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| 15. Supplemental Notes | | | | | |
| 16. Abstract <p>Introduction. This study critically assesses the use of the Statistical Handbook to evaluate mental health conditions and SSRI use among airmen in relation to flight clearance. The handbook, limited to active airmen, can be misleading for anyone needing to evaluate clearance rates of airmen, as it excludes denied cases and includes historical pathology codes. This analysis focuses on clearance rates of applicants reporting current or past mental health conditions and SSRI use.</p> <p>Methods. Medical certification records from 2015–2020 were selected from the Federal Aviation Administration’s (FAA’s) medical certification database. Medical conditions were derived from a comprehensive compilation of both recent and historical medical certificates. Medical applications from calendar year 2020 were examined for final certificate decision. Retention of this cohort of airmen were calculated and compared to a previously analyzed cohort of active airmen in 2009.</p> <p>Results. This analysis revealed that over 6% of 2020 active airmen have a mental health code. The study emphasizes that 84% of applicants with a mental health condition code received an issued medical certificate, and this probability could potentially reach 90% with full information and follow-through from the airman. Regarding SSRI use, less than 0.2% of active airmen report it, and the probability of an applicant receiving a medical certificate is over 65%, potentially reaching 80% with comprehensive information and complete follow-up from the airman.</p> <p>Furthermore, retention rates for airmen with mental health conditions and SSRI use were compared over a decade. The analysis indicates that, once cleared, pilots with multiple mental health codes stay in the system for a longer duration than those with other multiple non-mental health pathcodes. Comparison with other health conditions, including nerves, spinal cord, arrhythmia, and HIV, suggests that airmen with mental health conditions have retention rates on par with or exceeding those conditions. Specific mental health conditions, including anxiety and depressive disorders, exhibit retention rates comparable or better to other health conditions, with the exception of airmen with nerve and spinal cord conditions.</p> <p>Conclusion. The study concludes that airmen with mental health conditions and SSRI use are cleared and retained at rates similar to other serious health conditions. The denial rates, around 10% for mental health conditions and 20% for SSRI use, are contextualized against the general pilot population’s overwhelmingly good health, when a proper comparison should be those with other conditions requiring a special issuance. The findings underscore the importance of a nuanced approach in evaluating mental health conditions among airmen, suggesting that, once cleared, these conditions do not significantly compromise flight safety.</p> | | | | | |
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Mental Health and SSRI-use Clearance Rates and Retention Statistics

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Use of the Statistical Handbook to assess the percentage of airmen with mental health conditions and/or using SSRI's who are cleared to fly versus denied is inherently misleading. The Handbook is limited to active airmen, those who hold a current medical certificate in the year of reporting. The airmen who are listed as using an SSRI, but not as having an SSRI Special Issuance, have presumably been cleared to fly with conditions not meeting the requirements of the SSRI Special Issuance program. Their SSRI use may have been in the past and discontinued, as the Handbook includes all current and historic pathology codes. Denials are not examined in the Handbook, because it is intended to describe the *active airman population* from demographic and medical perspectives. We conducted a new set of analyses to examine clearance of airmen reporting current or past mental health conditions and SSRI use and to compare retention of clearance over a decade to the airmen cohort active in 2009.

Mental Health Clearance Rates

In 2020, of 254,740 First Class, 98,061 Second Class, and 193,702 Third Class *active airmen* with valid medical certificates (546,503 total), 16,092 (6.3%), 7,212 (7.4%), and 11,374 (5.9%), respectively (34,678, 6.3% total), had at least one mental health code; 5,293 (2%), 1,643 (1.7%), and 2,617 (1.4%), respectively (9,553, 1.7% total) had more than one mental health code. These are detailed in Table 1. The National Institute of Mental Health reports that prevalence in the United States population for any type of mental, behavioral, or emotional disorder, varying in impact from no impairment to mild, moderate, and severe impairment is 21%. Prevalence for serious mental illnesses, resulting in functional impairment interfering with one or more major life activities, is 5.6% ([NIMH » Mental Illness \(nih.gov\)](https://www.nimh.nih.gov/health/statistics/serious-mental-illness)). Presumably, the latter could not meet the requirements of certification for flight, suggesting the population limit of expected numbers of active airmen with a mental health condition at roughly 15%. The “healthy worker effect” would likely further reduce that expectation by an unknown extent.

