



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# MENTAL HEALTH ENDORSEMENT LETTERS FOR GENDER AFFIRMING SURGICAL CARE

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# **SPEAKER DISCLOSURES**

No conflicts of interest to disclose

# **PLANNER DISCLOSURES**

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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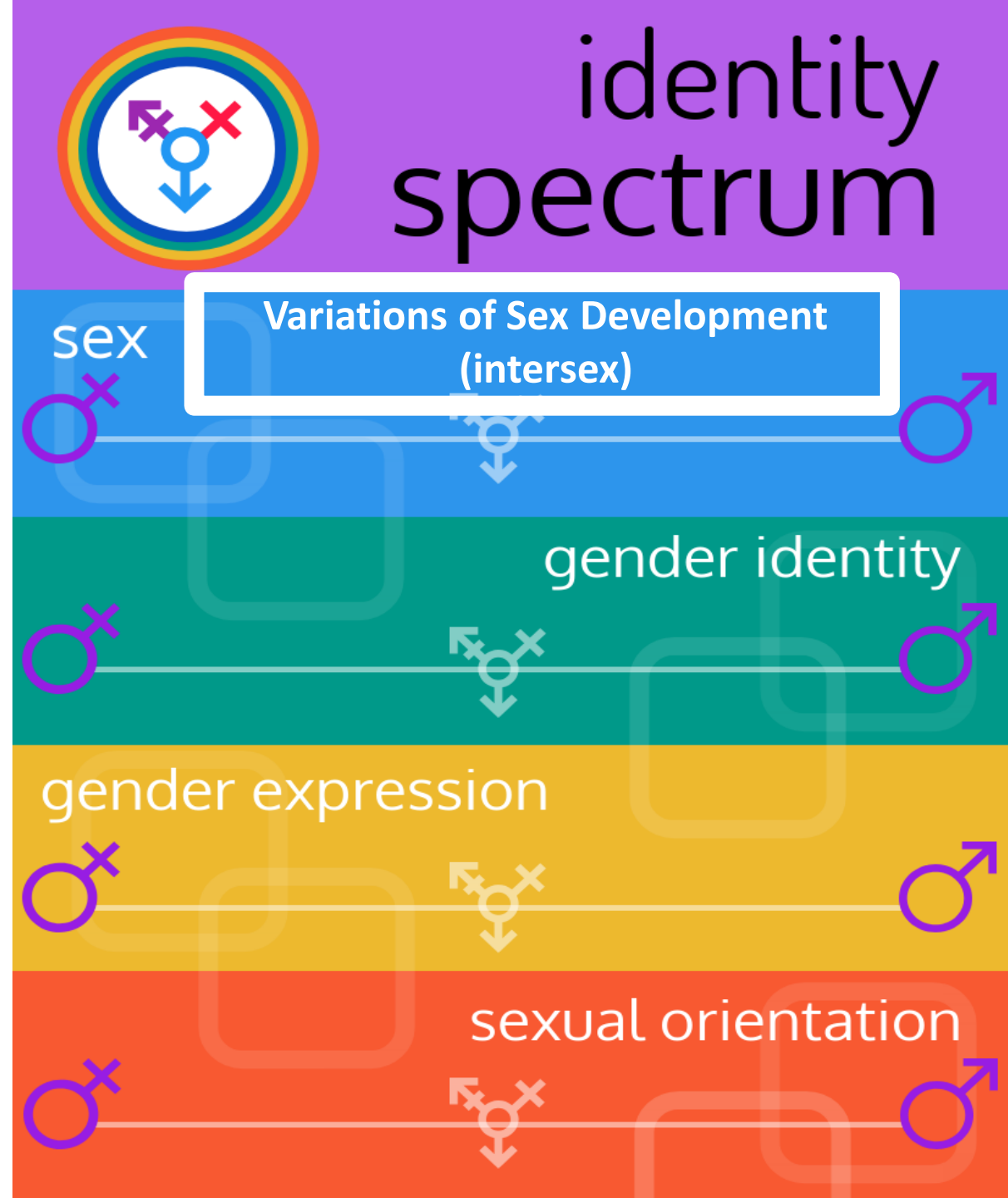
# The course of today's discussion:

- **A review of terminology & concepts**
- **Diagnostic Criteria for Gender Dysphoria**
- **World Professional Association of Transgender Healthcare**
- **Mental health endorsement letters for gender affirming surgery**

