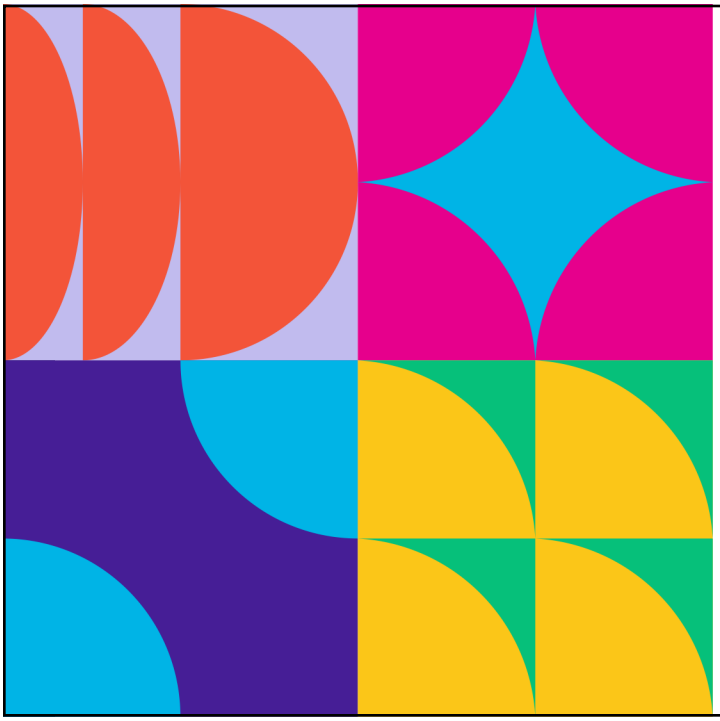

High-Impact Mental Health Touchpoints That Fit Pharmacy Workflow

Macary Weck Marciniak, PharmD, BCACP, BCPS, FAPhA

Description

Every pharmacy interaction is an opportunity to support patients managing mental health conditions. Work through common scenarios to identify how to build support into everyday workflow, from stigma-sensitive conversations to follow-up and referrals. Leverage practical strategies to engage patients, improve adherence and safety, and incorporate mental health support into routine care.

Meet the Faculty

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Macary Weck Marciniak, PharmD, BCACP, BCPS, FAPhA, is a Professor with the UNC Eshelman School of Pharmacy at the University of North Carolina at Chapel Hill. Her work advances pharmacist-delivered care in community settings, with a focus on practice transformation and workforce development. She is the Director of the PGY1 Community based Pharmacy Residency Program and leads a Community-based Psychiatry Fellowship, training pharmacists to expand access to care. Macary partners with pharmacies to implement sustainable, patient-centered services that improve outcomes and strengthen pharmacists 'role in population health. She enjoys leveraging her strengths to excite, create, and engage student pharmacists, pharmacy technicians, and pharmacists.

Disclosures

- Macary Weck Marciniak has no relevant financial relationships with ineligible companies to disclose.
- Macary Weck Marciniak discloses that AI tools were utilized to edit content in this presentation.

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Learning Objectives

Upon completion of this activity, learners should be able to:

- Define medication-related challenges and care gaps in mental health.
- Identify workflow touchpoints to support adherence, safety, and engagement.
- Leverage stigma-sensitive communication strategies for mental health conversations.
- Evaluate referral pathways and local resources that support continuity of care.
- Develop a simple framework to incorporate mental health support, follow-up, or referrals into routine encounters.

Raise Your Hand If…

…You've had a patient pick up an antidepressant and say nothing

…You've felt unsure how far to go in a mental health conversation

…You've wondered whether you should say something – but weren't sure what

Today is about finding the *smallest moments* that create the *biggest impact*

Every Interaction is an Opportunity

How many patients:

- started an antidepressant?
- struggled with adherence?
- appeared withdrawn?
- picked up a controlled substance?
- cared for a loved one with mental illness?

Mental health is already part of your workflow – you just may not call it that

Recognizing Medication-Related Care Gaps

Patients experiencing mental health conditions commonly encounter:

- delayed initiation
- delayed refills
- poor adherence
- adverse effects
- stigma
- affordability
- lack of perceived benefit
- caregiver burden

Each of these may represent an opportunity for a pharmacy team intervention

Why Patients Don't Disclose

Stigma

Time

Trust

Fear

Community Pharmacy Has:

Accessibility

Trust

Continuity

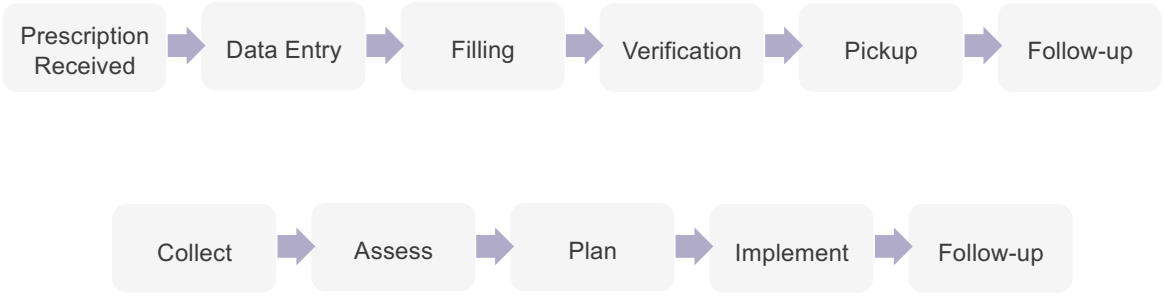
Medication expertise

Mental Health Touchpoint Framework

The 4Ts Framework

	Step	Guiding Question
	**Trigger**	What tells us this patient may benefit?
	**Timing**	When should we engage?
	**Team**	Who should help?
	**Talk**	What language builds trust?

Where is the Touchpoint?



https://jcpp.net/patient-care-process/

Everyday Pharmacy Touchpoints

- New prescriptions
- Medication refills
- Medication synchronization
- Immunizations
- OTC recommendations
- Chronic care follow-up
- Medication delivery
- MTM visits
- Transitions of care

Which of these already happens in your pharmacy every day?

Starting the Conversation

- ✗ Are you taking your medication?
- ✓ How have things been going since starting your medication?
- ✓ What has your experience been like?
- ✓ What concerns have come up?
- ✓ Many people find the first few weeks challenging.

The Language of Partnership

Instead of:	Try:
Are you depressed?	What changes have you noticed?
Are you taking it?	Tell me what taking this medication has been like.
You need to…	Would it be okay if we…
Why didn't you…?	What got in the way?

High-Impact Touchpoints

Meet Sarah

- 34 years old
- Elementary school teacher
- Recently divorced
- Lives alone
- History of anxiety
- Newly diagnosed with depression
- Primary care provider started sertraline
- Sister occasionally helps with medications

Touchpoint #1: A New Beginning

Sarah is prescribed an antidepressant after a visit with her primary care provider. She appears anxious when dropping off the prescription and says quietly, “I hope this helps.”

New antidepressant medication

Prescription drop-off
Prescription verification
Pickup counseling

Touchpoint #1: A New Beginning

Sarah is prescribed an antidepressant after a visit with her primary care provider. She appears anxious when dropping off the prescription and says quietly, “I hope this helps.”

Pharmacy Technician
- Greets Sarah warmly
- Identifies new medication
- Alerts pharmacist
- Documents need for counseling

Student Pharmacist
- Reviews profile
- Notes no previous antidepressants
- Prepares counseling points
- Identifies opportunity for follow-up

Pharmacist
- Provides counseling
- Sets expectations
- Normalizes delayed onset
- Discusses adverse effects
- Schedules follow-up

Touchpoint #1: A New Beginning

Sarah is prescribed an antidepressant after a visit with her primary care provider. She appears anxious when dropping off the prescription and says quietly, “I hope this helps.”

Any questions?

Many people wonder what to expect during the first few weeks.
What questions or concerns are on your mind?

It can take several weeks before you notice the full benefit.
We’d love to check in after you’ve had some time on the medication.

Touchpoint #1: A New Beginning

What This Means in Practice

The first fill **establishes the relationship**, not just the medication

What the Literature Shows

- Patients are receptive to discussing mental health with their community pharmacy team when conversations occur within an established, trusting relationship
- Preparing the entire pharmacy team through mental health training increases confidence and creates opportunities to recognize patients who may benefit from support
- Early conversations that set expectations and normalize treatment help establish the pharmacist as an ongoing member of the patient’s care team

J Am Pharm Assoc. 2024;64:102199. *Pharmacy*. 2019;7:133.

Touchpoint #2: A Delayed Refill

It's a few weeks later. Sarah has not picked up her refill.

Delayed refill

Daily refill queue
Medication synchronization
MTM review

Touchpoint #2: A Delayed Refill

It's a few weeks later. Sarah has not picked up her refill.

Pharmacy Technician
- Notices refill overdue
- Rather than simply returning medication to stock…
- Asks pharmacist

Student Pharmacist
- Reviews history
- Checks refill timing
- Prepares adherence questions
- Documents findings

Pharmacist
- Explores barriers
- Assesses effectiveness
- Normalizes delayed response
- Discusses adverse effects
- Arranges follow-up

Touchpoint #2: A Delayed Refill

It's a few weeks later. Sarah has not picked up her refill.

Why did you stop taking the medication? Why are you late?

Tell me what your experience has been since starting the medication.

Many people don't notice improvement right away. Would it be okay if we talked through what you've experienced?