Table 1 – Mental Health Conditions Among Active Airmen

| Mental Health Conditions | Class of Certificate | | | | % of all Airmen with At Least 1 Mental Health Code |
|---------------------------------|-----------------------------|---------------|--------------|--------------|---|
| | First | Second | Third | Total | |
| Depressive | 2599 | 1054 | 2372 | 6025 | 17.40% |
| Anxiety | 2593 | 973 | 2293 | 5859 | 16.90% |
| Psychoneurotic Disorders | 2579 | 1223 | 1881 | 5683 | 16.40% |
| Special Symptoms | 2676 | 1137 | 1769 | 5582 | 16.10% |
| Alcohol Abuse | 2754 | 868 | 1009 | 4631 | 13.40% |
| Alcohol/Drug Monitored | 2050 | 232 | 289 | 2571 | 7.40% |

| | | | | | |
|---|------|------|------|------|--------|
| Alcoholism with Denial or SI | 1949 | 269 | 272 | 2490 | 7.20% |
| Drug Abuse | 1379 | 475 | 608 | 2462 | 7.10% |
| ADHD | 1231 | 269 | 718 | 2218 | 6.40% |
| Alcoholism Sobriety 2+ yrs | 1163 | 278 | 296 | 1737 | 5.00% |
| SSRI | 398 | 96 | 414 | 908 | 2.60% |
| PTSD | 404 | 315 | 181 | 900 | 2.60% |
| SSRI special issuance | 232 | 25 | 132 | 389 | 1.10% |
| Personality Disorder | 203 | 88 | 92 | 383 | 1.10% |
| Drug Dependence Denial or SI | 211 | 42 | 87 | 340 | 1.00% |
| Attempted Suicide | 166 | 63 | 73 | 302 | 0.90% |
| Obsessive-Compulsive | 124 | 39 | 73 | 236 | 0.70% |
| Sexual Deviation | 81 | 41 | 32 | 154 | 0.40% |
| Transient Situational Disturbances | 82 | 27 | 36 | 145 | 0.40% |
| Transsexual Surgery | 65 | 35 | 34 | 134 | 0.40% |
| Major Affective Disorder | 39 | 26 | 35 | 100 | 0.30% |
| Eating Disorder | 30 | 10 | 14 | 54 | 0.20% |
| Social Maladjustment | 21 | 15 | 13 | 49 | 0.10% |
| Personality Disorder with overt acts | 13 | 6 | 6 | 25 | 0.10% |
| Other Mental Abnormalities | 12 | 3 | 7 | 22 | 0.10% |
| Schizophrenia | 7 | 4 | 10 | 21 | 0.10% |
| Psychophysiologic Disorder | 9 | 2 | 10 | 21 | 0.10% |
| Behavioral Disorder Childhood/Adolescence | 11 | 2 | 3 | 16 | 0.00% |
| Other Psychoses | 6 | 2 | 4 | 12 | 0.00% |
| Mental Deficiency | 2 | 2 | 1 | 5 | 0.00% |
| Paranoid States | 0 | 1 | 3 | 4 | 0.00% |
| Multiple Mental Health Conditions | 5293 | 1643 | 2617 | 9553 | 27.50% |

Limited to the 298,087 unique airmen who *applied* for a medical certificate in calendar year 2020, 29,652 (9.9%) airmen applied with at least one mental health pathcode. A total of 24,890 (84%) applicants reported a mental health code and were issued on their last exam in 2020, and 188 (0.06%) airmen had a certificate that remained in the deferred status. A total of 4,615 (16%) of these applicants were denied certification on at least one exam during 2020. Referencing their

last exam for 2020 data, 2,715 (59.4%) were denied for failure to provide requested information, 1,583 (34.6%) after completion of certification review, and 276 (6.0%) had their certificates ultimately withdrawn.¹ Importantly, some of these were presumably denied for a condition unrelated to mental health, but a case-by-case review is required to document the frequency.

