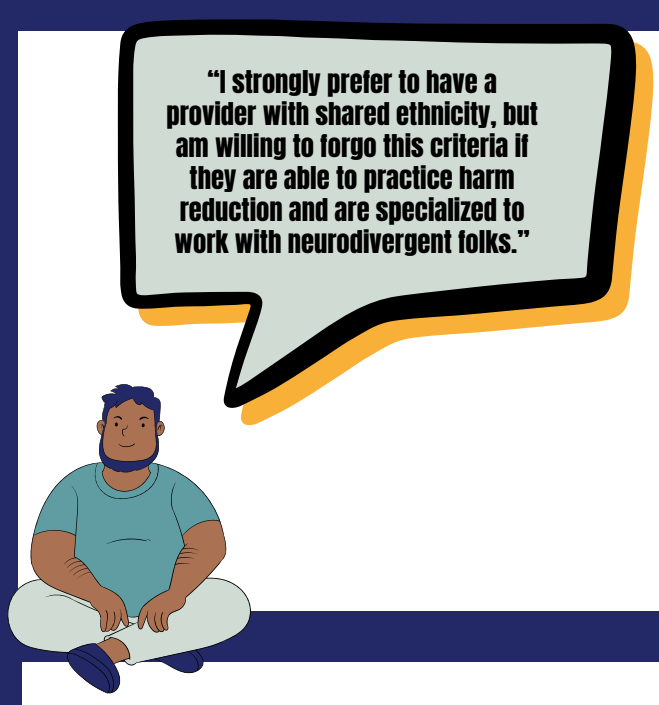
SELF-CARE
IN HEALTHCARE

Navigating healthcare systems - especially as you advocate on your own behalf - can be complicated and exhausting. The self-care portion of this toolkits offers some considerations for how you might best protect and care for yourself on your healing journey.

EXPECTATION SETTING AND PREPARATION

KNOW THAT COMPETENT, AFFORDABLE, AND ACCESSIBLE PROVIDERS ARE LIMITED

Project HEAL generously estimates that there are a maximum of **3,000 therapists treating eating disorders in the U.S.** That's one therapist for every 10,000 people who've been diagnosed with an eating disorder. Within that pool of providers, many are not trained to provide competent or affirming care. As you enter the healthcare system, identify 1-3 most important qualities that you need in a provider (i.e. eating disorder expertise, shared identities, insurance coverage, fat-positive, experienced with neurodiversity) and aren't unwilling to stray from. Know what you do and do not need from a provider in your search. There may be some qualities that you are willing to compromise on, and some that you are not.



GAUGE YOUR OWN CAPACITY

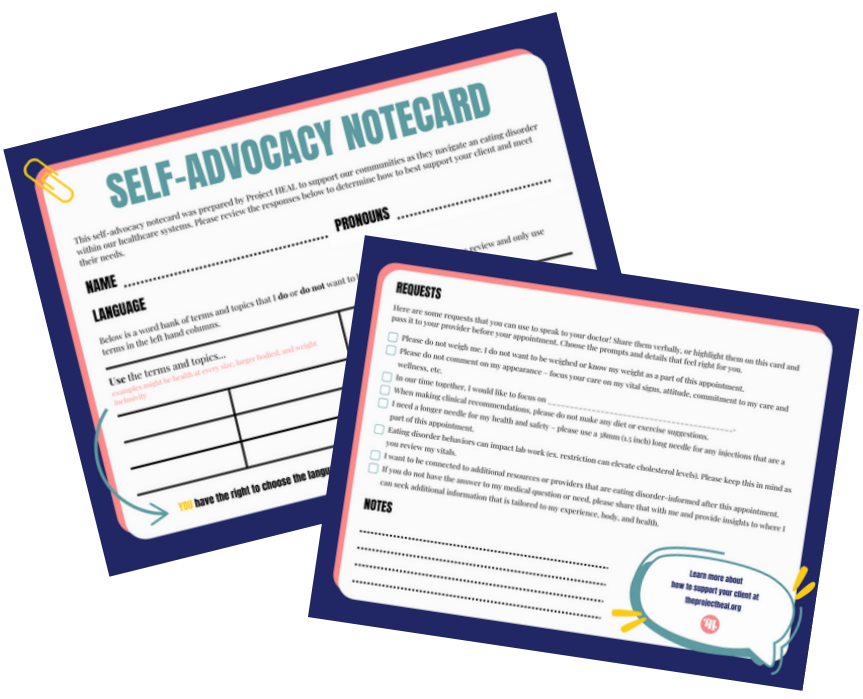
Consider how much energy and time you have to allocate to this provider or system. In a world where we are constantly navigating a variety of needs and shortage of resources, be mindful of burn out and/or hyperfixation in one area. If you find that navigating a particular system has become overwhelming or triggering, set it aside for the moment.

MOVE FORWARD ASSUMING INDIVIDUAL WELL INTENT IN A DYSFUNCTIONAL SYSTEM

Many providers are working under a system that is harmful, limiting, and unsustainable to both the healthcare provider and healthcare receiver. Always feel empowered to advocate for your rights and needs. Simultaneously, also know that there are systemic barriers in place that prevent even the best providers from giving the care that you deserve. When a higher level of change is required, advocacy and systemic push back is needed.