# CONCEPTS AND LANGUAGE THAT RELATE TO SEXUAL AND GENDER DIVERSITY

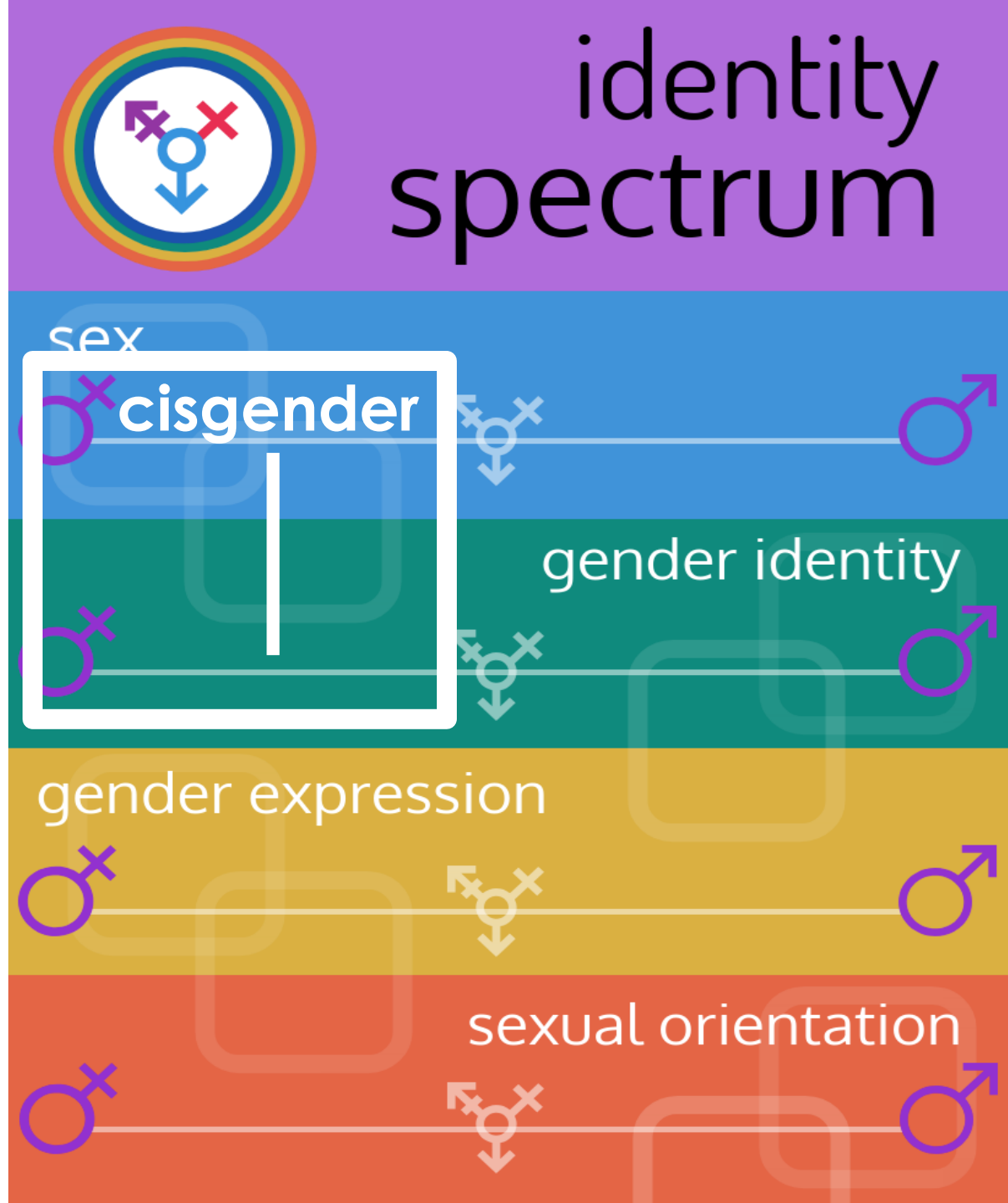
# Variables in the Equation of Self

- **Sex**: chromosomes, hormones, anatomy; assigned at birth
- **Gender identity**: core sense of self, attitudes, emotions, societal role & ways of relating
- **Gender expression**: presentation including clothing, hair, body language, manner, voice



