

Letters for Emotional Support Animals

There is a growing trend for patients/clients to request letters from mental health providers that recommend their need for emotional support animals (ESA). These letters have allowed individuals and their pets to live, travel, and access private and public spaces that normally restrict animals, such as restaurants, hotels, and stores. While providers may want to offer documentation and support to their patients there are a number of issues to consider beforehand.

First, there are significant differences between service animals and ESAs. Service animals have been used for many years to assist individuals with physical and psychiatric disabilities such as vision or mobility impairment, autism, PTSD, seizure disorders, and other medical disabilities. These animals, usually dogs, are highly trained to perform specific tasks for the user. Service animals are allowed in most private and public locations, with exceptions for health and safety concerns. Conversely, ESAs are used to help alleviate the symptoms of a psychiatric or emotional disorder, such as anxiety and depression, but are not trained to perform specific tasks to assist the user. There is neither training required for an animal, again usually a dog, to become an ESA nor a national certification or registration system for these animals, however there are some organizations that independently provide this service for a fee (Ensminger & Thomas, 2013).

There have been promising preliminary studies about the psychosocial benefits of human interaction with animals and pets including, “calming and relaxing, lowering anxiety, alleviating loneliness, enhancing social engagement and interaction, normalizing heart rate and blood pressure, reducing pain, reducing stress, reducing depression, and increasing pleasure” (Chandler, 2015). This research would suggest that living with an ESA would alleviate the symptoms of many psychiatric disorders; however confirmation of these benefits awaits more rigorous research (Winkle, Crowe, and Hendrix, 2012). Another consideration is that while having a pet may be extremely beneficial to one patient it could be damaging to another. Additionally, the capability of patients to adequately care for animals should be considered.

Ensminger and Thomas (2013) wrote that similar laws and regulations that protect those with a disability to have a service animal have been expanded or interpreted to include ESAs. The Americans with Disabilities Act, The Fair Housing Act, and the Air Carrier Access Act all have protections from discrimination for individuals with disabilities. Documentation of an individual’s disability and the need for accommodation has been successful with landlords and airline carriers in allowing ESAs to live on premises and travel with the individual. Documentation of the disability is necessary for access but its specifics and severity do not need to be stated. Housing providers and business owners are not permitted to inquire about the nature of the disability but can ask what specific services or benefits the animal provides. Places of public accommodation, such as restaurants, hotels, stores, or theaters, do not have to allow ESAs on their property. They must allow service animals, as protected by the Department of Justice, due to their ability to perform specific tasks. In cases where individuals have been denied access to housing due to ESAs, letters from medical and mental health providers documenting the need for the ESA have been successful in favor of some individuals.

With the proliferation of requests for ESAs many university and college campuses are currently working to draft policies to address accessibility concerns for students. There have been instances of lawsuits where students have sued universities for not allowing ESAs, which have been settled in favor of the student. Loyola University of New Orleans currently has a policy in place to allow students with ESAs to live in on-campus housing on a case-by-case basis. Tulane University is currently in the process of drafting policies as well. At this time, Tulane's Counseling And Psychological Services providers are not providing letters for students requesting ESAs.

As with any treatment decision when working with patients, liability is a consideration. A written letter for the patient could be used in court should a lawsuit occur and the provider asked to testify. Thus Ensminger and Thomas (2013) suggested "professionals should be familiar with what they can say under ethical constraints, what they need to say under the law to help the patient, and what they cannot say because of the limitations of the research and of their professional experience with the patient" (p. 93).

If patients request letters from providers, they should be informed that the letters do not automatically guarantee the allowance of ESAs in places where animals are normally prohibited. Additionally, patients should be informed that while they may have a documented DSM-5 diagnosis, an ESA letter will further document that the patients are disabled, which may have unintended consequences. If after careful assessment and consideration of potential risks, patients would be helped by having an ESA the following must be included in the letter from the providers (psychiatrist, psychologist, social worker, and other mental health professionals):

1. The named individual is a patient currently under the provider's care
2. The individual has a disability due to an emotional or psychiatric disorder listed in the DSM-5, though the specific disorder does not need to be identified. Disability is defined in the Americans With Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities" (Sec. 12102).
3. A recommendation or prescription of an ESA to assist with patient's disability and to ameliorate the symptoms of the disorder

It is clear that more research is needed to assess the benefits of ESAs. There will also need to be additional oversight and regulations required in order to fairly consider the interests of patients, animals, and the affected businesses. Yet, the trend of patients requesting ESAs will continue. Mental health providers should certainly consider working with patients with these requests and assess the benefits and risks of documenting the need for ESAs.

Sara J. Gershen, LCSW
Tulane University Behavioral Health Clinic-Metairie.
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References

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