

<b>SITUATIONAL DEPRESSION</b> <b>Adjustment Disorder with Depressed Mood</b> <b>or Minor Depression</b> All Classes Updated 05/25/2022		
DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Single episode Completely resolved <u><b>5 or more years ago</b></u>	If the AME is able to determine the condition meets all of the following criteria: <ol style="list-style-type: none"> <li>1. Was precipitated by an event/stressor that would cause the average person to become depressed;</li> <li>2. <b>Fully resolved within 6 months of resolution of the stressor</b> (with or without treatment);</li> <li>3. <b>Single episode with NO recurrence;</b></li> <li>4. <b>No evidence of psychosis/psychotic symptoms</b>, no suicidal ideations or self-destructive ideations (at any time);</li> <li>5. No lifetime history of any other psychiatric condition(s) including substance abuse; and</li> <li>6. The AME has no concerns:</li> </ol>	<p style="text-align: center;"><b>ISSUE</b></p> Annotate this information in Block 60.  <p style="text-align: center;">*****</p> If any of these criteria are not met or the AME has concerns, Go to Row C
B. Single episode Completely resolved <u><b>Less than 5 years ago</b></u>  <b>CAUTION:</b> Depression(s) requiring treatment longer than 6 months or not resolved by 6 months after the resolution of the event/stressor are NOT Adjustment disorders. While they may have a situational component, they are likely a Major Depressive Disorder (MDD) or other significant depressive diagnosis.	The AME must review a current detailed Clinical Progress Note and actual clinical record(s) from the <b>treating provider to verify the diagnosis.</b>  If upon review of the supporting documents, the AME is able to determine the condition: <ol style="list-style-type: none"> <li>1. <b>Diagnosis listed on all supporting documents is Situational Depression, Adjustment Disorder with Depressed Mood, or Minor Depression;</b></li> <li>2. Was precipitated by an event/stressor that would cause the average person to become depressed;</li> <li>3. <b>Fully resolved within 6 months of resolution of the stressor</b> (with or without treatment);</li> <li>4. <b>Single episode with NO recurrence;</b></li> <li>5. <b>No evidence of psychosis/psychotic symptoms</b>, no suicidal ideations or self-destructive ideations (at any time);</li> <li>6. No lifetime history of any other psychiatric condition(s) including substance abuse; and</li> <li>7. The AME has no concerns:</li> </ol>	<p style="text-align: center;"><b>ISSUE</b></p> Annotate Block 60 <b>AND</b> Submit any evaluation(s) to the FAA for retention in the pilot's file.  If a different underlying cause found, see that section.  <p style="text-align: center;">*****</p> If any of these criteria are not met or the AME has concerns, Go to Row C

<p><b>C. All others</b></p> <p>No specific triggering event/stressor</p> <p>Treatment or symptoms lasted 6 months or longer</p> <p>Continued/persistent symptoms</p> <p>2 or more episodes in a lifetime</p> <p>Any additional psychiatric conditions, severe symptoms, or concerns</p> <p>Any AME concerns</p>	<p>If currently taking an SSRI - see SSRI protocol <a href="http://www.faa.gov/go/SSRI">www.faa.gov/go/SSRI</a></p> <p>If no longer on medication, the pilot should submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. Current detailed Clinical Progress Note (actual clinical record) from a <b>board certified psychiatrist</b>. It must include a summary of the history of the condition; current medications, dosage, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment; plan (prognosis), and follow-up. <p style="text-align: center;"><i>A good template for the psychiatrist to follow is Page 3 of the <a href="#">SSRI Initial Certification Aid, Psychiatrist Evaluation</a>. The evaluation should also discuss any history of the rule out criteria listed (even if not on an SSRI).</i></p> </li> <li>2. The Clinical Progress Note must specifically include, if applicable, <ul style="list-style-type: none"> <li>• Description of the triggering event/stressor;</li> <li>• How long after the triggering event/stressor the condition started;</li> <li>• Characterize/specify the nature of the impairment(s), such as clinically symptom burden, list all behavioral symptoms, and describe social or other area(s) of impairment;</li> <li>• Describe treatment (medication and/or psychotherapy) with start and end dates;</li> <li>• Date of full resolution of symptoms or condition; and</li> <li>• Risk of recurrence.</li> </ul> </li> <li>3. Copies of all treatment records such as emergency room, urgent care, hospital, and PCP or psychiatry notes describing event(s)/stressor(s), diagnosis, and treatment.</li> </ol>	<p style="background-color: red; color: white; text-align: center;"><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow up Issuance</b> will be per the pilot's authorization letter.</p>
<p>Note: If Major Depression, Major Depressive Disorder (MDD) or Recurrent depression - see that section in <a href="#">Psychiatric Conditions</a>.</p> <p>If any of the supporting documents contain a diagnosis <b>other than</b> Situational Depression, Adjustment Disorder With Depressed Mood, or Minor Depression - see Row C or the corresponding disposition table.</p>		