

# CHARACTERIZING THE RELATIONSHIP BETWEEN INDIVIDUALS WITH MENTAL HEALTH CONDITIONS AND COMMUNITY PHARMACISTS

*Results from a 2012 Survey*



*A Collaboration Between:*



*and*



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**FOUNDATION**

*Extending the Reach of Psychiatric Pharmacists*

The mission of the College of Psychiatric and Neurologic Pharmacists Foundation (CPNPF) is to promote state-of-the-art and essential treatments for people affected by psychiatric and neurologic illness. To accomplish this, the CPNPF is involved in activities that advocate for all patients with these illnesses to have access to a pharmacist with the knowledge and skills to improve their care. CPNPF is also dedicated to: providing resources for research, dissemination of data, training and education.

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NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

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# CHARACTERIZING THE RELATIONSHIP BETWEEN INDIVIDUALS WITH MENTAL HEALTH CONDITIONS AND COMMUNITY PHARMACISTS

*Results from a 2012 Survey*

KEY FINDINGS
91 percent of individuals taking mental health medication are very comfortable going to community pharmacies, and 83 percent report feeling respected by their pharmacist
53 percent of individuals taking mental health medications have a strong professional relationship with their pharmacist, 43 percent report that they do not have such a relationship
75 percent of individual respondents reported that they did not receive effectiveness or safety monitoring assistance from their pharmacist
The primary concern from individuals taking mental health medications is a lack of privacy (58 percent), with no available space for private conversations with their pharmacist being one of the most frequently reported obstacles

## Introduction

In the past, surveys involving pharmacists and individuals with mental health conditions have focused exclusively on the attitudes and perspectives of pharmacists about the individuals with mental health conditions they serve. If pharmacists are going to be better able to serve individuals with mental health conditions, then it is essential to learn from the direct experience of these individuals with their pharmacists. That is, what are the opinions of individuals with mental health conditions about the services they receive from, and relationships they have with, their pharmacist?

Throughout 2012, CPNPF and NAMI have worked closely to conceptualize, construct and finalize an online survey of individuals with mental health conditions, or family members, to characterize the relationship they have with their retail, or community, pharmacist.

Achieving the best possible treatment outcome for individuals prescribed mental health medications is an important goal that requires a willingness to take medications on a regular basis. These outcomes have the best chances of occurring when individuals fully understand: 1) why the medication has been prescribed, 2) what expectations they should have about their medication and 3) that support is available from the healthcare professionals involved in their care. Community pharmacists are a very accessible and

knowledgeable segment of the healthcare profession that individuals with mental health conditions can rely on to support their understanding, expectations and treatment adherence to their mental health medications.

The opportunity for community pharmacists to support individuals with mental health conditions is significant. It is well known that there are a substantial number of Americans who have a mental illness and are taking related medications. The NIMH estimates that approximately 26 percent of Americans ages 18 and older suffer from a diagnosable mental disorder—the most common of these being mood and anxiety disorders. In 2011, nearly 20 percent of the 100 most frequently dispensed prescription medications were for mental health medications. As such, it seems evident that community pharmacists are frequently dispensing medications, which target the treatment of mental illnesses, to a large number of people.

According to the College of Psychiatric and Neurologic Pharmacists, there are approximately 2,000 pharmacists with specialized expertise in mental health medications (so-called “psychiatric pharmacists”) in the United States. However, this is not a sufficient number of pharmacists to directly support the number of individuals who are being treated with mental health medications.

**91 percent of individuals taking mental health medications are very comfortable going to community pharmacies, and 83 percent feel they are treated with respect by their pharmacists**

During 2010, the U.S. Bureau of Labor Statistics reported that there were nearly 275,000 pharmacists employed in the United States, and that 43 percent of these pharmacists were working in the retail (or community) setting—that is over 118,000 pharmacists working in the community setting. Based on these numbers, it is clear that many pharmacists are likely to have frequent opportunities to engage individuals with mental health conditions—we believe this relationship is important. The overall goal of this survey initiative was to characterize the interactions between individuals with mental health conditions and their community pharmacists.

