Providing Mental Health Assessments for Gender Affirming Surgery Referral Letters

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Keeping in mind...

Gender is more fluid than we are taught it to be.

The true expertise is in the experience of the Transgender and Gender Non-binary person who is coming in.

By the time many people who are needing a letter are seeing us, they have already been through a journey of recognizing, understanding, disclosing and living their gender identity and their need for having gender affirming surger(ies).

Our job as mental health providers doing these assessments is to help support specifically someone’s goal for having surgery.

We are present with clients to explore expectations, hopes and risks, guide around logistics and explore next steps.

Requirements to follow under WPATH SOC

Before you meet with the client...

• Gender Affirming Surgery Consultation Screening, completed through client contact with intake staff or client advocate (at FHC this document has been created and can be located within the medical record system of CPS—example shown on next slide)
  – Clarifies where someone is in their gender affirmation process and with their transition plan for surgery, clarifies surgery type needed, identified surgeon, insurance coverage and requirements: one letter vs two mental health provider letters and level of licensure
  – Client has had discussion about surgery need with PCP and/or received PCP letter
  – Client-Agency agreement: agency policies/HIPAA
  – Intake guide and surgery specific questions prepared

Disclaimer

This presentation is geared towards internal staff at Fenway Health Center (FHC) and external learners.

Throughout the presentation there will be reference made to internal FHC systems to help support the learning of internal staff and those outside of FHC wanting to improve or create new systems related to the process of doing assessments and writing gender affirming surgery referral letters for clients.

How we feel on the inside may differ, or be similar to how we identify, present ourselves, or are read by others on the outside.

Gender Affirming Surgery Consultation Screening Document –FHC Example

1. Has client been notified that this consultation is for a letter in support of surgery only and not for ongoing psychotherapy or psychiatric medication management?
   Yes
2. Surgical Expenses Covered By:
   Health Insurance: Yes
3. Consultation Requested for:
   Master’s Level Clinician: Yes
   Higher Level BH Provider (PsyD, PhD, MD): ___
4. Has client consulted with FHC PCP regarding request for surgery?
   Yes
5. If client is seeking second BH letter, has client already received Primary Behavioral Health Surgical Referral Letter?
   Yes
   **This consultation will be used for intake clinician or psychiatrist referral. A copy of primary surgical referral letter must be available and submitted to scanning to complete this referral.**
6. Primary Referral Letter from (Name of first evaluating BH provider):
   "xxxxxxxxxxx, LICSW"
7. Client is requesting surgical referral letter for:
   Gender Affirming Phalloplasty Genital Reconstructive Surgery
8. Has the surgeon who will perform the procedure been identified?
   Yes
9. Below is additional documentation from other providers available that the client has met the required minimum duration and type of treatment as required by the patient’s healthcare insurance policy and/or surgeon:**
10. Please work with client to schedule consultation for letter in support of surgery. Appointment scheduled: ________________.
Intake-Letter vs. Intake-Therapy Letter

Writing first letter or second?

What if the person is requesting only a letter from the intake?
- If person is seeing you only for purposes of getting a letter: Is an intake syllabus for clinical supervision and surgery readiness assessment—depends on surgery type and client need

What if the person is requesting a letter and therapy?
- At FHC: Complete the intake evaluation and readiness assessment, present the care and add person to the waitlist. Depending on person’s timeline needed for having surgery, you can offer to complete the assessment for the letter. The person can remain on the waitlist during that time. Outside of FHC: Complete intake evaluation per agency’s or practice’s policy on surgery, continue in process for therapy according to practice/agency policy.

What about if the person is using therapy with me already?
- An evaluation of readiness for surgery can take place without the person having to redo the intake/intial evaluation process.
- In some cases, portions of the assessment may have been incorporated into the therapy already
- In other cases, a conversation will be needed to start the gathering of information needed within an assessment

What if about the person needs two mental health letters for lower surgery?
- Seen internally for 1
- Required to have 2 mental health letter forms (PhD, PsyD, MD): intial evaluation required and Written intial evaluation for second letter, MD, MHP, Psychiatrist (outside of FHC), referral to agency/practice high level licensure clinician.

