Major FAA Medical Certification Changes: Mental Health and Antidepressant Medications

The FAA has announced significant changes to how mental health conditions and antidepressant medications are evaluated for medical certification. These updates, effective November 18, 2026, simplify several certification pathways, reduce unnecessary specialist evaluations, and give Aviation Medical Examiners (AMEs) more authority to issue certificates.

Here is what pilots need to know.

1. Goodbye HIMS Psychiatrist. Hello FAA Recognized (FAAR) Specialists.

The FAA is changing its terminology for specialized mental health evaluators:

- HIMS Psychiatrist → FAA Recognized Psychiatrist
- HIMS Psychologist → FAAR Psychologist
- HIMS Neuropsychologist → FAAR Neuropsychologist

These specialists will continue performing FAA-required evaluations, but their role is now clearly distinguished from the HIMS Program.

The HIMS Program and HIMS AMEs are NOT going away. They will continue to serve pilots requiring specialized monitoring for drug and alcohol abuse or dependence.

However, mental health conditions and antidepressant use alone will no longer require a HIMS AME.

2. Antidepressant Certification No Longer Requires a HIMS AME

This is one of the biggest changes.

Pilots taking an FAA-acceptable antidepressant for anxiety, depression, or related conditions can now work with a regular AME for initial certification and ongoing monitoring.

The old SSRI Decision Pathways 1 and 2 have been eliminated.

Pilots who are stable on a single approved antidepressant for at least 90 days may qualify for Special Issuance authorization following the required evaluation and FAA review.

Most uncomplicated, stable cases are expected to qualify for an AME Assisted Special Issuance (AASI), substantially reducing ongoing monitoring requirements.

For many pilots, follow-up will consist of:
- Two visits annually with their treating provider.
- An annual detailed clinical progress note.
- Annual AME review without mandatory HIMS AME involvement.
If a physician assistant or nurse practitioner provides treatment, at least one of the two annual visits must be with a physician.
More complicated cases may continue under traditional Special Issuance (SI) with individualized monitoring requirements.
3. Anxiety, Depression, and Related Conditions: OFF Treatment
The FAA has established three categories based on the time since treatment or symptoms ended.

A. Five or More Years Off Treatment
Pilots with a remote history of qualifying anxiety, depression, or related conditions may be eligible for issuance directly by their AME.
The AME reviews the available medical history, completes the new Mental Health History Checklist, and uses the Fast Track decision tool.
If all criteria are satisfied, no new psychiatric evaluation is required.

B. Two to Five Years Off Treatment
Pilots in this category may also qualify for issuance directly by their AME.
However, they must provide a current comprehensive clinical evaluation from an appropriate treating or evaluating clinician, along with the new Mental Health History Checklist.
A FAAR Psychiatrist is not automatically required.

C. Less Than Two Years Off Treatment
These cases require additional evaluation, including an independent FAAR Psychiatrist assessment, and must be deferred to the FAA for possible Special Issuance.

Pilots with certain recurrent, persistent, or higher-risk mental health histories may also fall into this category regardless of how long they have been off treatment.
The important change: Many pilots with resolved mental health conditions can now receive their medical certificate directly from their AME rather than waiting for FAA review.

4. Anxiety, Depression, and Related Conditions: ON Treatment
Pilots currently taking a single FAA-acceptable antidepressant may qualify for Special Issuance.
The initial evaluation still requires documented stability, appropriate medical records, and a FAAR Neuropsychologist evaluation with cognitive testing.
If the treating provider is a board-certified psychiatrist, a separate independent psychiatric evaluation is generally unnecessary. Otherwise, an additional comprehensive psychiatric assessment is required.
These cases must initially be deferred to the FAA, but many stable pilots can subsequently transition to the simplified AASI monitoring process.

5. Antidepressants Used for NON-Mental Health Conditions
This is another significant improvement.
Antidepressants are frequently prescribed for conditions unrelated to mental health, including:
- Peripheral neuropathy
- Irritable bowel syndrome
- Menopausal vasomotor symptoms
- Smoking cessation

Previously, these medications could trigger extensive psychiatric and neuropsychological evaluations even when no mental health condition existed.
Under the new guidance, pilots taking an FAA-acceptable antidepressant for a clearly documented non-mental health condition generally will not need those specialized mental health evaluations.
The treating provider must document the medical indication, absence of relevant mental health concerns, and medication tolerability.

These cases still require FAA review and Special Issuance or Special Consideration, but the evaluation process is substantially simplified.

6. More Flexibility for Medication Changes
The FAA is also making it easier for pilots already holding an antidepressant AASI to adjust their treatment when medically appropriate.
For qualifying AASI cases, a dose adjustment requires self-grounding and at least 30 days of documented clinical stability, but does not require a new FAA review before returning to flying.
Pilots holding traditional SI authorizations still require FAA review following dose changes.
Changing to a different antidepressant generally requires 90 days of documented stability and FAA review.
This gives pilots and their treating providers greater flexibility to manage their conditions appropriately without unnecessary certification delays.

7. New Mental Health History Checklist and Fast Track Tools
The FAA has introduced new standardized tools to help AMEs identify lower-risk cases that can be issued locally.
These tools focus on the actual diagnosis, treatment history, recurrence risk, clinical stability, and potential aeromedical concerns.
The objective is to distinguish stable, appropriately treated pilots from those who genuinely require additional FAA evaluation.

The Bottom Line
The FAA is making it increasingly clear that seeking appropriate mental health treatment should not automatically become a barrier to flying.
These changes represent a major shift toward evaluating pilots based on their actual medical stability and aeromedical risk rather than requiring every mental health case to navigate the same complicated certification process.
There are still important restrictions, required evaluations, and conditions that necessitate FAA review. But for many pilots, the process is becoming more straightforward.

At Wingman Med, we strongly encourage pilots to obtain appropriate medical treatment and understand their certification requirements before submitting an FAA medical application.
Prepare for your FAA medical like a check ride.
We keep you flying.