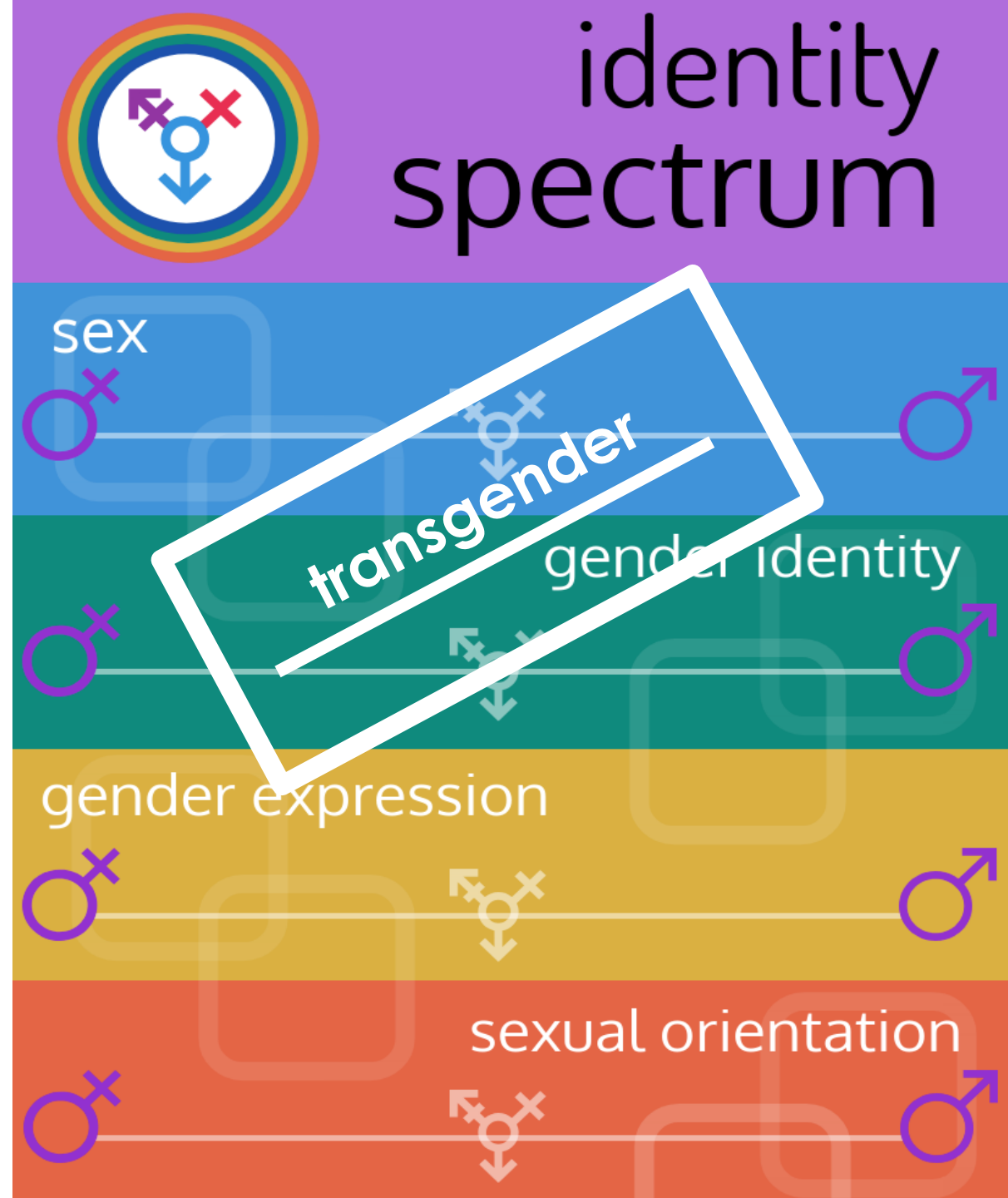
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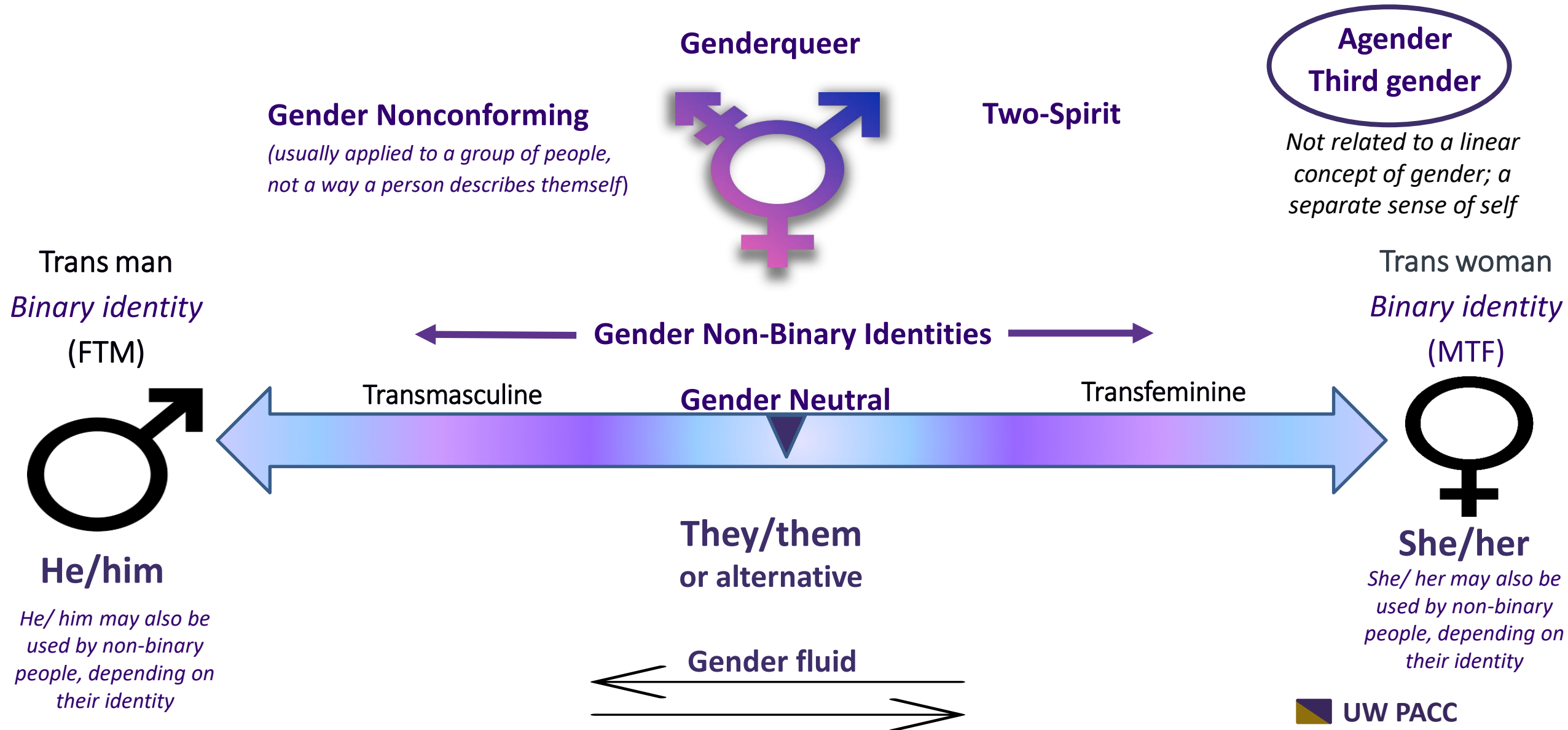


