II. Examination Techniques - Psychiatric

(Updated 11/18/2026)

Considerations for AMEs when evaluating Applicants with Mental Health Histories.

The FAA does not expect the AME to perform a formal psychiatric examination. The AME should form a general impression of the emotional stability and mental state of the applicant along with their insight and ability to self-monitor at each exam.

Mental Health is a continuum with many different diagnoses within this category and different aeromedical risks for different categories. Generally, well controlled anxiety, depression, related conditions are considered lower risk than neurodevelopment conditions (e.g. ADHD, Autism Spectrum Disorder), substance abuse, personality disorders, bipolar, and schizophrenia.

When approaching potential aviators with mental health histories, the AME must perform the following four (4) actions:

1. Educate

Many aviators have historically avoided mental health care out of fear that seeking help will end their flying career. The AME is uniquely positioned to counter this, and doing so is one of the highest-yield interventions available in this setting.

The AME should convey, directly and without hesitation, that mental health conditions are common. Early engagement with a licensed mental health provider is nearly always preferable to allowing symptoms to worsen untreated. Educate your aviators:

- Psychotherapy generally does not require grounding unless the underlying condition or active symptoms themselves impair safe function. Therapy can proceed while flying in most circumstances.
- Medication use is compatible with medical certification/clearance when the condition is well-managed, the medication is allowed, and the individual remains free of side effects.
- Certification/clearance is achievable for many common mental health diagnoses that Pilots/ATCSs encounter. Demonstrating **insight, stability, and remission** (where applicable), may allow an individual to qualify for standard certification or special issuance/medical clearance.

2. Communicate

The AME does not need to have expertise in psychiatry and is not expected to perform a specific psychiatric evaluation. The AME should engage naturally, allowing the applicant's responses to inform the assessment of mental status as the conversation unfolds. Sensitivity to privacy concerns should be maintained throughout, while still gathering the information necessary to support a certification decision.

The AME should attend not only to what the applicant says, but to what they do not say. Apparent gaps, inconsistencies, or areas of reluctance deserve gentle exploration, and the AMEs goal is to offer the applicant an opportunity to remember, clarify, or tell their story more completely. Most omissions reflect anxiety or misunderstanding rather than deliberate concealment; the AMEs tone should invite disclosure rather than interrogation.

3. Evaluate

Reviewing the application and available records prior to or during the interview can identify areas warranting further exploration.

With the interview and records in hand, the AME's clinical task is to identify all historical and current diagnoses and apply the relevant decision tools and disposition tables to each. This requires reviewing the 8500-8 responses, any records the applicant presents, and all pertinent positive responses to Question 18 as well as medications and prior visits in combination with the two-way discussion. Multiple diagnoses across records are common; the AME should note every credible diagnosis.

The following findings should prompt additional inquiry:

- Affirmative responses regarding mental disorders, suicide attempts, or substance abuse.
- History of military service rejection or discharge for medical or psychiatric reasons.
- Prior FAA medical denials or aircraft accidents that may have a psychiatric or cognitive component.
- A pattern of traffic violations, court cases, legal difficulties may reflect personality difficulties, or substance use.
- Any history of intensive, urgent, lengthy, involuntary, directed (by workplace, legal or other organization) mental health related visits is a reason for the AME to ask if the aviator has a history of not wanting to live. This history does require further assessment but may be considered for Special Issuance, once successfully treated.

4. Facilitate [specialty provider evaluations and documentation]

When deferral is necessary, the AME should help the applicant understand what information is needed and how to obtain it. This includes identifying specific records to procure and explaining if additional evaluations may be indicated. Applicants who leave the exam and with an understanding of their next steps and feeling supported are far more likely to follow through.

Because a thorough history is critical to understanding aeromedical risk, comprehensive mental health documentation is essential to perform an accurate safety assessment.

Frequently, a comprehensive evaluation by a provider familiar with FAA medical certification/clearance is required to perform a thorough record review, evaluate clinical history, and provide an independent assessment.

In some situations, a Comprehensive Independent Psychiatric Evaluation by a FAA Recognized (FAAR) psychiatrist may be required. The FAAR Psychiatrist MUST NOT be the treating physician.

For a description of each type of Mental Health Prover, see Navigating FAA Mental Health Certification/Clearance: Guide to Providers and Evaluators.

Document findings in Item 60

A brief, structured entry in Item 60 should accompany every exam in which a mental health condition has been identified or reviewed. At minimum, this entry should:

- List all mental health conditions identified and reviewed during the exam
- Summarize how the certification decision was reached (e.g. name decision tool, disposition table)
- Note any significant observations regarding the applicant's insight, transparency, and stability

If the AME identifies concerns that preclude certification, they should clearly document the reasons and defer the exam.