## Scope of Survey

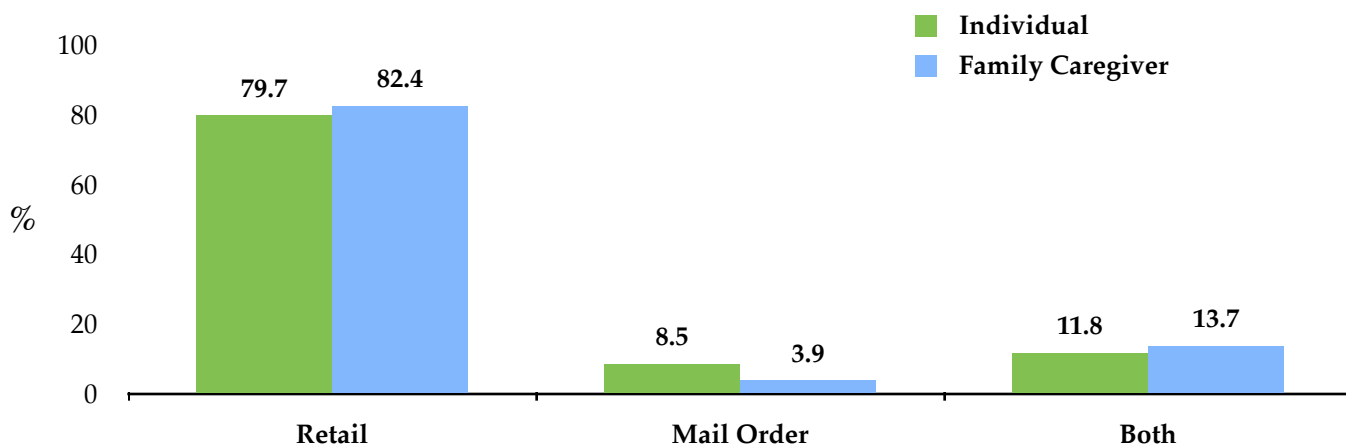
An online survey was conducted through the NAMI website between October 25 and November 5, 2012. Survey promotion, done exclusively by NAMI, was accomplished through the NAMI website, the NAMI Facebook page and through NAMI e-newsletters

and email messages. When the survey was closed, there were a total of 1,031 responses completed by people who identified themselves as receiving prescriptions for mental health related medications either for themselves, or for a family member—there were 670 individual respondents and 361 caregiver respondents. For each group, respondents had at least some college education and were predominantly female and white.

Responses to survey questions by each group were very similar to each other.

Most individual respondents were between the ages of 36–55 years. Caregiver respondents were a bit older and between the ages of 46–65 years. Most family members receiving help from their caregivers were between 18–35 years, they were mostly male and most often were the child of the caregiver respondent. For each group, prescriptions for mental health related medications were overwhelmingly dispensed by a community pharmacist in a retail pharmacy setting. (Figure 1)

Figure 1. Percent of survey respondents who receive their mental health medications from a retail pharmacy, mail order pharmacy or both.



