

Knowledge and skills reference guide for professional development in mental health care

A companion to the FIP mental health care handbook for pharmacists

2022



FIP Development Goals

Mental health
FIP Practice Transformation Programme on NCDs



ADVANCING
PHARMACY
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Colophon

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Cover image:

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Recommended citation

International Pharmaceutical Federation (FIP). Knowledge and skills reference guide for professional development in mental health care: A companion to the FIP mental health care handbook for pharmacists. The Hague: International Pharmaceutical Federation; 2022.

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Acknowledgements

FIP thanks the authors and reviewers for their contributions to this publication.

The content of this report has been produced independently by the authors and editors.

FIP and the authors acknowledge members of the reference group whose names are listed below for their valuable comments and suggestions on this reference guide.

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FIP thanks the European Society of Clinical Pharmacy for their expert contributions to the revision of this publication.



1 Background

Mental illness is one of the major groups of non-communicable diseases representing a significant challenge to the global community, a fact recognised by the World Health Organization (WHO).¹ Globally, mental illnesses and addictive conditions affect more than one billion people, with equal prevalence among men and women, and can lead to premature mortality.^{2,3} This premature loss of life can be seen as a violation to the “right of health” described in Article 12 of the International Covenant on Economic, Social and Cultural Rights.⁴ Specific references to diabetes, cardiovascular diseases, cancer and chronic respiratory diseases have been made on the Political Declaration adopted by the UN General Assembly.⁵ However, global efforts by the UN National Assembly require more advocacy on mental health. To make the case for global recognition and priority, targeted mental health promotion and treatment needs to be endorsed on a global scale.

Although the WHO has integrated mental illnesses into the NCD agenda, much work is still needed to advocate mental health awareness and the need for continued access to treatment and destigmatisation.⁶ Thus, it is important to reflect on the capabilities of the pharmacist workforce to make a difference in mental health care. With appropriate training, exposure and integration into the primary care setting, pharmacists are well-equipped and strategically placed within the community to reach people with highest needs and make significant improvements in outcomes of treatment for patients. In training professional healthcare and other community-based staff, WHO’s Mental Health Gap Action Programme intervention guide serves as an evidence-based guideline and resource that sets the standard for mental health training and patient care on a global scale.⁷

The International Pharmaceutical Federation (FIP) is the leading international organisation representing pharmacists, pharmaceutical scientists and educators around the globe, and its existing resources, including the 2022 “[Mental health care: A handbook for pharmacists](#)”, provide evidence-based recommendations on integrating pharmacists in mental health care and summarise important outcomes in mental health treatment.⁸⁻¹⁰ Despite challenges associated with mental illnesses, like structural and systems-level barriers, negative attitudes and stigma, pharmacists need to increase their engagement in mental health care service provision to mitigate these barriers. Another significant barrier to increasing the availability of pharmacist-provided mental health care services is a lack of training, which can lead to a lack of confidence in providing mental health care services. If topics related to mental health are not adequately covered in pharmacy curricula, pharmacists will graduate without the necessary skills to provide these services to their patients. This leads to a shortage of trained pharmacists who are able to provide services to those with mental illness. There are steps that can be taken at both individual and systems levels to overcome these barriers and increase pharmacists’ participation in mental health care, including the provision of continuing professional development (CPD) opportunities for pharmacists in mental health care.

Governments and national pharmacist organisations need to facilitate mental health training among pharmacists and their support staff. The delivery of Mental Health First Aid (MHFA), an internationally recognised, evidence-based training course, among pharmacists has been found to prepare pharmacists and pharmacy students to address the mental health needs of individuals in their communities.¹¹⁻¹³ Previous research shows that mental health training programmes with knowledge-based components and active learning activities contribute to positive changes in pharmacists’ attitudes, stigma, knowledge, confidence and skills in mental health.¹⁴ Training pharmacists in various areas of mental health-related services can positively affect the quality of patient care.¹⁵

It is acknowledged there are numerous opportunities for pharmacists to engage in mental health care and provide services to their patients, ranging from prevention to screening to management and more. With the proper knowledge and skills, pharmacists will be well-positioned to address the global burden of mental illness and promote mental health and well-being in their communities. This publication acts as a companion to the 2022 “[Mental health care: A handbook for pharmacists](#)” to further guide mental health care for pharmacy professionals on a global scale through enhancing the handbook with the required knowledge and skills necessary to support community pharmacists.

