Navigating Health Care: Accessing and Participating in Medical and Mental Health Care at Harvard University Health Services
(and elsewhere in life, for that matter)

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It is a challenge for many of us in this day and age to navigate any health care system, including the Harvard University Health Services (HUHS), and to negotiate what we need from our providers, who often work in very time-stressed frameworks. This challenge can be especially great for young adults who might, up until this point in their lives, have relied on their parents to find providers, make appointments, and communicate clearly with providers about concerns and questions. Some young adults might have had a long-standing relationship with a primary care provider who knew them inside and out, so to speak; for someone in that situation, developing relationships with new health care providers is totally new territory.

Even those of us who are not reliant upon our parents might wish—or expect—that someone in the health care system will serve to track and coordinate our health care needs. We might be disappointed to realize that, in today’s health care world, each of us typically has to be our own health care coordinator to some large extent. Each of us needs to be our own well-informed advocate who can ask questions, inquire about particular diagnostic and treatment possibilities, and request certain kinds of follow-up. Health care providers simply might not have the time to follow up as fully or track things as closely as we (and they) would prefer. We might be surprised and frustrated to discover that we have to play this role, and we might need coaching in how to play it and how to ask others for help when we don’t know what to do.

If we come from cultural contexts where claiming one’s own authority in relation to professionals is considered disrespectful, inappropriate, and/or unwise, we might be especially reluctant to speak up and ask for what we need and prefer from providers.

What follows are pointers on how to access and participate in medical and mental health care at the Harvard University Health Services.

1) Knowing about the phenomenon of "fit."
2) Managing our expectations of HUHS practices.
3) Indicating our level of urgency.
4) Being forthcoming about our behaviors and symptoms even if it is awkward or uncomfortable to do so.
5) Knowing how doctors regard test results.
6) Speaking up, asking questions, expressing concerns.
7) Letting our provider know what kind of patient/person we are.
8) Trying again.
9) Changing providers and addressing a complaint.

The illustrations under each pointer are only examples; this document is not a comprehensive manual on how to access and participate in care. The illustrations are offered not as a script but as “language lessons,” to give a sense of how this navigation of health care might sound.

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* This handout is based upon, and some parts are taken directly from, “Coaching Students on Accessing and Participating in Medical and Mental Health Care at Harvard University Health Services (and elsewhere in life, for that matter),” also written by Sheila M. Reindl, Ed.D., in consultation with Richard Kadison, M.D., and Paul Barreira M.D. That handout is available from the author at the Bureau of Study Counsel.
1) **Knowing about the phenomenon of "fit."** Not every physician, therapist, etc. is a good fit for every patient/student. It's important to learn from an experience of a not-so-good fit what might make for a better fit. Articulating what didn't work for us can help us to discern what might work better.

For example, if your complaint about a previous therapist is that the person "just listened," perhaps you have learned that you would prefer someone who is active, or concrete, and practical in her/his approach. Or, if your complaint is that the person moved too quickly to problem-solving and didn't seem to appreciate that the situation wasn't so simple, perhaps you would prefer to work with someone who is more interested in hearing about and exploring your experience. And of course, this matter of fit is not always about needing to change practitioners/providers; a better fit can often be created by speaking up and talking about your concerns/dissatisfaction with whomever you are seeing.

2) **Managing our expectations of HUHS practices.** We benefit from knowing how the process of finding a provider works. When we know what to expect, we are better able to tolerate a process that takes time and better able to understand what role a given provider can and can't play. For example, when you call or go to the Counseling and Mental Health Services, a CAMHS staff member who is not a counselor/clinician but is trained to help direct you to appropriate mental health care will ask you some preliminary questions; that person will then schedule you to meet with an appropriate CAMHS mental health provider. (Or, if you prefer, you can schedule a brief phone consultation appointment with a CAMHS clinician/access coordinator, who can help you sort out next steps in finding an appropriate provider/appropriate services.) In each of those contexts, it is most useful to the CAMHS staff member/professional and to you if you are direct and forthcoming about what you are experiencing.

