

CPNP Foundation / NAMI Survey Initiative

Survey audience: Individuals with mental health conditions and family caregivers

Survey distribution: Online survey promoted via NAMI.org and through NAMI social media channels.

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Survey 1 for Individual Living with Mental Illness

GENERAL QUESTIONS on WHERE:

- I currently get my mental health medications:
 - Mail order
 - Community pharmacy
 - A combination of the two
 - Other _____
- I have previously received through mail order:
 - All my mental health medications
 - Some of my mental health medications
 - None of my mental health medications
- I have some/most/all of my prescriptions filled online because:
 - Ease
 - Cost savings
 - Requirement of insurance
 - I utilize prescription assistance programs and this is how they provide them
 - Other _____
- Please rate your experience with the following (1 (never), 2 (seldom), 3 (sometimes), 4 (most times), 5 (always))
 - My medications received through the mail are delivered on time.
 - My medications received through the mail are always correctly dispensed.
 - My medications received through the mail are what I expect to receive.
 - I have access to a pharmacist who is available to answer any questions I may have regarding my mental health medication.
 - I have access to a back up plan in case there is an issue or delay with my medication received through the mail.

Quality, Knowledge

Please indicate the extent to which you agree or disagree with the following statements.

- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Somewhat disagree |
| 3 | Somewhat agree |
| 4 | Strongly agree |
| 5 | Does not apply |

1. I feel comfortable going to the pharmacy to fill my mental health medication prescriptions.
2. I see my pharmacist as someone who can offer me education about my mental health medication.
3. I see my pharmacist as someone who takes an interest in my health condition.
4. I view my pharmacist as a member of my health care team.
5. I see my pharmacist as someone who can offer me education about side effects and other prescription medication interactions regarding my mental health medication.
6. I see my pharmacist as someone who can offer me education about side effects and over-the-counter medication interactions regarding my mental health medication.
7. The pharmacist appears confident knowing key information about the medications for my mental health.
8. The pharmacist shows interest in answering my medication questions and responding to my concerns.
9. I feel safe discussing my medication concerns or issues with my pharmacist.

Education, Consultation Role

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
 5. Does not apply
-
1. I have enough time with my health care provider/doctor to talk about my medications.
 2. I feel like I've been adequately informed of the risks and side effects of my mental health medications by my health care provider/doctor.
 3. I feel comfortable asking my pharmacist any questions or expressing concerns I have with medications affecting my mental health.
 4. I feel that my pharmacist adequately addresses the mental health medication and information needs I bring to him/her.
 5. I would be open to having my pharmacist embrace more of a role with regards to my medication management.
 6. The pharmacist treats me with respect regardless of his/her knowing my mental health condition.
 7. If I have a question or concern, my pharmacist has the time for me.
 8. My pharmacist advises me on the costs of my mental health medication.
 9. My pharmacist will consult with my doctor regarding any generic or other substitution, if necessary.

Please indicate which of the following needs you feel are NOT adequately met through your interactions with the pharmacist: (scale of 1-5, 1 being not at all and 5 being)

- _____ Information about medication (how to use it properly, side effects, drug interactions)
- _____ Monitoring of medication's effectiveness
- _____ Monitoring of medication's side effects
- _____ Medication review
- _____ Medication costs, including co-pays and generic options
- _____ General assistance with medication issues and concerns
- _____ Other: (Open)

Customer service

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
 5. Does not apply
-
1. I am treated with respect and professionalism by my pharmacist despite my mental health diagnosis.
 2. My pharmacist displays willingness to ask me about side effects I may be having with my medication prescribed for non-mental health conditions.
 3. My pharmacist displays willingness to ask me about side effects I may be having with my mental health medication.
 4. My pharmacist is willing to ask me if I have any concerns, other than side effects, about the medication prescribed for my mental health condition.
 5. My pharmacist is willing to ask me if I have any concerns, other than side effects, about the medication prescribed for my other health conditions.
 6. My pharmacist would be willing to follow up with me on any overall issues or concerns I was having with the medication prescribed for my mental health conditions.
 7. My pharmacist would be willing to follow up with me on any overall issues or concerns I was having with the medication prescribed for my other health conditions.
 8. I would be open to having my pharmacist discuss with the doctor any major concerns I was having with my mental health medication.
 9. I would be open to having my pharmacist help me monitor my condition and help me identify any unmet goals of using my mental health medication.
 10. How could your interaction with your community pharmacist be improved? (open)

Privacy

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Does not apply

1. The pharmacist shows respect for my need for privacy by taking me to a more private location to discuss my mental health medication information needs.
2. I feel the pharmacy has sufficient space for me to have a private conversation with the pharmacist.
3. I would prefer the consultation of my medications to be done over the telephone since it seems more private than face-to-face in the pharmacy.
4. I feel the pharmacist would keep my mental health condition confidential.
5. I feel that there is more of a need for privacy with regard to my mental health medication needs, more than with my medication needs for other health conditions.