Building on the need to support pharmacists worldwide in providing services and offering interventions safely and effectively in mental health care, this guide aims to:

- Outline the knowledge and skills recommended in mental health care for pharmacists;

- Provide a structure to support and enhance pharmacists' CPD in mental health care; and
- Highlight key considerations for CPD providers and educators in the area of mental health to support pharmacist professional development.

2 FIP global competency and professional development frameworks

Pharmacists, as medicines experts, are key members of a patient's health care team. Pharmacists must nevertheless maintain and further their competence to practise and remain responsive to the increasingly complex health care environment through continuing professional development (CPD). FIP defines CPD as “the responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers”.¹⁶ One approach to developing and maintaining competence is to embrace competency-based training, which is a structured approach to training and assessment that is directed toward achieving specific outcomes. Through such an approach, pharmacists must be assisted to acquire skills and knowledge to enable them to perform a task to a specified standard under certain conditions.¹⁶ In competency-based training, the outcomes to be achieved are clearly stated so that learners know exactly what they must be able to do, trainers know what training or learning is to be provided and organisations know the skill levels required of their people. The emphasis in competency-based training is on “performing” rather than just “knowing”.^{17,18}

With wide acceptance on implementing competency-based training and education in health professions, competency frameworks are deemed essential in organising educational curricula, regulating career entry, benchmarking standards of practice and facilitating expertise development.¹⁸ FIP developed two global frameworks that describe the generic competencies for foundation and advanced pharmacy practice, respectively, the FIP Global Competency Framework¹⁹ and the FIP Global Advanced Development Framework.²⁰

The [FIP Global Competency Framework](#) (FIP GbCF), updated in 2020, is a set of competencies and core behavioural statements that are intended to be generally applicable for the pharmacy workforce worldwide, particularly targeting early-career (foundation-level) pharmacists.¹⁹ The GbCF includes 124 behavioural statements grouped under 23 competency domains and four broad competency clusters: pharmaceutical public health; pharmaceutical care; organisation and management; and professional and personal competencies.

The [FIP Global Advanced Development Framework](#) (GADF) is a complementary framework to the FIP GbCF. The FIP GADF is intended to support the professional development and recognition of pharmacists and pharmaceutical scientists and maps broad-based advanced practice stages across developmental competencies.²⁰ Six developmental competency clusters are in the GADF: expert professional practice; working with others; leadership; management; education; training and development; and research and evaluation.

The GbCF and the GADF are intended to act as mapping tools for individuals to progress towards effective and sustained performance and to pave the way into advanced and specialist practice to enable flexibility and transfer of key knowledge and skills and wider competencies.

FIP recommends that individuals use its knowledge and skills reference guides alongside the FIP competency and developmental frameworks to identify the knowledge, skills and behaviours that will be relevant to support them in developing their practice (Figure 1). It is expected that pharmacists will need to harness knowledge, skills, attitudes and values previously acquired and crosscut other competency areas to perform the tasks at hand. A FIP reference guide provides guidance on knowledge and skills on a specific topic. In this way, cross-learning and transfer of key knowledge and skills is encouraged and embedded. The tools provided by FIP, which include competency frameworks, practice-focused handbooks and knowledge and skills reference guides, inform CPD practices such as self-assessment of one's practice as part of registration or licensing requirements, professional development or self-directed learning.