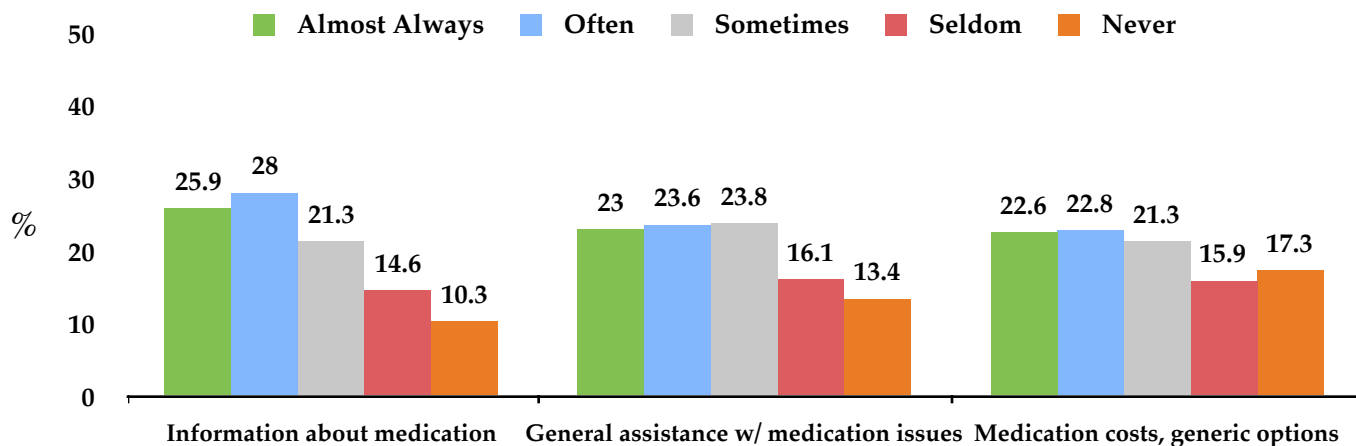
Because of the demographics of the respondents (*i.e.*, predominantly female, some college education, etc) there are some inherent limitations in considering the findings of this report. However, these survey results provide valid indicators that outline important issues. They can serve as the basis for broader surveys or as guideposts for community pharmacies and all medical professionals in improving care and service.

## Providing Traditional Services: Meeting Individual Needs

The pharmacy profession is largely thought of as being expert in the dispensing of and having detailed knowledge about medications—especially when it comes to mechanisms, side effects, interactions and cost. Serving individuals and family members by providing this type of supportive information is traditional to the pharmacy profession.

CPNPF/NAMI asked survey respondents to use a scale of: 1 (never), 2 (seldom), 3 (sometimes), 4 (often) or 5 (almost always) to rate on the extent to which educational/informational needs were being met by their community pharmacist. Caregiver and individual survey respondents each reported that pharmacists performed well when it related to these traditional functions. Most in each group responded that their community pharmacist provided needed information about mental health medications and general assistance around medication related issues especially when it came to taking the medication properly, side effects and drug interactions. Respondents occasionally reported that this information was not provided by the community pharmacist when needed—information was not available most often for medication costs and available generic options. (Figure 2)

Figure 2. Percent of individual respondents answering the degree to which they thought specific needs were being met through their interactions with their pharmacist.



## Notable Quotes

Survey respondents routinely had the opportunity to provide written comments related to many of the survey questions they were asked. The following list is a sample:

“I cherish my relationship with my pharmacists.”

“...my pharmacist is amazing!”

“I do not like being forced to use mail order, I love my retail pharmacist.”

“I never really thought about whether the interaction/involvement of the pharmacist was something that was important or was supposed to be happening. I just go there, pick up and pay for my meds and leave.”

“...pharmacists are overworked and unavailable, there is NO place for a private conversation or question; I feel guilty taking the pharmacists’ time. They don’t have or take the time.”

“I haven’t had the chance to build a professional relationship with my pharmacist because I get a new one every time it seems; it is also kind of awkward because there isn’t a lot of privacy with other people standing around so close.”

“...the pharmacy techs, however, often said the names of my meds loudly to ask me a question...they are impatient with me...are more likely to be condescending to me or dismiss me when they know what type of meds I take.”