Touchpoint #2: A Delayed Refill

What This Means in Practice

Poor adherence during the first month predicts discontinuation

Early outreach improves persistence

Late refills aren't inventory problems; they are clinical opportunities

What the Literature Shows

- Community pharmacists identify routine dispensing activities, refill monitoring, and follow-up as practical opportunities to recognize patients who may need additional mental health support
- Successful implementation depends less on creating new services and more on integrating mental health interventions into existing workflow
- Training, workflow integration, and collaboration with prescribers consistently emerge as key facilitators of sustainable mental health services

Rural Mental Health. 2023;47(2):90-99. *J Am Pharm Assoc.* 2024;64:102199. *J Am Pharm Assoc.* 2025;65:102421.

Touchpoint #3: A Family Touchpoint

Sarah's sister picks up medication. She says, "Sarah's been having a rough couple weeks. I'm worried about her."

Concerned caregiver

Prescription pick-up

Touchpoint #3: A Family Touchpoint

Sarah's sister picks up medication. She says, "Sarah's been having a rough couple weeks. I'm worried about her."

Pharmacy Technician
- Notices concern
- Invites pharmacist

Student Pharmacist
- Acknowledges concern
- Provides general education

Pharmacist
- Protects confidentiality
- Provides general education
- Provides crisis resources, if appropriate
- Offers caregiver resources

Touchpoint #3: A Family Touchpoint

Sarah's sister picks up medication. She says, "Sarah's been having a rough couple weeks. I'm worried about her."

I can't discuss Sarah's health information with you.

I appreciate you sharing your concerns.

Can I share some general information about depression?

Can I share some resources that families often find helpful?

Touchpoint #3: A Family Touchpoint

What This Means in Practice

Supporting caregivers supports patients

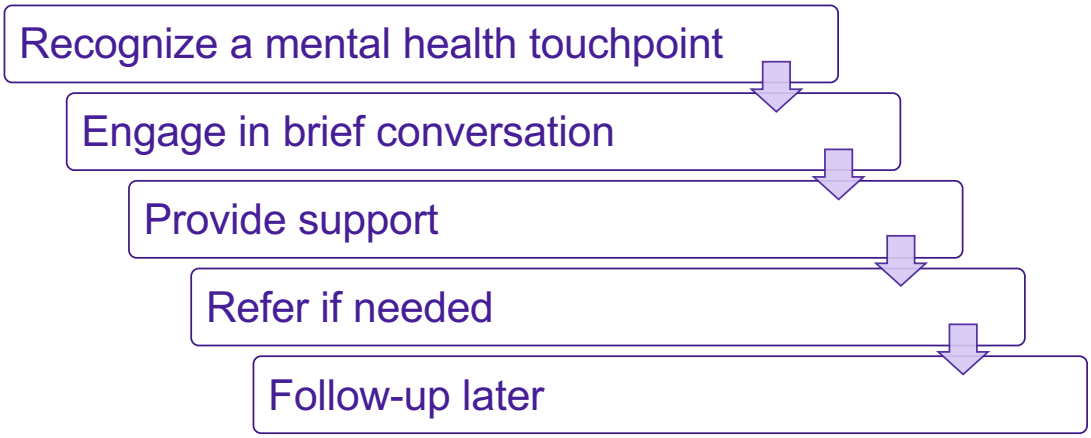
What the Literature Shows

- Family members and caregivers frequently recognize changes in mood or functioning before healthcare professionals and can prompt timely intervention
- Patients and pharmacists identify trust, established relationships, and stigma-sensitive communication as key facilitators of mental health support in community pharmacy
- Pharmacy teams can support caregivers through general education, referral resources, and encouragement while maintaining patient confidentiality

Pharmacy. 2019;7:133. *J Am Pharm Assoc*. 2024;64:102199. *Rural Mental Health*. 2023;47(2):90-99.

Beyond the Counter

What Could Your Next Step Be?



The 4Ts Framework

Step		Guiding Question
	**Trigger**	What tells us this patient may benefit?
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	**Talk**	What language builds trust?

Referral Options

Primary care provider
Behavioral health provider
988 Suicide & Crisis Lifeline
Mobile crisis
Employee Assistance Program (EAP)
Other community resources

Build this list
before you need it

www.samhsa.gov/mental-health/national-behavioral-health-crisis-care

When and How to Refer

- **Safety concern**
  - 988, mobile crisis, 911/emergency services based on urgency
- **Symptoms worsening/not improving or medication issue**
  - Prescriber or behavioral health provider
- **Need for ongoing support**
  - Prescriber, behavioral health provider, EAP, caregiver/community resources

Close the loop: document the concern, share the resource/referral, and follow up when appropriate

www.samhsa.gov/mental-health/national-behavioral-health-crisis-care

Your Takeaway

Think about the very first patient you'll see tomorrow morning.

Where is the first mental health touchpoint likely to occur?

What will you do differently?

Tomorrow, I will intentionally recognize one mental health touchpoint when I _____.

Summary

High-impact mental health care isn't defined by one service; it's created by intentionally recognizing and acting on **meaningful touchpoints** throughout the patient's journey

High-impact mental health care doesn't require more appointments; it requires **more intention** during the appointments and encounters pharmacy teams already have every day

Questions?