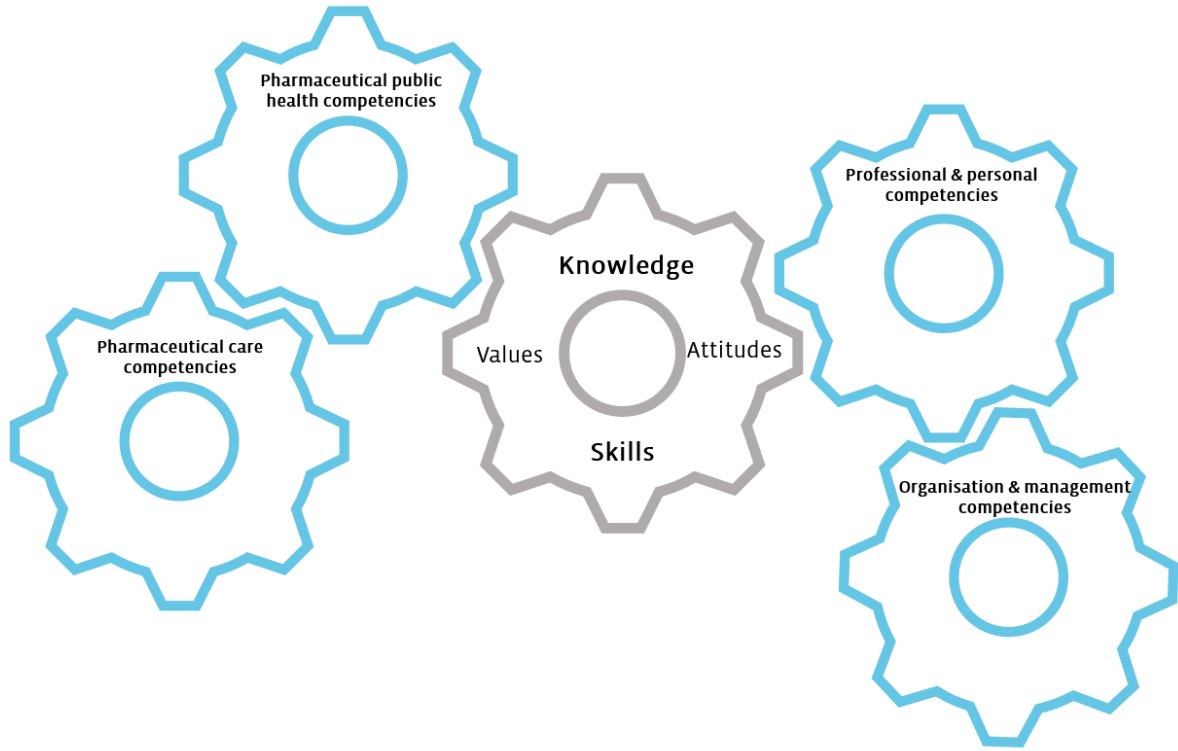


Figure 1. Competencies encompass an array of knowledge, skills, attitudes and values to enable effective performance. Competency clusters are based on the FIP Global Competency Framework.¹⁹

3 Pharmacist professional development: knowledge and skills reference guide

3.1 About the guide content

This knowledge and skills reference guide provides a comprehensive list of required knowledge and skills in pharmaceutical and related care to support pharmacists to develop, upskill and refresh knowledge in mental illness and related roles in pharmacy. The guide supplements the document entitled [Mental health care: A handbook for pharmacists](#) and was developed in consultation with a global reference group (see acknowledgments).

Tables 1 and 2 below have built on existing FIP resources on mental health care to date,⁸⁻¹⁰ current learning and teaching tools, curricula and expert review through a reference group. The reference group, made up of educators and practitioners with experience in professional development in mental health, reviewed the statements in the tables and agreed on the content.

3.2 How is the information organised?

The guide is organised in two parts

The first part (Table 1) describes the knowledge required by pharmacists in mental illness. In the knowledge guide, topics are grouped into three categories (Figure 2):

- Broad topic area—includes main concepts of body systems, pharmaceutical care, public health and advocacy, ethics and collaborations. Many of these categories are linked to the GbCF competency clusters.
- Core topics — identifies key topic areas (knowledge areas) related to the roles and services provided in the management of mental illness.
- Specific topics — describes specific topics stemming from the core topics.

The second part (Table 2) describes the skills required by pharmacists in mental illness.

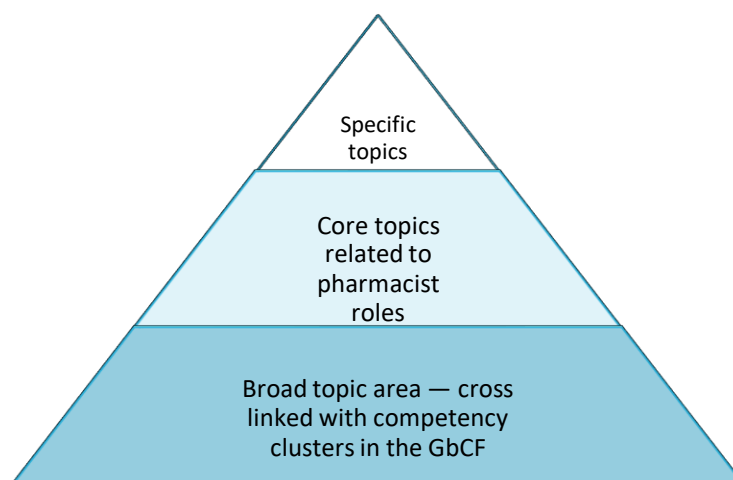


Figure 2. Hierarchy of topic grouping in the knowledge guide

3.3 Who is it for?

This reference guide is intended to guide practice in mental illness in pharmacy rather than to be a prescriptive list that has to be adhered to in all cases. It is relevant to pharmacists focusing on mental health care. It is intended to help CPD providers and educators in the area of mental health to support pharmacist professional development.

