**Guidance for Community Therapists**

Regarding Letters of Support for Gender Affirming Surgeries

Part One: Tasks for the Therapist

As per the World Professional Association for Transgender Health (WPATH), a therapist may write a surgical support letter once they have reasonably determined that the patient can provide informed consent and does have gender dysphoria. These letters are required by mostly by insurance but also by some surgical centers. For the most part, top surgeries will require one letter and bottom surgeries will require a letter from two separate mental health professionals. All surgeries require a letter also from the referring medical provider.

From an insurance standpoint, the letters serve to move the process forward and may not be very detailed or involved unless insurance requests additional information. The goal is to state that a patient’s mental health conditions are “reasonably well controlled”. Reasonable control should be interpreted in the context of surgical recovery. For example, if a person’s depression is so severe that they will not be able to complete self-care tasks crucial for good healing, it may be appropriate to collaborate with the patient on a plan to recover their mental health to a degree. One must be mindful however that perfection is not the goal, especially considering that surgery can have beneficial effects on mental health in the long run. Ambivalence or worry ahead of surgery is normal and shouldn’t be a reason to deny a letter. It is also worth knowing that many people, despite good preparation, struggle to cope with the pain, stress and fatigue inherent in any surgery. If there are lessons to be taken for the next client one should do so however it should be noted that negative experiences are a normal part of complex surgery. This should also not be a reason to deny a letter to the next client.

For a patient with no comorbid mental health problems or whose mental health problems are well controlled, simplicity should be the goal. Many mental health clinicians accomplish these evaluations and letters in one to two visits. These the appointment(s) should serve not just to assess for dangerously unstable mental health but also to prepare for the emotional and practical challenges surrounding sometimes complex surgeries. It is worth seeking more information about the relative complexity of the surgery being planned. For example, an orchiectomy does not require the same level of emotional planning or coping skills as does a phalloplasty.

From the SF Public Health Department: “Components of planning for a good outcome include supporting people to develop a plan for adequate aftercare, planning for potential complications, and developing realistic expectations for surgical outcomes. Good outcomes are also individual-specific. When needed, a clinician will also help with trauma-related coping skills, reliable and safe housing, and applications for entitlements and benefits so they do not have to try to return to work before their body is ready. Clients may need to stabilize their anxiety to reduce potential post-operative distress, or quit smoking, reduce their alcohol intake or to find job-training while they wait for their surgery date so that they can support themselves afterwards.” (Source: <https://www.sfdph.org/dph/files/THS/TransgenderHealthServices_MH%20Guidelines.pdf>)

The above referenced document contains a wealth of specific information about surgical planning for gender care in a public health setting. Many mental health professionals without community health experience are not well versed in a harm reduction model and for those, it is strongly recommended to read the SFDPH document.

Another important resource is the World Professional Association for Transgender Health Standards of Care. Currently they are on version 7 but working on version 8. When you see “WPATH letter” or “WPATH criteria,” this is what is being referenced. For expediency, page 59 has the criteria: <https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf>

Part Two: Assessments

*Below is a partial list of subjects a community therapist may consider reviewing. For patients getting a second letter from a Community Health Care Behavioral Health Consultant they should also be reviewing the below, but they will not know the patient as well.*

Can the patient provide informed consent?

What is their goal for surgery (e.g. emotional, or pragmatic such as passing, or multiple).

Does the patient smoke cigarettes or vape? Will need support to quit as nicotine products impair healing when blood does not flow well in small vessels.

Assess for substance use with a focus on whether it will impede recovery or resilience in case of complications. (Some considerations are that if a patient can use edibles instead of smoke marijuana that might be less likely to cause healing problems, though if they are reliant on a substance for coping they will need to grow their skill base. Another example is meth or other stimulant use which constricts blood vessels and impairs healing.)

Assess for recovery plans, housing stability, support system, transportation, food, income/budgeting, hygienic space to dilate if vaginoplasty.

Assess for coping skills surrounding distress as there may be surgical complications requiring revisions, chronic pain, disfigurement, or exhaustion even when all goes well. (Most patients will say the risk is worthwhile, but they will be well served by planning for the unexpected.) Other complications can include worsening of depression even while dysphoria is alleviated (from the physical stress of surgery) or worsening of PTSD from pain, vulnerability or history of genital trauma.

Part Three: Sample letter

Date

Re: Preferred name (Legal name) Last name

DOB:

Dear Dr. :

(Client preferred name) has been a client of mine since \_\_\_\_. The patient notes they first knew their assigned sex differed from their gender identity at age \_\_\_\_. They have been living consistently as a \_\_\_\_ for \_\_\_ years and have been on hormones for \_\_\_\_ years. They have had (list previous surgeries here or delete this line). To further transition, they have changed their name and gender on the appropriate documents (if not, delete this line). I met with this patient for an independent mental health evaluation on (date). It is my clinical opinion that they fit the criteria for Gender Dysphoria according to the DSM-V. Although hormone therapy has helped them feel more aligned in their identity, the symptoms of Gender Dysphoria have persisted. They relate much of their Gender Dysphoria to their breast/lack of breasts/genitalia. This patient has expressed a persistent desire for a (surgery) since (date/establishing care with us).

(Name) is psychologically stable for surgery. There is no evidence of any symptoms of psychosis or disturbances in personality (OR any comorbid mental health conditions are reasonably well controlled and are not likely to impact surgical recovery). The patient does not smoke cigarettes and has thus met the WPATH SOCv7 criteria for surgery. Additionally, this patient has good social support for the decision to move forward with transition. They are stably housed (or will be during recovery) and have a plan for post-operative recovery. I believe (name) would benefit greatly both medically and psychologically from (surgical procedure).

I have discussed risks, benefits, limitations and alternatives of surgery with (name) – including the implications for sexual and reproductive health (if genital surgery), and I feel they have an excellent understanding of the aforementioned. Given their persistent desire for surgical affirmation, I have assessed this patient’s readiness for surgery and have decided to fully support the decision to move forward.

Feel free to contact me with any questions or concerns at (phone #).

Sincerely, (your name and credentials) LCS NPI