Coaching Students on 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 students who might, up until this point in their lives, have relied on parents to find providers, make appointments, and communicate clearly with providers about concerns and questions. Students might have had a long-standing relationship with a primary care provider who knew them inside and out, so to speak; for these students, developing relationships with new health care providers is totally new territory.

Even students who are not reliant upon their parents might wish – or expect – that someone in the health care system will serve to track and coordinate their health care needs. These students 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. Students might be surprised and frustrated to discover that they have to play this role, and they might need coaching in how to play it and how to ask others for help when they don’t know what to do.

It is also worth remembering that, developmentally, the college and university years are a time when students are reconstructing their relation to authority and their role in shaping their relationships with professionals they encounter, including their health care providers. Students who come from cultural contexts where claiming one’s own authority in relation to professionals is considered disrespectful, inappropriate, and/or unwise might be especially reluctant to speak up and ask for what they need and prefer from providers.

The following pointers include illustrations of how various ones of us in a students’ learning environment – including resident deans, resident tutors, proctors, peer counselors, peer educators, and peer advising fellows – can help a student learn how to access and participate in medical and mental health care at the Harvard University Health Services. The examples are offered not as a script but as “language lessons,” to give a sense of how such coaching might sound. The illustrations are only that – examples: this document is not a comprehensive manual on how to access and participate in care.

1) Educating students 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. Asking the student to articulate what didn’t work for her/him can help you and the student to discern what might
work better. For example, if the complaint about the previous therapist is that the person "just listened," perhaps this student has learned that she/he would prefer someone who is active, or concrete, and practical in her/his approach. Or, if the 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 the student would prefer to work with someone who is more interested in hearing about and exploring the student's 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 one's concerns/dissatisfaction with whomever one is seeing.

2) Managing students' expectations of HUHS practices. Students typically benefit from knowing how the process of finding a provider works. When students know what to expect, they are better able to tolerate a multi-step process that takes time and better able to understand what role a given provider can and can't play. So we might say, for instance, "When you call the Student Mental Health Service, you will be asked to schedule an appointment for a brief phone consultation. In that 20-minute phone conversation, usually scheduled within a day or two of when you call SMHS, an SMHS clinician/access coordinator will ask you some basic questions; it is most useful to the clinician and to you if you are direct and forthcoming about what you are experiencing. The clinician will then set up an intake appointment for you. The person you see for the intake appointment is typically person you also ask you a lot of questions because he/she is going to be trying to discern whether/which medication might be appointment where you talk freely about what's on your mind. There will be some of that, but this person will be doing a medication consultation and evaluation. So this sort of consultation won't feel so much like a therapy psychotherapy, you will then need to meet with another clinician in addition since prescribers at SMHS do not do therapy in that setting.) This sounds like a lot of steps, and it can be hard be patient with the process, especially when you feel that you need help immediately. But the process becomes history fairly quickly, and then you're just seeing your person."

OR, "Now when you see a prescriber (psychiatrist or nurse prescriber) at SMHS, 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 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."

OR, "I hear that you are not inclined to take medication. And that is of course always your choice. Consulting with a psychiatrist (or nurse prescriber) is only that – consulting. Even if that person thinks it would 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. I just want for you to have all the information you need and a chance to ask all of your questions so that you can make an informed choice."

OR, "I know. It's a pain to have so many appointments – with a therapist, a medical provider, a nutritionist, your psychiatrist. And I hear you 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. As I understand it, the medical care for you at this point isn't treatment so much as it's monitoring, just to make sure you stay safe in the meantime. But it's worth letting your doctor (or other providers) know that you aren't sure these appointments are actually making a difference so that you can discuss how the two of you might address that concern."

3) Coaching regarding urgency. Students need to know that they can influence their ability to get an appointment in a timely way if they clearly indicate the level of urgency they are experiencing. So we might explain to a student, "When you call the health service and they ask if you want a full physical, say “No,” and explain 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. And given what you're describing, I'd like for you to be seen sooner rather than later. In fact, you could also add that your dean was hoping you'd be seen sooner rather than later."

OR, "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. And remember that there is also After-Hours Urgent Care on nights and weekends. And of course, if you are facing a life-and-death emergency, dial 911.” AND,
“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.”