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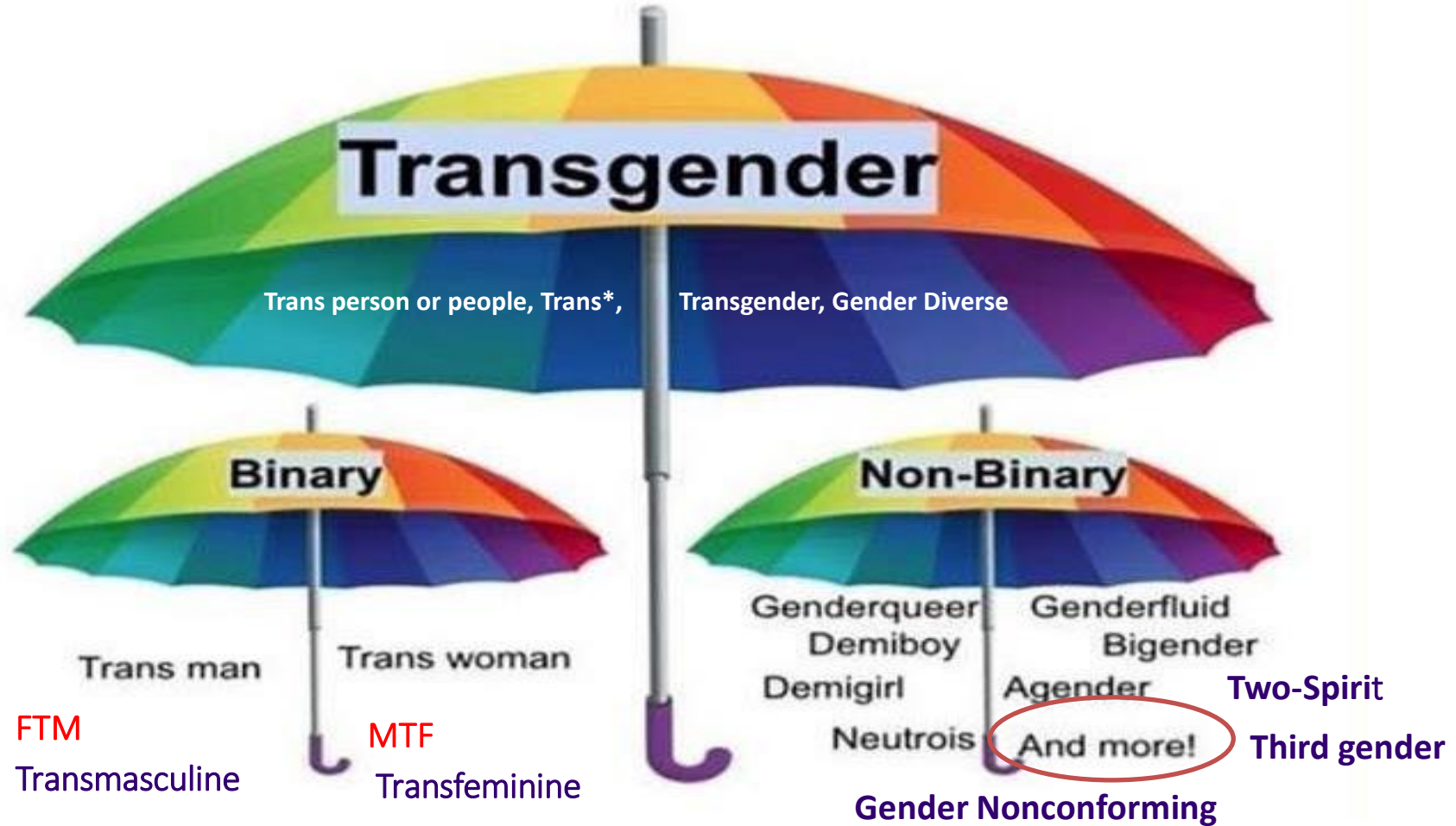


# Transgender Identities Span a Realm of Possibility





# Transgender Identities Span a Realm of Possibility



People who are intersex and have variations of sex development (VSD) at times have a gender identity not consistent with their gender role or sex assigned at birth

# Gender Non-Binary Identities



## Gender non-binary or genderqueer individuals:

Define their gender as not “either/or” – experience their gender identity as intermediate; **often still identify as transmasculine or transfeminine, but can be gender neutral** – though the last group is a fairly small percentage of individuals