3.4 How to use it?

This reference guide can be used:

- To support pharmacists to upskill in mental health care and as part of their course of career development;
- To help pharmacists with an interest in providing mental health-related services in their area of practice; and
- To inform the design and delivery of education and training programmes by CPD providers and educators.

3.5 Contextualisation, and regulatory and training requirements

It is crucial to recognise that pharmacists will have to follow their local, national and jurisdictional requirements for training, certification and regulatory/professional and ethical standards to fulfil their specified roles. These may include:

- Codes of conduct;
- Nationally developed certificate training programmes;
- Registration or licensure status; and
- Professional practice standards or guidelines.

Table 1. Knowledge guide for pharmacists in mental health care^{*10,21-39}

Therapeutic area	
Body systems	Demonstrate knowledge and understanding of:
Nervous system	<ul style="list-style-type: none"> The anatomy and function of the central nervous system (brain and spinal cord), the peripheral nervous system (nerves and ganglia) and the complications that can occur.
Physical health	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> The relationship between mental health conditions and chronic physical conditions particularly related to musculoskeletal, respiratory, cardiovascular, endocrine, gastrointestinal and reproductive conditions.
Mental health conditions	Demonstrate knowledge and understanding of:
Anxiety and related disorders (e.g., panic disorder, phobias, generalised anxiety disorder, obsessive-compulsive disorder, trauma and stressor-related disorders; Post-traumatic stress disorder)	<ul style="list-style-type: none"> Anxiety and related disorders, including: risk factors, signs and symptoms; diagnostic criteria, prevention and screening tools (e.g., Generalised Anxiety Disorder-7 item scale (GAD-7)²⁶); pharmacological and non-pharmacological treatment options; monitoring and treatment scales for response; follow-up methods; and exacerbating factors.
Depressive disorders (e.g., major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder)	<ul style="list-style-type: none"> Depressive disorders, including: risk factors, signs and symptoms; diagnostic criteria, prevention and screening tools (e.g., Patient Health Questionnaire [PHQ-9]²⁷⁻²⁹); pharmacological and non-pharmacological treatment options; monitoring and treatment scales for response; follow-up methods; and exacerbating factors.
Substance-related and addictive disorders (e.g., alcohol, opioid or nicotine)	<ul style="list-style-type: none"> Substance-related and addictive disorders, including: risk factors, signs and symptoms; diagnostic criteria, prevention and screening tools (e.g., Alcohol, Smoking and Substance Involvement Screening Test [ASSIST]³⁰); pharmacological and non-pharmacological treatment options; monitoring and treatment scales for response; follow-up methods; and exacerbating factors.
Bipolar disorder (e.g., bipolar I disorder, bipolar II disorder)	<ul style="list-style-type: none"> Bipolar disorders, including: risk factors; signs and symptoms; diagnostic criteria; prevention and screening tools (e.g., Mood Disorder Questionnaire [MDQ]³¹); pharmacological and non-pharmacological treatment options; monitoring and treatment scales for response; follow-up methods; and exacerbating factors.
Schizophrenia and other psychotic disorders	<ul style="list-style-type: none"> Schizophrenia and other psychotic disorders, including: risk factors; signs and symptoms; diagnostic criteria; prevention and screening tools (e.g. Clinical Global Impression-Schizophrenia [CGI-SCH] scale³²); pharmacological and non-pharmacological treatment options; monitoring and treatment scales for response; follow-up methods; and exacerbating factors.
Neurodevelopmental disorders in children (e.g., attention-deficit/hyperactivity disorder [ADHD])	<ul style="list-style-type: none"> Neurodevelopmental disorders, including: symptoms; diagnostic criteria; pharmacological and non-pharmacological treatment options; coexisting conditions; multimodal interventions and developmental goals.
Autism spectrum disorders in children	<ul style="list-style-type: none"> Autism spectrum disorders, challenging behaviours, multidisciplinary approach to management (including pharmacological agents).