OR, we can call HUHS with the student in our presence and model how to access health care by saying to the person who answers the phone, "I'm sitting here with a student, and I was hoping that it would be possible for her to see someone today.”

4) Being forthcoming about our behaviors and symptoms even if it is awkward or uncomfortable to do so.
Students 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.” We can say something like, “If you aren't forthcoming about what you are actually doing and experiencing, that’s a way to get bad health care. Any medical provider will tell you 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 you skimp on that or withhold information, you're setting yourself up to get bad care. I know it can feel awkward or embarrassing to acknowledge certain behaviors and symptoms, but if it’s any consolation, there’s probably nothing you’re going tell this person that he/she has not heard before.” In particular, students need to know that test results do not tell the whole story of whether their behaviors are compromising their health (see #5 below.)

5) Educating students about how doctors regard test results. Doctors might regard test results differently than their patients do. For instance, students 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. We might say, “Actually, that’s not the case. Your tests might well come back normal, but what doctors have told me is that that does not necessarily mean that all is well. As I understand it, the blood tests are rather specific but not very sensitive. So if a test result is not normal, it’s a very serious matter: your body is almost certainly in serious trouble. But if the tests come back normal, you could still be depleting your body. What I’ve been told is that in the case of purging and/or restriction, your body robs from its savings accounts (depletes its cellular reserves of electrolytes and other nutrients) to pay the bills and keep the heat and lights on (keep your heart and brain and lungs functioning). The result is that the blood serum levels look fine even as you’re approaching bankruptcy. But when your body can no longer compensate, the drop can be precipitous, and you might have no subjective sense of warning. Your heart could stop, and you could die. So your doctor might want to make sure you’re being monitored so that if there is any change in the direction away from normal, you and your doctor stand a decent chance of catching that. But I am not a medical doctor, and you could confirm this by asking your own doctor.” We might add, “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) Encouraging students to speak up and ask questions or express concerns. Students benefit from knowing that it is okay – even necessary – to ask a provider questions. We might coach a student by saying, “It sounds as if you are confused about why your doctor is recommending this particular treatment. Now that you’ve thought about it, you realize some things aren’t clear to you. You have a right to get some clarity around that. What would you like to ask your doctor? What are the concerns you have that have not yet been addressed as fully as you’d like?” We can add some version of the following: “It would be good to schedule another appointment with your provider so that you have a chance to ask those questions. Or maybe you and your doctor can communicate by phone or email. When you get in touch with your doctor, you can just say, ‘I was 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. I’m wondering when and how might that be possible.’ You might want to write down your questions and concerns because it’s easy to forget something when you’re actually talking with someone.”
OR, “You can say to your therapist that you’re concerned that nothing is really changing and that you’re not sure whether what you are doing together is helpful. I hear that you’re afraid of insulting the person. But any therapist 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) **Advising students to let their provider know what kind of patient/person they are.** We might remind students that 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. So we might tell a student, “You can say, ‘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) **Coaching on trying again.** We can coach students who have had a disappointing or frustrating experience with a health care provider to consider trying again. “I hear that you had a bad experience at/with __________. But I hope you won't let that be the end of the story. Can we think about how you might go forward from here?” Craig Rodgers of the Bureau of Study Counsel at Harvard makes the analogy that a student would not necessarily abandon his or her field of concentration altogether because of one disappointing or frustrating course. Of course, there are times when changing providers – or concentrations – is the best move. 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. We can help a student to think about whether to try the old again with a new approach or whether to say “enough” and try something new.

9) **Coaching on addressing a complaint.** If a student feels that the care he or she received was inadequate, harmful, or otherwise not acceptable, there could come a point where the best move for the student is to change providers. In that case, it is useful for us to validate the student’s sense of agency in being able to say “enough is enough” and to coach the student to use his or her disappointing experience to inform how he or she might find or foster a better experience of care (see pointer #1: Educating students about the phenomenon of “fit”). The student might also want to consult with someone at the Harvard University Health Service or the Bureau of Study Counsel about how to constructively register a complaint about the situation. Among the student’s 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).