*A gender non-binary identity  
Is discerned by the person themselves;  
there is no externally applied yardstick*



Members of these groups may use **they/them** pronouns

(Non-binary persons may use he or she as well, depending on their identity)

# Terminology to Convey Designated Sex at Birth

**“Assigned Male At Birth” = AMAB**

and

**“Assigned Female At Birth” = AFAB**

are terms used to convey the gender assigned to an infant based on anatomy

# CONCEPTUAL LANGUAGE RELATED TO THE LIVED EXPERIENCES OF GENDER DIVERSE PEOPLE

**Misgendered**: being attributed the wrong gender despite changing presentation to align with congruent gender; the converse is “passing”

**Gender affirming**: surgery, medication or approach to care that recognizes and supports the patient’s gender identity

**Dysphoria**: profound sense of unease or distress; can be accompanied by depression & anxiety

**Dysmorphia**: sometimes intense discomfort with a body part or feature



# Social Transition

## “Coming out”

- Disclosing gender identity and sexual orientation to different circles: family, friends, coworkers, etc.
- Disclosing partnerships and parenting structures that are outside of heterosexual, marriage, monogamy, and nuclear families
- Asking others to use apt pronouns
- Name change (not always)
- Changing driver's license
- Changing sex designated on birth certificate



<http://www.images.com/images/10440/1209028>

# Physical Transition



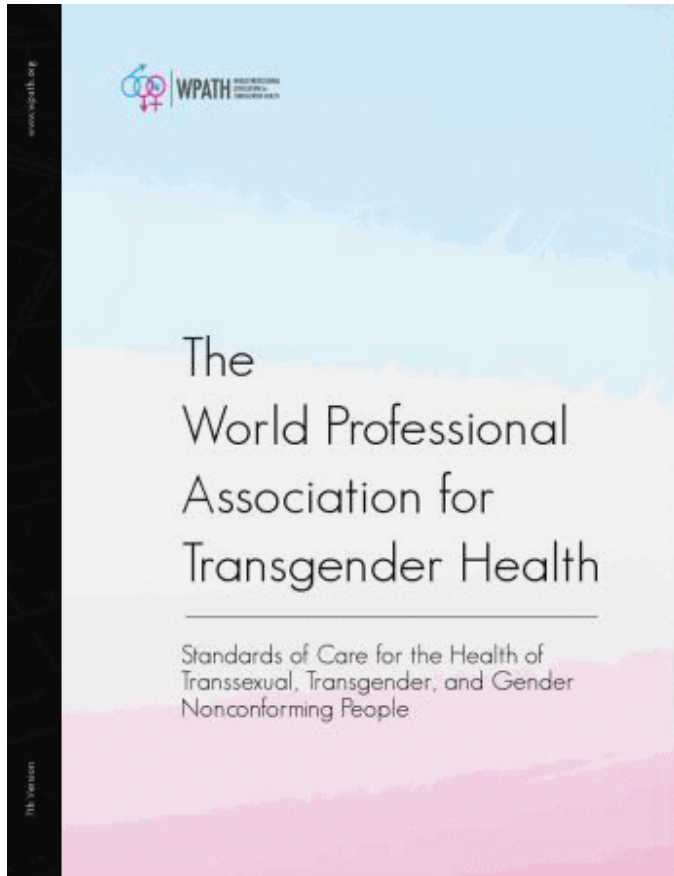
## Modifying gender expression

- Clothes
- Hair
- Make up
- Manner
- Voice
- Electrolysis / laser for hair removal

# Medical Transition

## Gender Affirming Care with medical and surgical services

- Hormone Replacement Therapy (HRT)
- Chest/Breast “top” surgeries
- Genital reconstruction and gonadectomy “bottom” surgeries
- Vocal pitch surgery
- Gender affirming facial surgery



# THERE IS NO ONE WAY TO BE TRANSGENDER OR GENDER DIVERSE

- Some trans people don't pursue surgical or medical interventions
- Some are unable to safely express their gender at work, school, home or public
- Some express their gender in non-traditional ways
- Gender is a journey and one's identity and expression can change and evolve





**GENDER DYSPHORIA  
&  
WPATH  
MENTAL HEALTH LETTER REQUIREMENTS**

# Gender Dysphoria (DSM V – TR)

Formerly Transsexualism & Gender Identity Disorder (Gender Incongruence ICD-11)<sup>1</sup>

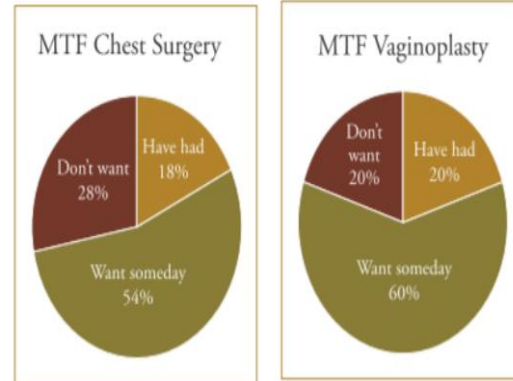
Two or more of the following features, present for > 6 mths