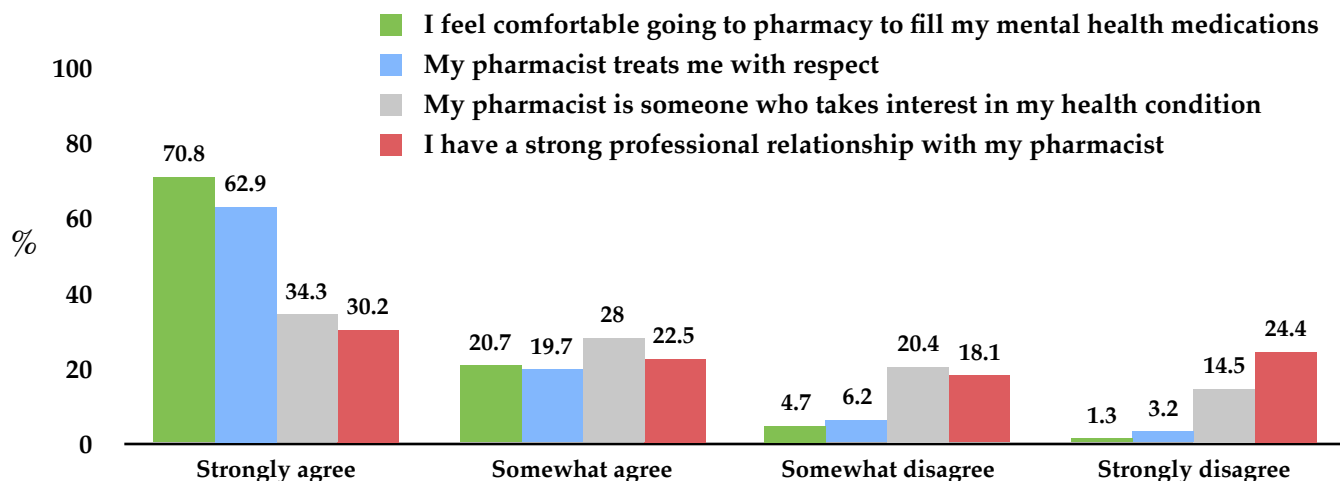
“...my daughter was treated like she had a drug problem since one medicine is Klonopin, we have had to switch pharmacies three times in the past year, I am now driving 30 miles to get better service.”

“I have to sign an electronic form saying I don’t want to talk with the pharmacist; it is very impersonal and I usually deal with the cashier. I never thought of discussing med effectiveness with them, but I may now.”

**53 percent of individuals taking mental health medications have a strong professional relationship with their pharmacist, 43 percent report that they do not have such a relationship**

Survey respondents somewhat or strongly agreed that they were comfortable going to a pharmacy to have their prescription filled (91 percent); they responded similarly when asked whether their pharmacist treated them with respect (83 percent). However, only 62 percent of individual survey respondents reported feeling that the pharmacist was someone who took interest in their health condition. Respondents had the most disagreement with the statement regarding having a strong relationship with their pharmacist—53 percent of individuals reported a strong relationship, while 43 percent felt that they did not have a strong relationship with their pharmacist. (Figure 3)

Figure 3. Percent of individual respondents answering how they agree with the following statements:



## Providing Monitoring Services: Meeting Individual Needs

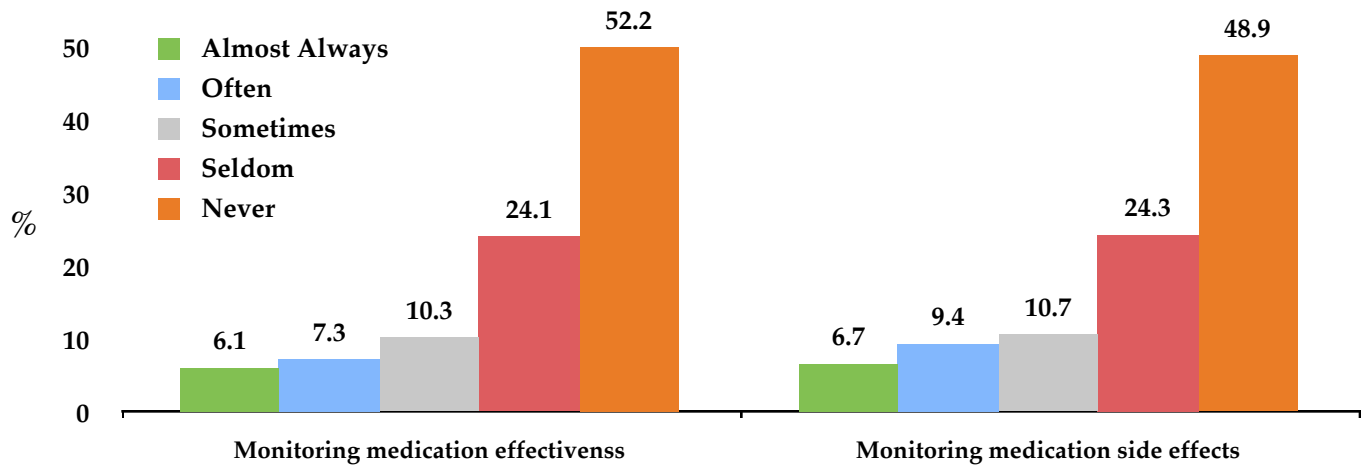
Leaders in health care reform, academic pharmacy and organized pharmacy recognize the opportunity that pharmacists have for providing services beyond what is traditional. Indeed, there are expectations by many for pharmacists to engage patients in direct care roles by providing medication therapy management or comprehensive medication management services. Helping individuals with mental health conditions make the best of their medications by assisting them in monitoring their mental health medication effectiveness is a key opportunity that all community pharmacists have available to them.

