including seeking advice from others;
- (iii) any difficulties with operational crew resource management (CRM)
- (iv) any difficulties with employer and/or other colleagues and managers; and
- (v) interpersonal and relationship issues, including difficulties with relatives, friends, and work colleagues.

Where there are signs or is established evidence that an applicant may have a psychiatric or psychological disorder, the applicant should be referred for specialist opinion and advice. These signs include but are not limited to the below:

- Psychotic disorder
- Organic mental disorder
- Psychoactive medication
- Schizophrenia, schizotypal or delusional disorder
- Mood disorder
- Neurotic, stress-related or somatoform disorder
- Personality or behavioural disorders
- Disorders due to alcohol or other psychoactive substance(s) use or misuse
- Deliberate self-harm and suicide attempt

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Note: Established evidence should be verifiable information from an identifiable source related to the mental fitness or personality of a particular individual. Sources for this information can be accidents or incidents, problems in training or proficiency checks, behaviour or knowledge relevant to the safe exercise of the privileges of the applicable licence(s).

GM1 MED.B.055 Mental health

Symptoms of concern may include but are not limited to:

- (1) use of alcohol or other psychoactive substances;
- (2) loss of interest/energy;
- (3) eating and weight changes;
- (4) sleeping problems;
- (5) low mood and, if present, any suicidal thoughts;
- (6) family history of psychiatric disorders, particularly suicide;
- (7) anger, agitation or high mood; and
- (8) depersonalisation or loss of control.

The following aspects should be taken into consideration when conducting the mental health examination:

- (1) Appearance;
- (2) Attitude;
- (3) Behaviour;
- (4) Mood;
- (5) Speech;
- (6) Thoughts process and content;
- (7) Perception;
- (8) Cognition;
- (9) Insight; and
- (10) Judgement.

**This assessment as specified in Part-MED shall be conducted by an EASA authorised AME.**

Limitation

A SIC limitation should be imposed in case of a fit assessment. Follow-up and removal of SIC limitation, as necessary, should be determined by the medical assessor of the licensing authority.

Assessment

The assessment should take into consideration if the indication for the treatment, side effects and addiction risks of such treatment and the characteristics of the psychiatric disorder are compatible with flight safety.

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**Guidance from EASA regulations – Drug and Alcohol Testing**

AMC1 MED.B.055 (d) Psychoactive substance testing

- (1) Drug tests should screen for opioids, cannabinoids, amphetamines, cocaine, hallucinogens and sedative hypnotics. Following a risk assessment performed by the competent authority on the target population, screening tests may include additional drugs.
- (2) In case of a positive confirmation test, a psychiatric evaluation should be undertaken before a fit assessment may be considered by the medical assessor of the licensing authority.

Note:

- (i) Applicants with mental or behavioural disorders due to alcohol or other psychoactive substance(s) use or misuse, with or without dependency, should be assessed as unfit.
- (ii) A fit assessment may be considered after a period of two years of documented sobriety or freedom from psychoactive substance use or misuse. At revalidation or renewal, a fit assessment may be considered earlier with an OML. Depending on the individual case, treatment and evaluation may include in-patient treatment of some weeks and inclusion into a support programme followed by ongoing checks, including drug and alcohol testing and reports resulting from the support programme, which may be required indefinitely.

**Alcohol and drug testing shall be conducted by a certified laboratory by the health authorities**