MENTAL HEALTH CONDITIONS PREAMBLE

There is no certain way of predicting which persons with mental health conditions will have accidents, but many high-risk drivers are such because of symptoms from mental health conditions. In a review of medical literature spanning 1960-2000, the National Highway Traffic Safety Administration noted that people with schizophrenia, personality disorders and chronic alcohol abuse are at highest risk for unsafe driving.[A] (Guidelines for Substance Use Disorders are listed in a separate FAP.)

Given that many mental health conditions wax and wane in severity, this FAP attempts to provide guidelines that protect public safety but allow driving when possible. Recommendations are drawn from a review of medical literature, a review of recommendations from other jurisdictions, and from the experiences of physicians in Maine.

Diagnosis of a mental health condition is important, but clinicians should also focus on a patient's function, in particular attention and concentration, executive function (or other cognitive functioning as it relates to the mental health condition), psychosis, psychomotor retardation, response disinhibition or impulsivity, intent for dangerousness to self or others, and on whether or not the patient has the insight to recognize limitations or the judgment to stop driving if limiting symptoms occur.

When assessing safety and stability, clinicians should also consider patient histories and collateral information about motor vehicle crashes, driving citations, relapses in substance use disorder, patient compliance with treatment, and relapses in the mental health condition for which the patient is being treated in order to gain a fuller picture of the patient's ability to drive safely. One episode of poor judgment does not necessarily mean a patient should stop driving. There should be a pattern of concerning behaviors or symptoms.

Many individuals with mental health conditions are maintained on medications on an outpatient basis. These drugs have varying degrees of sedative side effects and can potentiate other central nervous system depressants. Persons receiving such medications should be screened in terms of severity of side effects incident to medication and the adequacy of the remission of symptoms related to the mental health condition, as it relates to operating a motor vehicle.

Normally, BMV will not require reporting of prescribed medications used as ordered. However, in cases where proper use of prescription medications have resulted in driver impairment, such as OUI, crashes, reports of unsafe driving, or when a clinician is concerned that a patient may be non-compliant with driving recommendations, use of the Prescription Medications and/or Opioid Replacement Therapy FAP is appropriate. Please note that clinicians are responsible to assess their patients for potential risk and advise them whether to drive or not based on their medications and medical conditions.

Medications that are of particular concern for sedation, especially if patients are prescribed more than two or are concurrently prescribed opioids, are using marijuana[B, C, D, E] or abusing drugs or alcohol,[F] include the tricyclic antidepressants, sedative hypnotics, some antipsychotics, and benzodiazepines. Methadone and benzodiazepines are a particularly troubling combination for risk of sedation. (See Substance Use Disorder FAP if that is primary diagnosis).

Special Circumstances

Electroconvulsive Therapy (ECT):
A seizure induced by ECT treatment is not considered a Seizure Disorder for purposes of driving a motor vehicle. Transient confusion or cognitive changes would be expected to clear in a day or two after treatment, during which the patient should not drive. However, it is possible for ECT treatments to result in long-lasting cognitive changes that impair the ability to drive safely, usually in the context of evolving dementia. Under these circumstances evaluate according to the Dementia FAP.

Psychogenic Non-epileptic Seizures (PNES):
PNES are considered to be a form of Conversion Disorder in DSM-V (the most recent DSM at the time this FAP was written).[G, H] Until a formal diagnosis of PNES has been made (consultation with Neurology and EEG Video Monitoring are especially helpful in this regard), clinicians should use the FAP for Seizures even if PNES is suspected. Once PNES is formally diagnosed, the evaluation of driver safety should be individualized but patients with PNES are very likely to fall within Profile Level 3b or 3c on this FAP. There is no clear consensus in the medical literature about driving limitations for PNES, but in a study in the United Kingdom, 50% of neurologists who specialize in diagnosing PNES felt that driving restrictions should be similar to that for epilepsy. There are reports of motor vehicle crashes related to PNES.[I] Prognosis for cessation of psychogenic seizures is better if PNES resolves spontaneously in the first year or two, but poor if the symptoms have gone on for 10 or more years.