Conclusion: *Just over 6% of active airmen have a pathcode relating to a mental health condition. Applicants with a mental health condition pathcode can expect a greater than 80% probability of receiving a medical certificate; perhaps up to 90% when providing all information requested by the Office of Aerospace Medicine.*

SSRI Use and Clearance Rates

Limited to *active airmen* in 2020 who possessed either SSRI pathcode in DIWS, a total of 996 (0.18%) airmen were issued certificates while reporting SSRI use; 389 received a special issuance relating to an SSRI, while 607 were cleared without the pathcode of a special issuance relating to an SSRI; of the latter, 567 (56.9%) had an anxiety code, 555 (55.7%) a depressive code, 175 (17.6%) psychoneurotic disorder, 133 (13.4%) special symptoms, 40 (4.0%) Alcohol Abuse (non-alcoholism), and 40 (4.0%) Obsessive-Compulsive Disorder. Several other codes approached the frequency of Obsessive-Compulsive Disorder – PTSD, Alcoholism, ADHD, and Personality Disorder. These are detailed in Table 2. The United States Centers for Disease Control reported that during 2015-2018, 13.2% of adults used antidepressant medication in the past 30 days (<https://www.cdc.gov/nchs/data/databriefs/db377-H.pdf>).

Table 2 – Mental Health Conditions Among Active Airmen Reporting SSRI Use

| Condition | Total | % Airmen with SSRI Pathcodes |
|------------------------------|-------|------------------------------|
| Anxiety | 567 | 56.9% |
| Depressive | 555 | 55.7% |
| Psychoneurotic Disorders | 175 | 17.6% |
| Special Symptoms | 133 | 13.4% |
| Alcohol Abuse | 40 | 4.0% |
| Obsessive-Compulsive | 40 | 4.0% |
| PTSD | 38 | 3.8% |
| Alcoholism with Denial or SI | 36 | 3.6% |
| ADHD | 35 | 3.5% |
| Alcohol/Drug Monitored | 34 | 3.4% |
| Personality Disorder | 32 | 3.2% |

¹ Breakouts do not sum to total due to 41 airmen who had a one or more exams denied and then subsequently issued via another exam in 2020.

| | | |
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| Drug Abuse | 25 | 2.5% |
| Alcoholism Sobriety 2+ yrs | 11 | 1.1% |
| Drug Dependence Denial or SI | 7 | 0.7% |
| Sexual Deviation | 4 | 0.4% |
| Attempted Suicide | 4 | 0.4% |
| Eating Disorder | 4 | 0.4% |
| Major Affective Disorder | 2 | 0.2% |
| Transient Situational Disturbances | 2 | 0.2% |
| Social Maladjustment | 2 | 0.2% |
| Schizophrenia | 1 | 0.1% |
| Paranoid States | 1 | 0.1% |
| Psychophysiologic Disorder | 1 | 0.1% |
| Transsexual Surgery | 1 | 0.1% |
| Behavioral Disorder Childhood/Adolescence | 1 | 0.1% |
| Mental Deficiency | 1 | 0.1% |
| Other Psychoses | 0 | 0.0% |
| Personality Disorder with overt acts | 0 | 0.0% |
| Other Mental Abnormalities | 0 | 0.0% |
| Multiple Mental Health Conditions | 516 | 51.8% |

Expanding analysis to the 1,041 airmen who *applied* for a medical certificate in calendar year 2020 while reporting SSRI use, 712 (68%) applicants were issued on their last exam, while 313 (30%) were denied on at least one exam during 2020. Using their last exam for 2020, 215 (69.6%) were denied for failure to provide requested information, 77 (24.9%) after completion of certification review, and 17 (5.5%) were ultimately withdrawn. Importantly, some of these were denied for a condition unrelated to SSRI use, but a case-by-case review is required to document the frequency. Attempting to assess comparable statistics for initial and renewal exams leaves a small ambiguity of year of application versus decision dates due to lag time between exam date and renewal review date. Approximately 300 airmen using SSRIs applied for renewals in 2020, implying approximately 700 were initial review of SSRI use or possessed either of the SSRI pathcodes, but were no longer relevant to certification decisions.