Other Comments: (open-ended, word count limited)

Survey 2 for Caregiver of Individual Living with Mental Illness

ACCESS TO INFORMATION REGARDING YOUR FAMILY MEMBER'S MEDICAL INFORMATION:

My family member has given me permission to speak with the pharmacist about his/her mental health condition. (Y/N)

My family member has given me permission to speak with the pharmacist about his/her other health conditions. (Y/N)

GENERAL QUESTIONS on WHERE:

- I currently get my family member's mental health medications:
 - Mail order
 - Community pharmacy
 - A combination of the two
 - Other _____
- I have previously received through mail order.
 - All of my family member's mental health medication
 - Some of my family member's mental health medication
 - None of my family member's mental health medication
- I have some/most/all of my family member's prescriptions filled online because:
 - Ease
 - Cost savings
 - Requirement of insurance
 - I utilize prescription assistance programs and this is how they provide them

- Other _____
- Please rate your experience with the following (1 (never), 2 (seldom), 3 (sometimes), 4 (most times), 5 (always))
 - My family member's medications received through the mail are delivered on time.
 - My family member's medications received through the mail are always correctly dispensed.
 - My family member's medications received through the mail are what I expect to receive.
 - I have access to a pharmacist who is available to answer any questions I may have regarding my family member's mental health medication.
 - I have access to a back-up plan in case there is an issue or delay with my family member's medication received through the mail.

Quality, Knowledge

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
 5. Does not apply
-
1. I feel comfortable going to the pharmacy to fill my family member's mental health medication prescriptions.
 2. I see the pharmacist as someone who can offer me education about my family member's mental health medication.
 3. I see the pharmacist as someone who takes an interest in my family member's health condition.
 4. I view the pharmacist as a member of my family member's health care team.
 5. I see the pharmacist as someone who can offer me education about side effects and other prescription medication interactions regarding my family member's mental health medication.
 6. I see the pharmacist as someone who can offer me education about side effects and over-the-counter medication interactions regarding my family member's mental health medication.
 7. The pharmacist appears confident knowing key information about the medications for my family member's mental health.
 8. The pharmacist shows interest in answering medication questions and responding to my concerns about my family member.
 9. I feel safe discussing my medication concerns or issues about my family member with my pharmacist.

Education, Consultation Role

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree
5. Does not apply

1. I have enough time with the health care provider/doctor to talk about my family member's medications.
2. I feel like I've been adequately informed of the risks and side effects of my family member's mental health medications by the health care provider/doctor.
3. I feel comfortable asking the pharmacist any questions or expressing concerns I have with medications affecting my family member's mental health.
4. I feel that the pharmacist adequately addresses the mental health medication and information needs of my family member I bring to him/her.
5. I would be open to having the pharmacist embrace more of a role with regards to my family member's medication management.
6. The pharmacist treats me and my family member with respect regardless of his/her knowing his/her mental health condition.
7. If I have a question or concern about my family member, the pharmacist has the time for me.
8. The pharmacist advises me on the costs of my family member's mental health medication.
9. The pharmacist will consult with my family member's doctor regarding any generic or other substitution, if necessary.

Please indicate which of the following needs you feel are NOT adequately met through your interactions with the pharmacist regarding your family member's medication: (scale of 1-5, 1 being not at all and 5 being)

- _____ Information about medication (how to use it properly, side effects, drug interactions)
- _____ Monitoring of medication's effectiveness
- _____ Monitoring of medication's side effects
- _____ Medication review
- _____ Medication costs, including co-pays and generic options
- _____ General assistance with medication issues and concerns
- _____ Other: (Open)

Customer service

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
 5. Does not apply
-
1. I am treated with respect and professionalism by the pharmacist despite my family member's mental health diagnosis.
 2. The pharmacist displays willingness to ask me about side effects my family member may be having with his/her medication prescribed for non-mental health conditions.
 3. The pharmacist displays willingness to ask me about side effects my family member may be having with his/her mental health medication.

6. The pharmacist is willing to ask me if I have any concerns, other than side effects, about the medication prescribed for my family member's mental health condition.
7. The pharmacist is willing to ask me if I have any concerns, other than side effects, about the medication prescribed for my family member's other health conditions.
6. The pharmacist would be willing to follow up with me on any overall issues or concerns I was having with the medication prescribed for my family member's mental health conditions.
7. The pharmacist would be willing to follow up with me on any overall issues or concerns I was having with the medication prescribed for my family member's other health conditions.
8. I would be open to having the pharmacist discuss with the doctor any major concerns I was having with my family member's mental health medication.
9. I would be open to having my pharmacist help me monitor my family member's condition and help me identify any unmet goals of my family member's use of mental health medication.
10. How could your interaction with your community pharmacist regarding your family member be improved? (open)

Privacy

Please indicate the extent to which you agree or disagree with the following statements.

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
 5. Does not apply
1. The pharmacist shows respect for my need for privacy by taking me to a more private location to discuss my family member's mental health medication information needs.
 2. I feel the pharmacy has sufficient space for me to have a private conversation with the pharmacist about my family member's medication.
 3. I would prefer the consultation of my family member's medications to be done over the telephone since it seems more private than face-to-face in the pharmacy.
 4. I feel the pharmacist would keep my family member's mental health condition confidential.
 5. I feel that there is more of a need for privacy with regard to my family member's mental health medication needs, more than with his/her medication needs for other health conditions.

Other Comments: (open-ended, word count limited)