CREATE A TEMPLATE

It is exhausting to explain your needs or medical history over and over again. One way around this is to create a template to share with new providers or to be used during your search for a new provider. Templates may include what values are in alignment, what specializations you're looking for in a provider, what language and approaches you want used in your care, and beyond. Take a look at Project HEAL's self-advocacy notecard as a starting point.



Click the notecard to download a copy of Project HEAL's Self-Advocacy Notecard

Project HEAL

THE BEFORE, DURING, AND AFTER

BEFORE YOUR APPOINTMENT

- **Communicate with your healthcare team in advance!** Send an email or call to set expectations, express boundaries and needs, and otherwise prepare staff for your arrival.
- **Allocate time to prepare for the documents you need.** Whether you do so at the office itself or at your home, give yourself extra time to not feel rushed or overwhelmed by paperwork.
- **Arrive 15 minutes before appointment**; be sure to plan ahead, thinking about public transportation, parking, technology, etc.
- **Designate a friend to bring with you or text during and/or after the appointment.** Having someone on hand for support can help you move through tough moments throughout your healthcare appointment.
- **Write down a list of questions or concerns that you want to address.**
- **Schedule appointments on a less busy day**, if possible, try not to plan anything immediately before or after the appointment to reduce stress and time crunches.
- **Drink water!** Hydrating not only makes blood draws and other medical procedures smoother, but helps to keep your body regulated.

DURING YOUR APPOINTMENT

- **Manage your stress in the waiting room and appointment using...**
  - Box breathing
  - Fidget toys (ex. stress balls)
  - A book to read, a notebook to doodle in, or a journal
  - Games on the phone
  - Music or noise cancelling headphones
  - Funny and cute cat/puppy videos
- **Use a pen and paper or your phone to write down what the doctor says,** or record your appointment to help remember any key insights or next steps.
- **Ask the doctor to pause if you feel confused or need a minute to reduce anxiety.** The appointment is yours, and you can take as much time as you need.
- Some larger healthcare institutions have Patient Advocates available to help you with your appointment. **If you need in-person support during your appointment, as your provider for a Patient Advocate.**

AFTER YOUR APPOINTMENT

UTILIZING SUPPORT NETWORKS

- **Text or call a friend to report how the appointment went.** Rant if you need a rant, or celebrate if you need to celebrate!
- In the case that you are experiencing a crisis, **reach out to the Crisis Textline** using the information to the right.
- Many healthcare providers have opportunities for you to **give feedback on their care** through a form or email. If you need to send a complaint or follow-up information, seek out the places to do so online.

IF YOU ARE EXPERIENCING A MENTAL HEALTH CRISIS, YOU CAN TEXT

HEALING TO 741741

TO BE CONNECTED TO A CRISIS COUNSELOR.

POST-CARE CELEBRATION

- **Offer yourself a nice treat to celebration the completion of your appointment.** Consider a favorite candy or snack, get yourself a small gift, go visit a pretty place you like, or give yourself a compliment or affirmation.
- **Decompress with a calming activity that helps you feel regulated.** Pet some fluffy friends, take a nap, watch a movie, take a bath/shower — whatever things help you to feel aligned and comforted.

REINTEGRATION AND FOLLOW-UP

- **File your medical documents in one place you will remember.** If you need to, put a note in your phone or in your home to remind you where they are for the future.
- Take a few days to process any new information learned, and as needed, **follow-up with your medical provider**.
- Discuss the new information learned with a therapist, friend, and/or loved ones for accountability and support.
- As you need, **find relevant support groups in person or online.**

LEVELS OF CARE

Eating disorder care is offered at a number of levels, dependent on your severity of symptoms and needs. The chart below describes what each level may involve, and those who may be best suited for each level.

OUTPATIENT

Outpatient treatment includes weekly, biweekly, or daily visits with one or multiple members of a care team. This could be provided by a treatment program, independent community-based providers, and beyond. This is often recommended as a starting point for those who need non-intensive support. Providers under this level of care could include the following:

THERAPIST

A therapist is a licensed mental health professional who will support you in your healing journey. This person may be the person to assess and diagnose an eating disorder; they may also be able to support you in reshaping your attitude towards food, body image, wellness, and more. Beneficiaries can expect that a therapist will work with them to develop treatment and growth goals.

NUTRITIONIST OR DIETICIAN

This role may provide one-on-one support in developing a meal plan, understanding valuable information around food and nutrition, and understanding the options available to you for intuitive eating. Nutritionist and dieticians can support in offering structure and variety in the types of

EATING DISORDER COACH

In this setting, a coach is a non-licensed professional who can support you in navigating an eating disorder. This person may help you to reach treatment goals as set by another provider, guide you through your care, and provide additional support along your healing journey.

INTENSIVE OUTPATIENT PROGRAM (IOP)

For those who are medically and psychiatrically stable, this level of treatment offers 3 hours of care and treatment for 2-3 times a week. In this level of care, beneficiaries can expect staff-supervised and shared therapeutic meals with no medical monitoring. You may also encounter group sessions, peer support, and multiple support staff and connections at this level of care.