Conclusion: *Less than two-tenths of a percent of active airmen report SSRI use. Applicants using an SSRI can expect a greater than 65% probability of receiving a medical certificate; perhaps up to 80% when providing all information requested by the Office of Aerospace Medicine.*

Retention of Airmen with Mental Health Codes and SSRI Use

In 2020, at the request of the Federal Air Surgeon, our team documented rates of retention in versus attrition from the airmen population active in 2009 over the following decade, and broke down these statistics by broad categories of pathology. At that time, we were not asked to break out mental health, but we were able to re-examine the original dataset and do so for this report.

Airmen come and go from the medically-certificated population, depending upon interest, employment, financial constraints, and health constraints. Baseline rates of retention and attrition are therefore essential to judging the impact of any health condition on continuing certification. For the current discussion, mental health and SSRI use may result in initial denial of clearance, as discussed above, or denial at a subsequent exam, but so do other health conditions. Non-health life circumstances may cause an airman not to seek a scheduled renewal, only to reapply at a later date. So, clearance and retention rates must be compared among those with mental health conditions, other health conditions, and no known or reported health condition.

We selected medical certification records from the Document Imaging Workflow System (DIWS) for all active airmen in 2009. If the airman was holding an active medical certificate as of January 1, 2009, then their start date of the study became January 1, 2009. Otherwise their start date was the time of their first issued exam in 2009. Start dates for medical conditions were set based on the time the condition was first recorded in DIWS if the airman developed the condition after 2009. If the airman already had the condition and was active as of January 1, 2009, then the medical condition start date was set at January 1, 2009 and followed forward with start dates determined by subsequent exams in DIWS, regardless of how long the airman had developed the condition prior to 2009. Baseline age was calculated based on each airman's start date in 2009. The validity period of each medical certificate was calculated to determine the airman's active time in the system. Regardless of the class issued the maximum time for any valid certificate was used (effective class). This time in the system was then summed across the study period. The active medical certificate status with a specific medical condition was calculated from the date that condition was captured in DIWS through the end of the study period while they held a valid medical. Number of exams was also calculated for each cohort overall and after each medical condition was captured. Finally, the measure of a mean and median "Retention Index" was calculated for each subset of airmen/conditions as a ratio of active time retained with the condition in DIWS relative to total years of possible follow up, then divided by the overall mean/median ratio of active time to total follow-up time for the total cohort population for each dataset, and multiplied by 100. Values greater than 100 indicate the group tends to maintain certification for a longer time (to a percentage) than all airmen in their specific cohort. Values less than 100 indicate the group tends to maintain certification for a shorter time (to a percentage) than their overall cohort. These retention indices are calculated twice- the "Issued Retention Index" includes in the numerator the ratios of total times of only those airmen who were actually issued for that particular condition. The "Index Including Denials" includes in the numerator the ratios of total times of those airmen who applied for a certificate with a particular condition, regardless of issuance status.

Comparing Mental Health to Other Health Conditions

Table 3 compares retention rates and indices among airmen with single and multiple mental health pathology codes to those with select single and multiple other pathology codes examined in the 2009 cohort study and to the full cohort.

