

Applicable as at 3 August 2025

SCHEDULE 30: PROTOCOL ON MOOD DISORDER (DEPRESSION)

1. GENERAL

- (1) Aviation medical standards as laid down in Annex 1 of the convention on International Civil Aviation by the International Civil Aviation Organisation, to which South Africa is a contracting State, have identified broad medical conditions that, on the basis of expected risk of incapacitation, disqualify aviation personnel from flying.
- (2) South Africa is one of the countries that previously applied strict standards to applicants with a history of depression.
- (3) The previous protocol did not take into consideration new therapeutic interventions, risk factor modification or rehabilitation, all of which may reduce the risk of sudden incapacitation.
- (4) The SACAA has since reviewed this protocol, and is now making provision for aviation personnel with a history of depression to apply for the privileges of the licence they wish to apply for.
- (5) This consideration will be based on the individual medical condition of the applicant and risk factors involved.

2. BACKGROUND

- (1) Depression is a disorder that defines a certain component of psychopathology that is grouped as "Mood Disorders".
- (2) Mood disorders are psychopathologic states in which a disturbance of mood is either a primary determinant or constitutes the core manifestation of the condition.
- (3) These conditions, especially the depressive forms, are heterogeneous and are common in both psychiatry and general medicine.
- (4) These conditions are becoming even more common as the stigmata associated with such a diagnosis are having less impact in the social spectrum of life.
- (5) The methods used to treat patients suffering from mood disorders have improved over recent years, and individuals that require pharmacotherapy may apply, or re-apply, for a licence to fly or to undertake air traffic control work.
- (6) The key areas of concern in certification of aircrew with mood disorders are the risk of suicidal ideation, suicide, lack of concentration, chronic tiredness, insomnia/hypersomnia and general malaise, with all the ramifications resulting in a detrimental effect on global functioning of an individual.

3. ESTIMATED INCAPACITY RISK

- (1) The lifetime prevalence of major depression in males is about 5% to 12% and in females about 10% to 25%.
- (2) There is no specific association with ethnicity, social status, income or marital status.

The risk for a second episode after remission is 60%, 70% for a third episode and 90% for a fourth episode.

- (3) This leads to the clinical conclusion that for the purpose of risk management in the aviation industry, a person should be treated optimally and permanently with the appropriate pharmacologicals, thereby reducing the risk of recurrence.
- (4) During the initial phase of therapy there may be a higher incidence of suicidal tendencies brought on by the appropriate therapeutic interventions.
- (5) Without diligent care by the professional therapist and adequate protocol parameters disallowing the privileges of execution of an aviation-related licence in the initial phase of treatment, the incapacity risk would be unacceptably high.

4. PROTOCOL FOR MOOD DISORDER CLASS APPLICABILITY

4.1 Applicability

- (1) Any class of certification may be applied for, subject to the following requirements:
 - (a) Class I
 - (i) Commercial passenger air transport operations –multi-crew restriction
 - (ii) Flight instruction – Student must have completed first solo flight
 - (b) Class II – no restriction
 - (c) Class III – may operate under supervision
 - (d) Class IV – no restriction

4.2 General medical requirements applicable to all applicants for initial consideration

- (1) All symptoms of the psychiatric condition for which treatment is indicated must be eliminated by the single medication and the applicant must be symptom-free for 4 weeks prior to application for certification.
- (2) An applicant must have no aeromedical significant side effects of the prescribed medication for a period of four weeks.
- (3) Applicants will be required to submit psychiatrist's and clinical psychologist's reports to the Aeromedical Committee for consideration.
- (4) A consultation status report from the treating psychiatrist must attest to and describe the applicant's diagnosis, length and course of treatment, type and dosage of the antidepressant medication taken, Hamilton Scale (HAMD 17) score (must be consistently below 7) and presence of any side effects from the antidepressant the applicant takes or has taken in the past;
- (5) Any additional information that may be required by the Aeromedical Committee.
- (6) Applicants who meet the requirements prescribed above will be required to submit a monthly psychiatrist's report for a period of six months following initial certification.
- (7) A follow-up psychiatrist's report will be required at nine months, then at 12 months post- certification.
- (8) Should other co-morbidities exist or develop after the issuing of a certificate of fitness, then certification will not be granted (in the case of existing) or will be withdrawn by the Aeromedical Committee without re-assessment.

4.3 Protocol diagnostic inclusions

The following mood disorders are acceptable for the purpose of this protocol:

- (a) Major Depressive Disorder (mild to moderate degree) either single episode or recurrent episode before commencement of therapy.

- (b) Dysthymic Disorder.
- (c) Adjustment Disorder with depressed mood.

4.4 Disqualifying conditions

- (1) Any history of depressive disorder of a severe degree is disqualifying.
- (2) The following conditions will by virtue of their risk profile exclude a person from obtaining a Certificate of Aviation-medical fitness:
 - (a) History of psychosis
 - (b) Impairment of arousal
 - (c) History of electro-convulsive therapy
 - (d) Concurrent treatment with multiple antidepressant medications
 - (e) History of multi-agent drug use (prior use of other psychiatric drugs in conjunction with antidepressant medications)
 - (f) History of discontinuation of acceptable medication and then a subsequent onset of depression.
 - (g) Any other manifestation of mood disorder as specified at the time of promulgation, or at the discretion of the treating psychiatrist.

4.5 Acceptable oral medication

- (a) Fluoxetine
- (b) Sertraline
- (c) Citalopram
- (d) Escitalopram
- (e) Other oral medication deemed acceptable by the Director.

4.6 Annual follow-up for medical certification

After twelve months, the applicant will be required to submit a psychiatrist's report at 6 monthly intervals to the Aviation Medical Department, until such time as cancellation of his/her licence.