PARTIAL HOSPITALIZATION PROGRAM (PHP)

More structured than an IOP, a PHP offers more intensive treatment for beneficiaries. This level of care is also for those who are medically and psychiatrically stable, but who may benefit from more frequent assessment, support, and structure. Typically, these programs run 5 days a week for 6-12 hours a day. Beneficiaries can expect to still live at home, but receive more tailored therapeutic services on site throughout the week.

RESIDENTIAL TREATMENT

For those who are medically stable but require consistent support, residential treatment offers the ability for beneficiaries to live at the facility. In this environment – knowing that the home environment is not conducive to healing – beneficiaries will have all meals and snacks supervised and provided in a supportive environment. Beneficiaries can expect to live at the treatment center for a period of time, where they will experience higher levels of monitoring, assessment, and structure.

INPATIENT HOSPITALIZATION

When a beneficiary needs 24 hour care and support – for both medical and psychiatric concerns – inpatient hospitalization provides a highly consistent, controlled, and monitored environment. These are typically found in larger hospital systems, where you will have more staff available for intensive support. Beneficiaries should expect high levels of monitoring in a more clinical, and often less welcoming, setting.

Still not sure what level of care is the most appropriate for you? Sign-up for a free Clinical Assessment with Project HEAL.

Understanding Your Insurance Rights

Eating Disorders and Health Insurance

Despite the clear evidence that accessible treatment is a key component of one's eating disorders healing journey, insurance coverage for treatment often falls short. Many commercial insurance plans include mental health coverage for residential and inpatient care, which encompasses eating disorder treatment. However, government-funded plans like Medicaid and Medicare generally lack comprehensive coverage for eating disorder care.

While healthcare advocates are hard at work to craft laws and regulations that make eating disorder healing more accessible, insurance is still not inclusive enough to completely cover or understand the needs of people with eating disorders and related mental health conditions.

So, what else can we do to fight these inequities?

Knowing what insurance gaps exist for eating disorder treatment is a key first step. To learn more about the barriers to care within insurance, visit our **Insurance Resource Hub**. It is also important that you know your patient rights when it comes to insurance. Having awareness of these rights will help continue the movement towards the recognition of eating disorders as a public health priority, as well as advocacy for your own healing.

Visit the Insurance Resource Hub

Use the guidance on the next page to understand what rights you have with your health insurance.

You have the right to know what your plan covers:

It will be helpful to know what your policy does and does not cover, whether you are or are not actively in treatment. A copy of your insurance benefits with the plan you have chosen should be provided to you when you first enroll in your plan. This will often be in the form of a PDF, outlining the covered services, costs, premium, etc. If you do not already have a copy of this, try looking on your insurance website, speaking to your employer's HR department (if insurance is provided through an employer) to obtain a copy, or calling Member Services to request this document be emailed to you.

You have the right to ask questions:

Insurance can be so confusing! When you have questions related to billing or coverage of your insurance plan, it is best to call the Member Services number on the back of your insurance card. Depending on your plan, there may be different Member Services numbers to call (ex. a separate number for medical and behavioral health services). If you are not sure what questions to ask, some to start with may include:

- [ ] Does my plan pay for eating disorder-specific treatment? What levels of care does it cover?
- [ ] Does my plan pay for outpatient therapy or outpatient medical nutrition therapy?
- [ ] Does my plan have out-of-network benefits? If it does, how do I work with an out-of-network provider?
- [ ] What is the cost of my deductible, out-of-pocket max, and co-pay?
- [ ] If I don't have out-of-network benefits, and there are no in-network options available to me, is a Single Case Agreement possible?

You may be wondering, "what is a single case agreement?" A Single Case Agreement (SCA) is a one-time contract between an insurance company and an out-of-network provider so a patient can see a provider using their in-network benefits. It is an "exception to the network."

Learn more here.

You have the right to ask what resources are available:

Call your health plan's Member Services to ask for certain resources to be provided. Insurance can provide you with an emailed list of in-network providers and treatment centers. You can also specify to them you are seeking a provider who is "eating disorder-specific", rather than solely mental health.

In some insurance plans, there may be someone available to help you navigate your options. A Behavioral Health Case Manager, Case Manager, or Care Coordinator is typically included, at no cost, within your insurance plan. This person will act as your advocate from within insurance, be your direct point of contact, and they can also directly provide you with resources for providers, treatment, etc.

You have the right to appeal:

If your insurance company denies coverage for treatment services, you have the right to submit an appeal to review their decision. The appeal process differs by insurance company; you can find more information on your health insurance's appeal process on their website or by calling Member Services.

To help with your appeal, you and/or your provider have the right to ask why the service was denied. If "not meeting criteria" for treatment is a reason for the denial, you or your provider may also ask your insurance what tool was used to determine "medical necessity criteria." Some examples of these tools for eating disorder treatment may include:

- [ ] MCG
- [ ] InterQual
- [ ] LOCUS/CALOCUS

You have the right to consult an attorney:

If you believe the denial was unfair to the point of being illegal, you should consult an attorney.

You can seek additional legal resources here.

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