Medical conditions with mental health symptoms:
Other conditions may at times be associated with mental health symptoms and may require review using this FAP. Examples may include but are not limited to Parkinson's or Tourette's Syndrome.

Novel treatments or treatment in development:
Transcranial Magnetic Stimulation[J] and intravenous ketamine are examples of new or novel treatments at the time of this FAP preparation that have no track record in the medical literature as far as driver safety is concerned (but are not meant to be the only treatments considered here). Practitioners using any new or novel treatments are strongly urged to consider a patient's ability to drive safely as part of their post-treatment assessment protocols.

FUNCTIONAL ABILITY PROFILE
Mental Health Conditions[1]

Profile Levels	Degree of Impairment/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No history of mental health condition.	N/A
2.	Condition fully recovered	Diagnoses of depression, anxiety, Autism, or ADHD (ADD), but no association with functional impairment in the past 2 years or more in the judgment of the treating clinician; or History of a mental health condition in sustained remission 2 years or more. No functional impairment in the judgment of the treating clinician. No impairment in driving abilities from medication/treatment side effects and does not meet criteria listed in sections below.	N/A
3.	Active impairment (Profile levels are intended to describe potential for at risk driving; they are NOT consistent with clinical definitions for mild, moderate or severe.)	On-going symptoms that meet current DSM criteria for a mental disorder.[2, 3] Please refer to Mental Health Conditions Preamble for "Special Circumstances".	
	a. Mild risk	Condition stable but less than 2 years; no concerns related to current cognitive function and only minimal functional impairment from symptoms or medications or other treatments; or Occasional recurrence of mild to moderate symptoms without suicidal or homicidal intent and with insight and judgment adequate to stop driving if functional limitations or medication side effects occur.	2 years or less if recommended by clinician

	b. Moderate risk	History of symptoms that might jeopardize safe operation of a motor vehicle but stable for at least 3 months and fit to drive; and No concerns related to current cognitive function. Demonstrates overall compliance with treatment/recovery plan, has insight and judgment adequate to stop driving if functional limitations or medication side effects occur; and Does not exhibit symptoms that might jeopardize safe operation, such as suicidal or homicidal intent, aggressive or violent behaviors, impulsivity, psychosis, inattentiveness. NOTE: Clinician may recommend a road test when appropriate and SHOULD recommend a road test if transitioning from Profile Level 3c to Profile Level 3b, or if returning to driving after 6 months or more of no driving.	1 year or less if recommended by clinician ROAD TEST[5] if recommended by clinician
	c. Severe risk	Currently, or within the past 3 months, has exhibited symptoms that might jeopardize safe operation of a motor vehicle and/or has not demonstrated overall compliance with treatment/recovery plan. Symptoms that may jeopardize safe operation may include significant executive function or cognitive impairment related to a mental health condition, chronic dangerous behaviors[4] toward self or others, chronic suicidal or homicidal intent; severe anger, impulsivity or irritability that create a driving hazard; chronic delusions[6] or hallucinations[6] that impair driving ability; chronic poor insight and judgment about driving limitations leading to dangerous behaviors; chronic medication or treatment side effects that impair safe vehicle	No driving

		operation, such as sedation, blurred vision or certain movement disorders; or New condition or onset of symptoms, under investigation **and** that may pose risk to safe operation of a motor vehicle.	

[1] For further discussion regarding MENTAL HEALTH CONDITIONS, please refer to Preamble at the beginning of this section.
[2] For substance use or withdrawal disorders, please see FAP for Substance Use Disorders.
[3] Diagnoses of depression, anxiety, Autism, or ADHD (ADD) are common disorders and require consideration in this section. They require on-going review when associated with functional impairment within the past 2 years, in the judgement of the treating clinician.
[4] Dangerous behaviors include but are not limited to those described.
[5] For a description of BMV road test, please refer to the Appendix.
[6] Examples of hallucinations and delusions that create risk for unsafe driving include but are not limited to those that cause the person to take action, cause distraction or startling, or command hallucinations.