

Mental Health Evaluations and Surgical Readiness Referral Letters

Philosophy

The Johns Hopkins Center for Transgender Health’s interdisciplinary team (“Center’s team”) wants to ensure that every patient has the best surgical outcome. Our aim is to help each patient maximize their health, well-being and quality of life. In assessing surgical readiness, because of the irreversible nature of surgery we need to ensure that all dimensions of a patient’s health have been assessed and optimized – including mental health. Our goal is not to be gatekeepers placing hurdles in a patient’s path or to make patients “prove” anything to us.

To that end, the purpose of mental health evaluations and corresponding referral letters for surgery are to provide our team with a clear picture that this is the correct treatment for you, and that you have made an informed decision, including discussion of potential pros and cons of surgery. The referral letters you provide to the Center’s team should demonstrate that you and your mental health provider worked together to develop a detailed assessment and evaluation. A letter that is considered sufficient for the Center’s providers to accept would provide information specifically outlining why from a mental health perspective, you would be an appropriate surgical candidate. In most circumstances, a generic form and/or templated letter with check boxes will not be accepted. Sample letters are available on request for mental health providers who are not familiar with how such letters commonly look.

Our practices align with the World Professional Association for Transgender Health (WPATH) Standards of Care, which are guidelines that establish *minimum* criteria. Practitioners and programs can and should consider the application of additional criteria to ensure the highest quality of care while also addressing the ethical and legal responsibilities involved in providing that care. We believe the criterion below meet these responsibilities in a manner that respects patient autonomy as well as professional practice.

1. Timeliness of Letters

As a general statement, mental health referral letters will be considered timely if they are written within 12 months of the date scheduled for a patient’s surgical consult. Because each patient is unique, the health care team may at times ask for an updated letter reflecting a more recent assessment by a mental health professional. These requests are based on the patient’s health status and health history (an example of this is when someone is dealing with an evolving mental health concern). The purpose of requesting an updated letter is to confirm that the patient is in the most optimized condition prior to a surgical intervention in order to achieve the best result.

2. Requirements for Number of Mental Health Evaluations and Corresponding Letters Needed

For Mastectomy/Male Chest Contouring, Breast Augmentation, Hysterectomy, Laryngeal Shave and most Facial Surgeries, one letter meeting the established criteria is necessary.

For Metoidioplasty, Phalloplasty and Vaginoplasty two letters meeting the established criteria are necessary.

3. Evaluator/Letter Author Credentials

The Center for Transgender Health is grounded in an approach that leverages our interdisciplinary expertise, which includes on-site mental health providers available for patients who need comprehensive mental health evaluations and corresponding surgical readiness letters. Our aim is not to create additional burdens for patients by requiring evaluations to be done only by our team members. We therefore also rely on our fellow mental health professionals outside of the Center to provide us with assessments and recommendations in

written form. However, as noted in the WPATH Standards regarding interaction with outside mental health providers, we “must be confident that the referring mental health professional(s) ... are competent in the assessment and treatment of gender dysphoria, because [we are] relying heavily on their expertise.”

The following are the recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria and provide our team with referral letters:

1. A master’s degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board. Mental health professionals from countries outside the United States would be subjected to the same criteria including a relevant degree and equivalent licensing.
2. Competence in using the *Diagnostic and Statistical Manual of Mental Disorders 5 Edition* and/or the *International Classification of Diseases 10th Edition* for diagnostic purposes.
3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

4. WPATH Criteria for Mental Health Referral Letters

Using the framework of the WPATH recommended content areas for surgical referral letters, the letters we receive from outside practitioners should preferably touch upon the following twelve points:

WPATH: The client’s general identifying characteristics:

1. Identifying information: age, sex/gender, relationship status, and ethnicity and a statement of what the patient is seeking (type of surgery).

WPATH: The duration of the mental health professional’s relationship with the client, including the type of evaluation and therapy or counseling to date:

2. The duration and nature of the therapeutic relationship, including nature of the evaluation, type of therapy, frequency and duration.

WPATH: An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient’s request for surgery. A statement about the fact that informed consent has been obtained from the patient:

3. Whether they meet WPATH eligibility criteria including persistent and well documented gender dysphoria, capacity to make a fully informed decision and consent for treatment as well as age of majority. For those seeking genital surgery, whether they have had 12 months of continuous cross

gender hormone therapy (required unless there are medical contraindications or the patient is unable/unwilling to use hormones).

WPATH: Results of the client's psychosocial assessment, including any diagnoses:

4. A chronological history of the patient's cross gender feelings starting with the earliest possible recollection.
5. Initial and current gender, sexual and psychiatric diagnoses including personality and developmental disorders as well as substance abuse.
6. Pertinent background family, developmental, education, occupational, relational and social history.
7. Current stability of psychiatric symptoms. If there is a psychiatric diagnosis is it well controlled?
8. Medical and psychiatric medications, dosage and starting dates as well as who prescribes them.
9. Level of support from parents, family, spouses, children, friends and colleagues. Acceptance in work or school environment.
10. Legal gender change status including name change, gender status change on identification documents (birth certificate, driver's license/passport).

WPATH: A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this:

11. The qualifications of the mental health professional including licensure, experiences working with transgender patients, education, ongoing training and membership in professional organizations.
12. Willingness to accept a phone call to validate that they composed the letter.

Next Steps After Letter Review

The next step after our team has reviewed your letter(s) will typically be one of the following:

- a) A determination as to whether the letter(s) are sufficient and whether the criterion for surgical readiness are met.
- b) If the letter(s) meet the criteria the patient will keep their scheduled consultation appointment.
- c) If additional details are needed, a discussion between the Center's mental health provider, the author of the letter, and the patient will ensue.
- d) Following this discussion, there will be a determination as to whether an updated letter is needed.

The updated evaluation and/or letter can be conducted by the original mental health provider or can be scheduled with a member of our team.