- A strong desire to do away with primary or secondary sex characteristics
- A strong desire to have sex characteristics of another gender
- A strong desire to be treated as another gender
- A strong desire to be another gender
- A profound need for society to treat them as another gender
- A strong conviction that one has the typical feeling and reactions of another gender

# Diverse Bodies and Expressions

- 76% taking hormones whether monitored or not
- Surgical status and future desire to have surgery is diverse

MTF



FTM

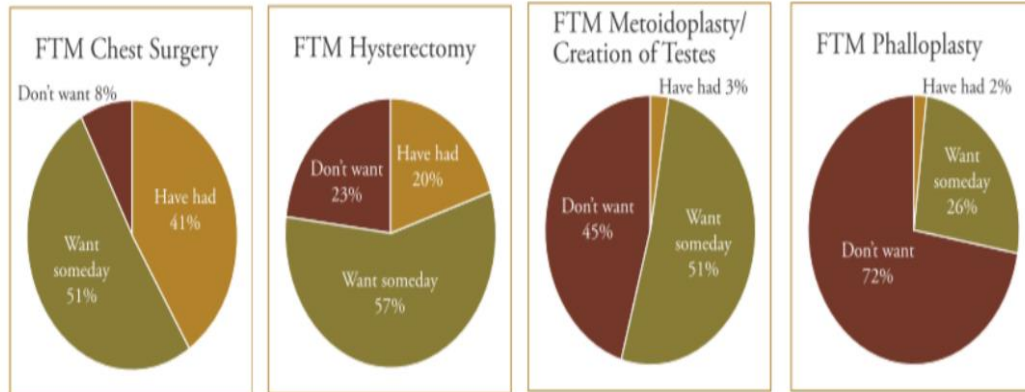
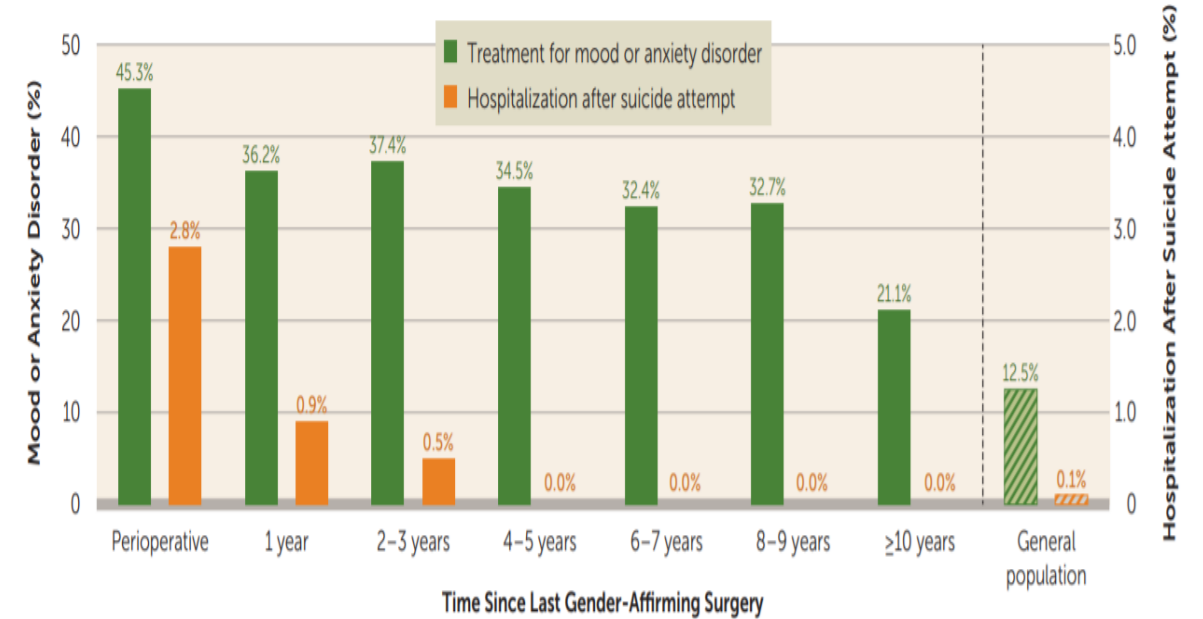


FIGURE 1. Prevalence of treatment for mood or anxiety disorders (health care visit or antidepressant or anxiolytic prescription) and hospitalization after suicide attempt in 2015 among individuals with a gender incongruence diagnosis, by number of years since last gender-affirming surgery



*The likelihood of being treated for a mood or anxiety disorder was reduced by 8% for each year since last gender-affirming surgery.*

# History of Gender Affirming Surgeries at UWM

## Breast/chest surgery (“top” surgery) (2019/2020)

- Chest masculinization/mastectomy - AFAB
- Breast augmentation – AMAB

## Gender affirming genital surgeries (“Bottom” surgery)

- [\(2022\) Vulvovaginoplasty/ vaginoplasty](#) – AMAB
- [\(2023\) Phalloplasty](#) - AFAB
- [\(2023\) Metoidioplasty](#) - AFAB
- Hysterectomy, vaginectomy – AFAB
- Orchiectomy - AMAB