How long do I allow to write the letter and send it off?
- Allow yourself at least two weeks to realistically make the time to write the letter, receive feedback from the client and send the letter to the surgeon.

Categories of the Assessment

1. Introductions & acknowledgment of power differential
2. Review of estimated outline for anticipated number of sessions
3. Gather basic surgery information and client’s understanding of (anticipated timeline for having surgery, surgery type, who’s the surgeon, pre-op requirements, and insurance coverage and requirements)
4. Personal vision: client’s expectations, hopes, permanency, expectations, loss
5. Discuss social supports, anticipated healing plan for recovery process
6. Logistical planning for before, during and after surgery
7. Therapy recommended to begin or continue?
8. Observe Release of Information needed for surgeon(s)
9. Write letter, email draft, review, finalize, send off to surgeon

As we move forward in the process...

- Gender affirming surgeries are experienced as life savers and as life changing for many—Having surgery is super meaningful!
- History of transgender and gender non-binary folks getting sub-par healthcare because providers are not well trained—we have an opportunity to be excellent and give them better, informed care!
- Using clinical supervision for exploring the power differential, the impact of gatekeeping, and our own biases.

Surgery-Type-Specific Reminders

*Ask people what type of surgery they are planning to have and to review surgeon specific requirements.

**Is stopping gender affirming hormone replacement therapy (HRT) a requirement prior to having surgery?

**Are there weight requirements by the particular surgeon or related to specific surgery type?

Trans and gender affirming surgeries:
- Breast Augmentation Surgery (BAS) aka “top surgery”: bilaterally, drapes, nipple tattoos, scarless, minimal lifting post surgery
- Gender Reconstructive Surgery (GRS) Metoidioplasty, aka “bottom or lower surgery”
- Genital Reconstruction Surgery (GRS) Phalloplasty, aka “bottom or lower surgery”
- Apopectomy

Trans feminine gender affirming surgeries:
- Full Gential Reconstruction Surgery (GRS) vaginoplasty, aka “bottom or lower surgery”; electrolysis often required, distal requirements
- Breast Augmentation Surgery
- Orchietomy
- Choice to have an orchietomy prior to full GRS
- Breast, emotional and physical co-benefits
- Facial Feminization Surgery/full FFS, facial shave

*While we can cover medical information in a mental health context, refer back to MDs and surgeons for those areas.

In many states, discussions with surgeons about surgery or decided to seek care, we can guide people around preparing for these discussions.**

Gathering Basic Surgery Info & Client Understanding

- Who is your surgeon and where are you having surgery?
- Which surgery are planning to have? (be specific)
- How do you for-see the surgery helping to affirm your gender?
- Can you tell me what you know so far about the surgery itself and what to expect?
- What are the pre-op requirements and expectations?
- If you are currently receiving gender affirming hormone treatment, will it be required to stop hormone tx beforehand? How do you feel about this?
Social Supports, Anticipated Healing Plan for Recovery Process

Practical & Logistical

- Financial
- Time off work or school
- Housing options/living environment
- Post-surgical care
- Possible 2nd step/revision surgery dates or follow-up medical visits

Emotional & Social

- Immediate environment
- Friends, partner(s), housemates, family, coworkers, wider community
- Complications?
- Current coping skills for depression and anxiety, un/anticipation of post-surgery mood changes

Where are the strengths, where are the risks?

Let’s recap:

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Letter Template

(example shown on next slide)

- Create a template:
  - Vary each template according to client’s stated pronoun use
  - Surgery type

- At FHC templates can be found in the Mental Health shared folder under:
  - Trans-Health Program
  - Surgery
  - Letters
Resources for Providers and Clients

World Professional Association for Transgender Health:
www.wpath.org

World Professional Association for Transgender Health:
www.transstudent.org