

ANXIETY, DEPRESSION, AND RELATED CONDITIONS DECISION TOOL FOR THE AME

All Classes
(Updated 06/26/2024)

AME Instructions: Address each of the following items in your in-office exam and history review. Only **uncomplicated anxiety, depression, and related conditions will qualify for this pathway.**

1. Does the individual have any additional mental health diagnosis or symptoms such as bipolar disorder, psychosis, neuro-developmental disorder (e.g., autism, ADHD that does not meet [ADHD FAST TRACK requirements](#), etc.), personality disorder, somatoform disorder, impulse control disorders, substance misuse or disorder, eating disorder, or any diagnosis NOT listed as acceptable?.....
2. Any history of suicidal (or homicidal) ideation, attempt(s), or self-harm behavior (such as cutting) ever in their life?.....
3. Any history of an involuntary mental health or substance use evaluation (including involuntary transport) and/or court-ordered treatment?.....
4. Any history of any forms of the following treatment modalities: Electroconvulsive (ECT), Transcranial Magnetic Stimulation (TMS), Ketamine, or Psychedelic therapy?.....
5. Any history of a mental health **hospitalization** (psychiatric or substance use)?.....
6. Has the individual experienced **more than one episode?** (This includes recurrent episodes spaced out over an extended period of time.).....
7. This condition has **unresolved** sequelae or continued symptoms severe enough to interfere with safety related duties.....
8. Mental health medications: Multiple medications have been used at the **same time** OR use of any medication has **continued during the last two years.**.....
9. Does the licensed mental health specialist, treating clinician, or the AME have ANY concerns?.....

NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*

If **ALL** items fall into the “**NO**”/**CLEAR COLUMN**, the AME may issue with notes in Block 60 which show the AME discussed the history of Uncomplicated Anxiety, Depression, and Related Conditions, found no positives to the screening questions, AND had no concerns.

*If **ANY SINGLE ITEM** falls into the “**YES**”/**SHADED COLUMN**, the **AME MUST DEFER**. The AME report should note what aspect caused the deferral and **explain any YES answers**.

NOTES:

- If the AME is unsure of any of the above criteria, DEFER and note in Block 60.
- **This decision tool is for AME use; it may be submitted to the FAA for retention in the file.**