## Gender affirming facial surgery (2019/2020)

- Nose, brow, cheeks, chin, jawline, [Laryngochondroplasty](#), thyroid cartilage alteration may be part of these – these likely will be done at HMC

## Gender affirming voice surgery (2023)

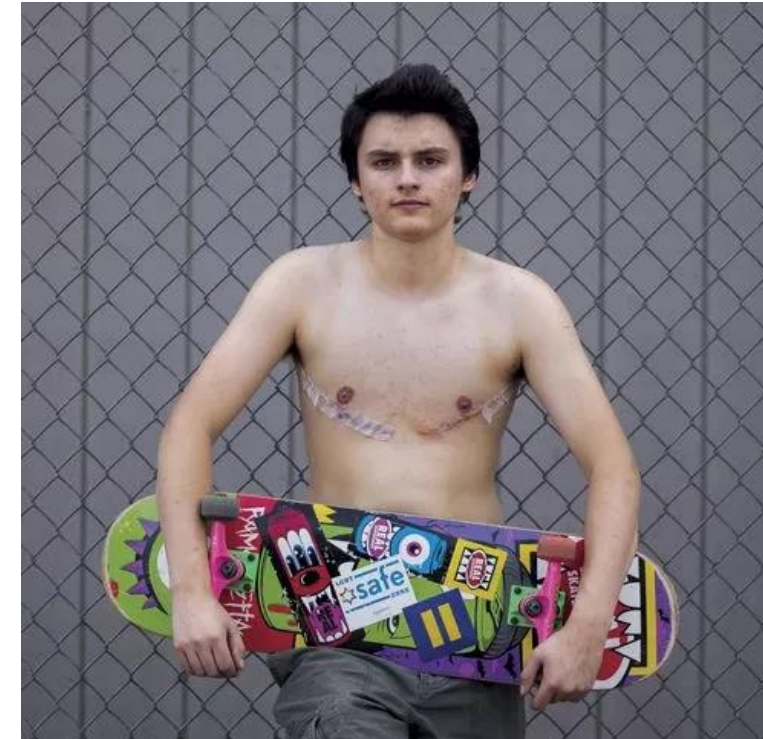
- Alteration of vocal pitch by [laryngeal surgery](#) (usually paired with speech therapy)

AMAB = assigned male at birth

AFAB = assigned female at birth

### General concepts to know:

- **Not all TGNB patients will desire surgery**; that isn’t a requirement for being trans or nonbinary
- **Surgeries may have some individual variation** based on patients’ preferences or anatomy



Attribution: National Geographic

# PRIMARY CHANGES IN ADULT ASSESSMENTS

## WPATH STANDARDS FOR GENDER AFFIRMING SURGERY

### SOC 7

- Persistent, well-documented Gender Dysphoria (GD)
- Age of majority for Gender Affirming Medical and Surgical treatment (GAMST)
- 2 referral letters for genital and gonad surgery GAMST
  - Phalloplasty, metoidioplasty, vulvovaginoplasty, orchiectomy, hysterectomy, vaginectomy
- 1 referral for non- genital/gonad GAMST
  - Facial, chest, breast, vocal
- 12 mths Hormone Replacement Therapy (HRT) & living in identified gender role (social transition)
- Co-occurring mental/physical health issues well controlled
- Assessment of GD by Mental Health Provider (MHP)
- Psychosocial assessment by qualified MHP

### SOC 8

- Gender Incongruence is marked and sustained
- Age limits removed
- 1 referral letter for ALL gender affirming surgeries  
(Anticipated 2024 uniform changes to Wa insurance)
- 6 months HRT desired but not required
- Discussion about negative impact on outcome of GA surgeries and risk/benefit
- GI can be assessed by any qualified Health Care Provider (HCP)
- Psychosocial assessment by qualified MHP or HCP master's level or equivalent (Wa insurance still requires MHP letters for coverage)

# MENTAL HEALTH ASSESSMENT LETTERS

- **Required by WPATH SOCs and insurance coverage**
    - 1 Mental Health Assessment letters (**min - licensed, master's level**)
  - **Purpose** – Assessment for stability (capacity) and to address the below categories
    - ❑ Presence of persistent Gender Dysphoria /Incongruence (distress caused by misalignment of gender identity and gender assigned at birth, transphobia)
    - ❑ Any mental health issues present are reasonably well controlled
- \* Primary care or Gender Dysphoria (GD/GI) diagnosing provider notes can be referred to as attestation for presence of persistent GD or previous medical steps taken.

# MENTAL HEALTH ASSESSMENT LETTER REQUIREMENTS

## Additional things to think about during assessments for GA surgery

- 1) Discussions about **realistic expectations** of what surgery can and can not do, being emotionally prepared for the realities of potential complications or less-than-satisfactory outcomes. Understanding that in some cases HRT may need to be halted for surgery. Smoking cessation will be required.
- 2) Discussions about **adequate support during the pre- and post-surgery period**. This includes transportation to and from surgery, and care needs after surgery to assist with recovery. This could include anything from obtaining supplies at the pharmacy, to preparing meals and assisting with domestic needs. For those who do not have someone to fill these roles, arrangements may need to be made for home health assistance or even short-term placement in a skilled nursing facility.
- 3) **Keep in mind:** Letters are valid for 12 – 18 mths (insurer) and surgical wait times are considerable. Consider writing letter closer to consult/surgical appointment, and your ability to re-date if needed.