Table 3 -- Comparing 2009 Active Airmen with Mental Health and Other Conditions

| | Number | % never issued | Mean age | Mean time in DIWS – Issued Only (years) | Mean Number of Exams | % with only 1 exam | % Retention after 5 years | % Retention at 10 years | Issued Retention Index | Index Including Denials |
|-----------------------------------|---------|----------------|----------|---|----------------------|--------------------|---------------------------|-------------------------|------------------------|-------------------------|
| Cohort | 613,773 | N/A | 42.8 | 6.9 | 6.1 | 27.9 | 55.7 | 32.9 | Reference | Reference |
| No Conditions | 287,535 | 0.0 | 35.6 | 6.3 | 4.5 | 43.1 | 45.6 | 26.8 | 90.5 | 90.5 |
| Mental Health Condition | 33,155 | 7.3 | 47.1 | 6.0 | 5.4 | 27.3 | 47.5 | 21.6 | 104.8 | 96.8 |
| Single Mental Health Condition | 23,345 | 7.1 | 47.3 | 5.8 | 4.7 | 32.1 | 44.1 | 19.2 | 100.0 | 92.1 |
| Multiple Mental Health Conditions | 9,707 | 7.4 | 46.8 | 6.6 | 7.3 | 15.7 | 55.7 | 27.7 | 117.5 | 107.9 |
| Other Pathologies | 167,799 | 2.2 | 54.6 | 6.1 | 6.3 | 18.2 | 50.0 | 21.3 | 107.9 | 104.8 |
| Single Other Pathology | 105,152 | 2.1 | 52.8 | 6.0 | 5.8 | 22.6 | 47.3 | 20.9 | 107.9 | 104.8 |
| Multiple Other Pathologies | 62,647 | 2.3 | 57.7 | 6.4 | 7.0 | 11.0 | 54.5 | 22.1 | 107.9 | 104.8 |

Airmen with single and multiple mental health conditions were retained similarly to airmen with previously studied single and multiple other health conditions – same pattern and similar rates – with two exceptional remarks. First, there is a slightly higher denial rate for mental health conditions, as noted in the discussion of clearance rates above, evidenced here in the Index Including Denials column. The 5 and 10 year retention rates for those with multiple mental health and multiple other pathologies is so high (on par with the entire cohort) because of our monitoring system, meaning the longer airmen are in the system, the more likely we are to capture multiple pathologies. So, many of these numbers are products of how long/often/more intensely the exams are scrutinized, not the actual behavior/incentive of the airmen themselves or AAM. But it does appear that, once cleared, pilots with multiple mental health pathcodes are staying in the system for longer (as demonstrated by 10 year retention index) than those with multiple other pathcodes.

Examining Specific Mental Health Conditions, including SSRI Use

Table 4 is shows retention rates for broad categories of non-mental health conditions, sorted by the Index Including Denial values.

Table 4 – Comparing 2009 Active Airmen Retention by Non-Mental Health Conditions

| | Number | % never issued | Mean age | Mean time in DIWS – Issued Only (years) | Mean Number of Exams | % with only 1 exam | % Retention after 5 years | % Retention at 10 years | Issued Retention Index | Index Including Denials |
|--------------------------|---------|----------------|----------|---|----------------------|--------------------|---------------------------|-------------------------|------------------------|-------------------------|
| Nerves | 6,844 | 3.9 | 57.2 | 5.7 | 6.1 | 18.7 | 27.7 | 15.5 | 114.3 | 111.1 |
| Spinal Cord | 22,255 | 1.8 | 55.3 | 6.3 | 6.7 | 16.7 | 52.5 | 23.8 | 111.1 | 109.5 |
| Arrhythmia | 26,455 | 4.4 | 58.5 | 5.6 | 6.3 | 19.9 | 43.5 | 17.5 | 109.5 | 104.8 |
| Brain | 25,420 | 7 | 50.4 | 6.1 | 5.7 | 25.1 | 48.8 | 23 | 109.5 | 101.6 |
| Heart Disease – Valvular | 19,125 | 3.2 | 55.9 | 6 | 6.3 | 21.3 | 48.2 | 23.1 | 106.4 | 101.6 |
| Hypertension | 89,792 | 1.6 | 57.7 | 5.8 | 5.6 | 17.8 | 47.1 | 16.4 | 103.2 | 101.6 |
| Vascular Conditions | 100,181 | 2 | 57.5 | 5.7 | 5.5 | 19.1 | 45.6 | 16.1 | 104.8 | 101.6 |
| Heart Disease – General | 34,754 | 7.2 | 59.8 | 5.1 | 5.5 | 24.1 | 37.5 | 13 | 106.4 | 98.4 |
| HIV | 208 | 13.9 | 43.3 | 5.6 | 7.2 | 25 | 46.9 | 16.2 | 112.7 | 96.8 |
| AFIB | 8,671 | 7.4 | 62.4 | 4.8 | 5.1 | 22.8 | 34 | 9.9 | 103.2 | 95.2 |
| Diabetes | 15,566 | 4.8 | 58.9 | 4.7 | 4.9 | 21.3 | 32.6 | 8.7 | 98.4 | 93.7 |
| MI | 5,735 | 8.8 | 62.6 | 4.7 | 4.8 | 22.5 | 33.7 | 7.4 | 95.2 | 85.7 |