The provider you meet in your first face-to-face appointment is typically the person you ultimately settle in with. (One exception is that if you first meet with a prescriber and also want to see someone for counseling/psychotherapy, you will need to meet with another clinician in addition since prescribers at CAMHS do not do counseling/therapy in that setting.) It can be frustrating when the time lag between your initial phone call and a first appointment feels too long, especially when you feel that you need help immediately. If you are experiencing an urgent situation that needs more immediate response (see #3 below, "Indicating our level of urgency"), please let the person you speak with at CAMHS know that so that they can offer you interim options, or go to or call the Urgent Care Center (3rd floor Smith Campus Center; 617-495-5711). And in any event, know that the process of finding a counselor/clinician becomes history fairly quickly, and then you are just seeing your person.

Another example: As noted above, when you see a prescriber (psychiatrist or nurse prescriber) at CAMHS, that person is not going to be your therapist. Your therapist will be a psychologist or social worker. The psychiatrist (or nurse prescriber) is going to be doing a medication consultation and evaluation. So this sort of consultation won't feel so much like a counseling/therapy appointment where you talk freely about what's on your mind. There will be some of that, but this person will also ask you a lot of questions because he/she is going to be trying to discern whether/which medication might be of help to you, and to do that, he/she needs to gather a fair amount of information from you.

Another example: Some of us are not inclined to take medication. And that is of course always our choice. Consulting with a psychiatrist or nurse prescriber is only that: consulting. Even if that prescriber thinks it could be useful for you to start on medication, you can decide not to accept the prescription. If you accept it, you can decide whether to fill it. If you fill it, you can decide whether to start taking it. If you start taking it, you can decide whether to continue taking it. At every point in the process, it's your choice. You can think of a medication consultation as an opportunity to get all the information you need and to ask the questions that will help you to make an informed choice.

One more example: For students with an eating disorder or other issue that requires a lot of appointments, it can be frustrating to have so many appointments – with a therapist, a medical provider, a nutritionist, a prescriber. It might be that you can't see the value in the appointments if all the medical person does is weigh you and listen to your heart and order lab tests. The medical care for you at some points might not be treatment so much as monitoring, just to make sure you stay safe in the meantime. You can always tell your doctor that you aren't sure these appointments are actually making a difference and/or discuss with your doctor how the two of you might address that concern.
3) Indicating our level of urgency. We can influence our ability to get an appointment in a timely way if we clearly indicate the level of urgency we are experiencing. When you call the health service and they ask if you want a full physical, it’s often most useful and appropriate to say “No,” that you just want to get in for a shorter, earlier appointment. If you ask for a physical, they might schedule you a long way out in time because there are fewer of those longer appointments available. You can say that you were hoping you’d be seen sooner rather than later.

If you are dealing with something that really can’t wait, make sure you say that directly and clearly to the person you speak with on the phone. Don’t be indirect or oblique about signaling that that’s what you need. That’s a set-up for you to be disappointed with your care. Both the medical and the mental health parts of HUHS have urgent care, same-day appointments for things that can’t wait. There is also After-Hours Urgent Care on nights and weekends – again, for same-day urgent matters that shouldn’t wait until tomorrow. And of course, if you are facing a life-and-death emergency, dial 911. If you cannot tell whether you need an urgent appointment or can afford to wait a day or so, you can call HUHS and describe what you are experiencing and ask for a professional’s advice about how soon you need to be seen.

4) Being forthcoming about our behaviors and symptoms even if it is awkward or uncomfortable to do so.

People with disordered eating/eating disorders, excessive drinking, overexercising or underexercising, and other sorts of behaviors and conditions that can leave one feeling embarrassed or ashamed may be reluctant to admit to their actual behaviors and symptoms. They might say to themselves, “Look, if there’s a problem, their tests will pick it up, so I don’t really need to say what I’m actually doing.” But if we aren’t forthcoming about what we are actually doing and experiencing, that’s a way to get bad health care. Any medical provider will tell us that the best diagnostic tool is a full and accurate account directly from the patient about what that person is doing and experiencing; so if we skimp on that or withhold information, we’re setting ourselves up to get bad care. It can feel awkward or embarrassing to acknowledge certain behaviors and symptoms, but if it’s any consolation, there’s probably nothing we can tell the provider that he/she has not heard before. Also, it’s important to know that test results do not tell the whole story of whether our behaviors are compromising our health (see #5 below.)