# SAMPLE MENTAL HEALTH ASSESSMENT LETTER TEMPLATE

[Letterhead]

[Date]

Patient Name: [Name of Patient]

[Legal name if different]

Pronouns: [Patient's Pronouns]

Patient DOB: [DOB]

Dear Dr. [Surgeons Name],

I am writing this letter of support on behalf of my client [Name of Patient] who has been seeing me for therapy since [Date of first Visit] and/or was evaluated by me on [Assessment Date] for gender affirming surgery [Name of the Surgery or Procedure – metoidioplasty/vaginoplasty/phalloplasty/hysterectomy/oophorectomy/orchiectomy/bilateral reduction mammoplasty with chest reconstruction/ breast augmentation].

[Name of Patient] identifies as [gender identity] and was assessed for and diagnosed with Gender Dysphoria (F46.1) by [diagnosis provider, and date if possible]. As part of their ongoing medical care for Gender Dysphoria [Name of Patient] is receiving/has received [list gender affirming care - mental health support/ Hormone Therapy Replacement (HRT)/ previous surgical care]. [Name of Patient] endorses significant distress over incongruence between [pronoun] sex assigned at birth and gender identify/anatomy/etc. a complete psychosocial evaluation was performed and [patient name] is found to have no coexisting behavioral health diagnoses.

*\*OR the patient is found to have coexisting behavioral health diagnoses [Dx list] which are adequately managed by [\_\_\_ ] and not a barrier to surgical candidacy. (i.e. The patient meets criteria for diagnoses of anxiety and depression which are adequately managed by therapy and antidepressants).\**

*\*For patients that are not medically safe to receive HRT or do not desire HRT, this must be indicated as well. For example, "As part of their ongoing medical care for Gender Dysphoria [Name of Patient] receives gender affirming mental health support, or gender affirming medical guidance from their medical provider, but does not desire HRT at this time as it does not affirm their non binary gender identity at this time."*

[Name of Patient] has identified and presented as [gender identity] for [time frame – 6 mths +]. At this time [patient name] desires to pursue [gender affirming surgery], in order to relieve [pronoun] Gender Dysphoria. We have discussed the variety of ways that [Patient name] has changed [pronoun] gender presentation over time, and how these changes have relieved [pronoun] dysphoria. It is my professional opinion that having [gender affirming surgery] is the next appropriate step and will significantly benefit [pronoun] overall well-being.

[Patient name] has demonstrated an understanding of the permanence, costs, recovery time, and possible complications of [gender affirming surgery] and is fully capable of making an informed decision about surgery. [Patient name] is reasonably expected to follow pre and post-surgical treatment recommendations responsibility.

It is my opinion that [Name of patient] is mentally, emotionally, and practically ready for [surgery]. If you would like to discuss this in more detail, please call me.

Best,

Provider Name, MSW, LICSW

Your clinical license or credential information

Provider Location

Provider Phone Number





# THINGS TO CONSIDER

- Consult some **letter examples** and/or webinars for the basics ([UCSF](#), [Fenway](#), etc.)
- Have some **templates** handy to reuse and establish consistency
- Allow yourself at least 2 weeks to write the letter and receive any feedback from the patient.
- Get to know your **local resources**.
  - ✓ Some Insurance agencies have specific people or departments to handle TGNB surgical authorizations and can answer questions related to what information is needed/missing to move forward or appeal.
  - ✓ Some local organizations have resources and provider databases for TGNB experts (Ingersoll, County).
- **Prepare your patient/client** that surgery authorization can depend on how familiar you, your facility, insurance agency, or health system is with this process and long wait times can be expected.
- A structure that feels right to you
  - Billing – Intake/assessment CPT
  - Timeline - Most straightforward assessments include 1-2 visits
  - Assessment 1 offs vs. new patient establishment

# BE AWARE OF GATEKEEPING AND TRANSPARENCY

- Mental Health and Medical providers are often placed in gatekeeping roles with our patients, and our patients know.
- Acknowledge the evaluation process required of TGNB patients for medical services related to their gender is exclusive to TGNB patients and can be re-traumatizing or triggering.
- Pathologizing gender is not unlike historical efforts to pathologize sexual orientation, and as such, TGNB stigma, oppression, and transphobia continue to intensify the experiences of both providers and patients/clients.
- Acknowledging the power dynamic in the room is important

***“ I imagine you have been through a lot to get to this point already. It’s not always easy to share details about your body and gender identity with a stranger.”***

# QUESTIONS?



# References

1. World Health Organization (2018). WHO releases new International Classification of Diseases (ICD 11). Retrieved March 4, 2019 from [https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-\(icd-11\)](https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-(icd-11))
2. Bränström R, Pachankis JE. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *American Journal of Psychiatry* 2019 Oct 4:1-8. *AJP in Advance* (doi: 10.1176/appi.ajp.2019.19010080)
3. Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Retrieved December, 2023 from [ntds\\_full.pdf \(thetaskforce.org\)](#)
4. The World Professional Association for Transgender Health (2022). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7*. Retrieved December, 2023 from <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.