This table allows comparison to the preceding and subsequent tables. A single mental health condition resulted in a retention index similar to Diabetes. Multiple mental health conditions resulted in a retention index similar to spinal cord pathologies, with the proviso noted above that the longer an airman is in the system, the more likely we are to capture multiple pathologies. On average, airmen with mental health conditions were retained similarly to those with atrial fibrillation or HIV infection.

Table 5 provides retention rates for each mental health pathology code, allowing comparison of individual conditions including SSRI use.

Table 5 – Comparing 2009 Active Airmen Retention by Mental Health Conditions

| | Number | % never issued | Mean age | Mean time in DIWS – Issued Only (years) | Mean Number of Exams | % with only 1 exam | % Retention after 5 years | % Retention at 10 years | Issued Retention Index | Index Including Denials |
|--|--------|----------------|----------|---|----------------------|--------------------|---------------------------|-------------------------|------------------------|-------------------------|
| Alcohol/Drug Monitored | 2,281 | 1.2 | 47.5 | 5.7 | 10.4 | 6.8 | 45.2 | 22.1 | 139.7 | 138.1 |
| Behavioral Disorder Childhood/ Adolescence | 14 | 0 | 44.7 | 7.8 | 9.3 | 14.3 | 64.3 | 50 | 128.6 | 128.6 |
| Alcoholism Sobriety 2+ yrs | 2,434 | 1.1 | 50.6 | 6.3 | 8.7 | 11.1 | 51.5 | 24.7 | 123.8 | 122.2 |
| SSRI SI | 221 | 2.3 | 47 | 3.7 | 6 | 13.1 | 19.4 | 0.9 | 125.4 | 122.2 |