5) Knowing how doctors regard test results. Doctors might regard test results differently than their patients do. For instance, people with disordered eating/eating disorders commonly get lab test results that are within the normal range even though they might be engaging in extreme and dangerous behaviors (e.g., undereating, overexercising, purging). They might then assume that there’s therefore no problem, that their behaviors are not affecting their health. Actually, that’s not the case. Even if the test results are within the normal range, that does necessarily not mean that all is well. The blood tests are rather specific but not very sensitive. So if a test result is not normal, it’s a very serious matter: the body is almost certainly in serious trouble. But if the tests come back normal, someone could still be depleting her/his body. In the case of purging and/or restriction, the body robs from its savings accounts (depletes its cellular reserves) to pay the bills and keep the heat and lights on (keep the heart and brain and lungs functioning). The result is that the blood serum levels look fine even as someone is approaching bankruptcy. But when the body can no longer compensate, the drop can be precipitous, and someone might have no subjective sense of warning. The heart could stop, and that person could die. So a doctor might want to make sure the person is being monitored so that if there is any change in the direction away from normal, the doctor stands a decent chance of catching that. If you sense that a doctor is more concerned — or less concerned — about test results or the need for follow-up than you are, you might say to your doctor something along the lines of “Here’s why I am not concerned/why I remain concerned. Can you help me understand, from your perspective, why that’s not the way to regard these test results/why you come to a different conclusion?”

6) Speaking up, asking questions, expressing concerns. It is okay – even necessary – to ask a provider questions. For instance, if you are confused about why your doctor is recommending a particular treatment, you have a right to get some clarity around that – to raise questions and concerns that you still have or that occurred to you after your last appointment. You might need to schedule another appointment with your provider so that you have a chance to ask your questions. Or maybe you and your doctor can communicate by phone or email (providers
differ in terms of which modes they prefer for communication. When you get in touch with your doctor (or the doctor’s staff), you can just say, “I’ve been thinking about things after our appointment, and I realize I have a bunch of questions. I’d like a chance to ask them of you so that I could understand some things better. What is your preferred way for us to communicate about my questions?” You might want to write down your questions and concerns because it’s easy to forget something when you’re actually talking with someone.

Another example: You can say to your therapist (or other provider) that you’re concerned that nothing is really changing and that you’re not sure whether what you are doing together is helpful. You might be afraid of insulting the person. But any provider worth his/her salt is going to value an honest conversation about what might be going on that the work you’re doing is not feeling helpful and what might lead to its feeling more helpful.

7) Letting our provider know what kind of patient/person we are. In this day and age, we, as patients in a clinic, are often seeing a busy provider who might not know us well (or at all) and who will find it helpful to hear from us what kind of patient/person we are. You might need to tell your provider, “I am the kind of patient who comes in with lots of questions. I do better with more information. I calm down, I don’t get more anxious. So I hope it’s okay with you if I bring in my list of questions.” Or, “I am someone who is reluctant to take medication given some bad reactions I’ve had to medicine in the past.” Or, “I am someone who has a high pain tolerance. I rarely complain. So when I say this is painful, I mean it’s really, really painful. It’s waking me up from a deep sleep.”

8) Trying again. If you have had a disappointing or frustrating experience with a health care provider and find yourself thinking of not returning, try to open the door to considering possibilities of what you might do next to help yourself get what you need. It can be useful to consult with someone who can help you to brainstorm possibilities of how to go forward. Craig Rodgers of the Bureau of Study Counsel at Harvard makes the analogy that you would not necessarily abandon your field of concentration altogether because of one disappointing or frustrating course. Of course, there are times when changing providers – or concentrations – is exactly what we need to do. But, as a rule of thumb in many realms of life, it is important not to let any one experience be the end of the story. The challenge is to discern when to try the old again with a new approach and when to say “Enough” and try something new.

9) Changing providers and addressing a complaint. If you feel that the care you received was inadequate, harmful, or otherwise not acceptable, you might decide that the best move is to change providers. There is a time to say “enough is enough.” Your disappointing experience can inform how you might find or foster a better experience of care (see pointer #1: Knowing about the phenomenon of “fit”). You might also want to consult with someone at the Harvard University Health Service or with your Resident Dean/Assistant Dean or with other student services professional at Harvard (e.g., an academic counselor at the Bureau of Study Counsel) about how to constructively voice and register a complaint about the situation. Among your options is to register a complaint with the HUHS Patient Advocate (patadvoc@huhs.harvard.edu; 617-495-7583; http://huhs.harvard.edu/OurServices/PatientAdvocacy.aspx).