**75 percent of individual respondents reported that they did not receive effectiveness or safety monitoring assistance from their pharmacist**



When asked about the extent to which pharmacists provided assistance with monitoring their medication’s effectiveness or tolerability, respondents from each category indicated that this did not happen often. Fifty percent of individual respondents reported that this never happened. (Figure 4)

Figure 4. Percent of individual respondents expressing the degree the following are met through interactions with the pharmacist:



## Obstacles to Care from Pharmacists

Individuals and caregivers are much less comfortable with the thought of their community pharmacist becoming involved in medication management and symptom assessment. In their written comments, survey respondents identified several obstacles preventing interaction with their community pharmacist. These obstacles included:

- Pharmacists not being easy to access (...making it difficult for individuals to establish a trusting, therapeutic relationship with their pharmacist)
  - Pharmacy store construction (*e.g.*, prescription pick-up counters at eye level, pharmacist work/access space being at a higher level than the front store)

**The primary concern from individuals taking mental health medications is a lack of privacy (58 percent), with no available space for private conversations with their pharmacist being one of the most frequently reported obstacles**

- Pharmacy technicians being the primary interface for prescription pick-up
- Not enough pharmacists; not likely to see the same pharmacist
- Pharmacist too busy to interrupt
- Lack of privacy
  - Physical space not adequate for a confidential, health-related discussion
  - Crowding of customers around prescription pick-up area
  - Individual with mental health condition’s name and prescription medication(s) addressed publicly in presence of other customers
- Lack of confidence individual has about pharmacist’s knowledge concerning mental illnesses, or about their sensitivity towards individuals with a mental health condition
- Individual perception about what a pharmacist is, and what their role should be

## **Key Findings**

Individuals with mental health conditions and their family members are largely comfortable with community pharmacists and feel respected by them, but pharmacists are underutilized in some important ways.

- Approximately 75 percent of respondents reported that they seldom or never have received assistance from their pharmacist in monitoring the effectiveness or safety of their medication.
- Approximately 40 percent reported that they do not have a strong relationship with their pharmacist.
- Approximately 25 to 30 percent reported that they seldom or never have received information about medication, general assistance with medication issues or medication costs and generic options from their pharmacists.

Individuals primarily receive their medication at the cash register with little or no interaction with their pharmacist. As a result:

- Community pharmacists often become viewed as disinterested in actual care. This is not necessarily the fault of the pharmacist so much as obstacles such as not having time for questions or discussion.
- The obstacle of greatest concern cited by 58 percent of respondents is the lack of private space in the pharmacy for an individual to discuss a medication issue with the pharmacist.

## **Conclusion**

The survey results suggest areas for action to strengthen the role of community pharmacists as part of overall treatment teams for individuals living with mental health conditions—as well as other medical conditions.

Information provided by pharmacists can empower individuals with mental health conditions and their family members to serve as active partners in managing their treatment. Pharmacists also can better serve as a line of defense in identifying issues for further discussion with an individual's doctor before concerns turn into adverse outcomes.

## **Acknowledgments**

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This report and a copy of the survey questions may be downloaded from [cpnpfoundation.org](http://cpnpfoundation.org).

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