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|--------------------------------------|--------|------|------|-----|-----|------|------|------|-------|-------|
| Sexual Deviation | 165 | 1.8 | 50.1 | 6.2 | 7.1 | 15.8 | 47.5 | 26.5 | 120.6 | 117.5 |
| Eating Disorder | 24 | 12.5 | 42.9 | 5.1 | 5.1 | 20.8 | 52.4 | 4.8 | 130.2 | 114.3 |
| Transsexual Surgery | 135 | 2.2 | 49.2 | 5.6 | 5.3 | 23.7 | 38.6 | 18.2 | 115.9 | 112.7 |
| Transient Situational Disturbances | 206 | 1.9 | 50.9 | 6.4 | 6.9 | 18.5 | 49 | 26.2 | 111.1 | 109.5 |
| Alcoholism w/ Denial or SI | 3,089 | 15.4 | 48.6 | 6 | 9 | 17.1 | 48.5 | 23.8 | 128.6 | 107.9 |
| Personality Disorder | 572 | 5.2 | 46.5 | 6.7 | 6.7 | 20.5 | 54.8 | 29 | 111.1 | 106.3 |
| Depressive | 3,671 | 17.4 | 48.9 | 4.3 | 3.9 | 35.3 | 28.8 | 1.2 | 127 | 104.8 |
| Anxiety | 3,163 | 18.5 | 48.4 | 4.1 | 3.7 | 37.5 | 25.7 | 0.7 | 128.6 | 104.8 |
| Drug Dependence Denial or SI | 359 | 15.3 | 45.5 | 5.8 | 7.6 | 19.5 | 45.1 | 20.1 | 122.2 | 103.2 |
| Obsessive-Compulsive | 87 | 20.7 | 41.8 | 4.2 | 3.6 | 34.5 | 27.5 | 1.5 | 130.2 | 103.2 |
| Psychophysiological Disorder | 22 | 4.5 | 55.5 | 6.6 | 5.9 | 27.3 | 57.2 | 28.6 | 107.9 | 103.2 |
| Special Symptoms | 9,137 | 3.9 | 48.7 | 6.2 | 5.7 | 23.5 | 50.2 | 22.8 | 106.3 | 101.6 |
| Alcohol Abuse | 6,101 | 12.3 | 49.1 | 5.6 | 5.9 | 24.3 | 44.7 | 20.6 | 109.1 | 100 |
| Drug Abuse | 2,628 | 11 | 43 | 6.1 | 5.8 | 28.5 | 48.3 | 25.7 | 112.7 | 100 |
| Other Mental Abnormalities | 22 | 13.6 | 56.9 | 6.6 | 4.7 | 27.3 | 57.9 | 21.1 | 112.7 | 98.4 |
| Social Maladjustment | 77 | 2.6 | 46.8 | 6.1 | 6.3 | 26 | 49.3 | 29.3 | 100 | 96.8 |
| Psychoneurotic Disorders | 13,089 | 0.8 | 46.1 | 6.2 | 5.1 | 27.3 | 49 | 23.8 | 93.7 | 93.7 |
| PTSD | 587 | 30 | 49.3 | 4 | 3.3 | 44.6 | 25.8 | 0.7 | 127 | 90.5 |
| Attempted Suicide | 500 | 10.2 | 42.4 | 6.5 | 5.5 | 33 | 52.3 | 26.3 | 101.6 | 90.5 |
| Personality Disorder with overt acts | 45 | 11.1 | 47.6 | 6.1 | 6.7 | 24.4 | 47.5 | 25 | 100 | 88.9 |
| SSRI and/or SSRI SI | 599 | 23.9 | 49.8 | 3.6 | 3.7 | 37.1 | 18.6 | 0.7 | 115.9 | 88.9 |
| SSRI | 524 | 26 | 49.8 | 3.7 | 3.5 | 39.5 | 19.8 | 0.3 | 112.7 | 82.5 |
| Schizophrenia | 56 | 14.3 | 56.4 | 6.2 | 4.7 | 26.8 | 47.9 | 20.8 | 95.2 | 81 |
| ADHD | 505 | 38.2 | 38.2 | 4.3 | 2.3 | 56.2 | 26.3 | 2.2 | 128.6 | 79.4 |
| Major Affective Disorder | 200 | 30 | 48.6 | 6.4 | 4.3 | 39 | 53.6 | 25 | 104.8 | 73 |
| Other Psychoses | 29 | 51.7 | 43.3 | 3.8 | 2.7 | 51.7 | 21.4 | 7.1 | 107.9 | 52.4 |
| Paranoid States | 16 | 50 | 50.6 | 5.7 | 2.3 | 56.3 | 37.5 | 25 | 98.4 | 49.2 |
| Mental Deficiency | 9 | 55.6 | 59.6 | 5.7 | 3.4 | 66.7 | 50 | 25 | 88.9 | 39.7 |

Airmen with a Special Issuance for SSRI use were retained at a very high rate, with index values higher than any non-mental health condition in Table 4. However, this is a very select group, because those not cleared with a Special Issuance receive a different pathcode. The category “SSRI and/or SSRI SI” is probably a better indicator of retention, in the range between heart attack and diabetes when denial are included, similar to Nerve disorders when denials are excluded.

Conclusions: *Overall, airmen with a mental health condition are cleared at a lower rate than the population of those applying for a medical certificate. Elsewhere, the Office of Aerospace Medicine has reported that less than 1% of applicants receive a final denial of medical certification. For mental health in general, the denial rate appears to be around 10% of those who provide all requested information. For SSRI use, this appears to be around 20% of those who provide all requested information. The comparison is unfairly pessimistic – the population as a whole is overwhelmingly healthy and a more fair comparison is to a non-mental health condition requiring a special issuance, such as heart disease, diabetes, or HIV infection; all present the risk of sudden or subtle incapacitation, but most cases can be safely managed. The retention analyses suggest both mental health in general and SSRI use are cleared and retained at rates similar to other serious health conditions.*