Feeding and eating disorders (e.g., anorexia, bulimia, binge eating disorder)	<ul style="list-style-type: none"> • Feeding and eating disorders, including: cause; signs and symptoms; basic diagnosis; management; risk factors and comorbid physical or psychiatric disorders. • Screening questions can be used to detect the possible presence of an eating disorder in those considered to be at risk (e.g., the Sick, Control, One, Fat & Food [SCOFF] questionnaire).³³
Public health	
Public health strategies	Demonstrate knowledge and understanding of:
Advocacy and promotion	<ul style="list-style-type: none"> • Mental health crisis signs and symptoms. • Promotional strategies, including anti-stigma campaigns and education provision on the importance of healthy eating, physical activity, smoking and alcohol cessation; and weight loss. • Ways to support mental health and well-being (e.g., exercise, relaxation and meditation, self-hygiene; engaging with family, friends and other social networks). • The role of motivational interviewing in creating positive behaviour change. • Support groups that may help patients or carers of people with mental illness.
Prevention, early detection and risk assessment of mental illness	<ul style="list-style-type: none"> • Early detection of mental health and well-being problems. • Mental health needs and associated risk factors (e.g., social isolation and loneliness, insecure employment and unemployment, unsupportive work conditions, economic inequality, migration, homelessness, caregiving, physical health conditions, stressful events). • Prevention and screening tools such as the WHO-5 wellbeing questionnaire³⁴; Mental Health First Aid specific to the country or international screening guidelines.
Screening and referral	<ul style="list-style-type: none"> • The referral network and systems in the area of practice. • Follow-up recommendations related to assessing the success of the treatment, new symptoms, managing worsening signs and symptoms, adjusting medications when necessary and updating the patient's medication profile.
Practice-based research	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> • Community-based needs in mental health services supported by practice-based research (e.g., service gaps, underserved populations, community-specific needs). • Evidence-based activities or interventions needed to fill service gaps; resources supported by interprofessional and multidisciplinary collaborations.
Pharmaceutical care	
Medicines	Demonstrate knowledge and understanding of:
Selective serotonin reuptake inhibitors (SSRIs)	<ul style="list-style-type: none"> • All aspects of SSRIs (e.g., citalopram, sertraline, paroxetine, escitalopram), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; dosage ranges and routes of administration; place in therapy; monitoring requirements.

<p>Selective noradrenaline reuptake inhibitors (SNRIs)</p>	<ul style="list-style-type: none"> All aspects of SNRIs (e.g., venlafaxine, duloxetine), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; dosage ranges and routes of administration; place in therapy; monitoring requirements.
<p>Tricyclic antidepressants (TCAs)</p>	<ul style="list-style-type: none"> All aspects of TCAs (e.g., clomipramine, amoxapine, amitriptyline, desipramine, nortriptyline, doxepin), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; dosage ranges and routes of administration; place in therapy; monitoring requirements; TCAs in the elderly as potentially inappropriate medicines; and TCAs and their anticholinergic burden.
<p>Monoamine oxidase inhibitors (MAOIs)</p>	<ul style="list-style-type: none"> All aspects of reversible (moclobemide) and non-reversible MAOIs (e.g., phenelzine, selegiline, tranylcypromine), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; usual doses and routes of administration; place in therapy; and monitoring requirements. Differences between reversible and non-reversible MAOIs. Dietary restrictions associated with taking non-reversible MAOIs.
<p>Benzodiazepines</p>	<ul style="list-style-type: none"> All aspects of benzodiazepines (e.g., clonazepam, alprazolam, lorazepam, midazolam, chlordiazepoxide), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, tolerance and dependence; contraindications and interactions; usual doses and routes of administration; place in therapy; monitoring requirements; discontinuation and treatment plan for discontinuation; and benzodiazepines use in older adults.
<p>Central nervous system stimulants (CNSSs)</p>	<ul style="list-style-type: none"> All aspects of CNSSs (e.g., methylphenidate, amphetamine, dextroamphetamine, lisdexamfetamine dimesylate), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; usual doses and routes of administration; place in therapy; monitoring requirements; comorbidities and ADHD treatment.
<p>First-generation antipsychotics</p>	<ul style="list-style-type: none"> All aspects of first-generation antipsychotics (e.g., chlorpromazine, haloperidol, perphenazine, fluphenazine), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; doses and routes of administration; place in therapy; and monitoring requirements.
<p>Second-generation antipsychotics</p>	<ul style="list-style-type: none"> All aspects of second-generation antipsychotics (e.g., clozapine, risperidone, olanzapine, quetiapine, ziprasidone, aripiprazole, paliperidone, lurasidone), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism

	and excretion, toxicology); adverse effects, contraindications and interactions; doses and routes of administration; place in therapy; monitoring requirements; new potential dopamine agonists (e.g., brexpiprazole, cariprazine) and their place in pharmacotherapy; antipsychotic polypharmacy; clozapine monitoring; and treatment of comorbidities.
Mood stabilisers	<ul style="list-style-type: none"> All aspects of mood stabilisers (e.g., lithium, valproic acid, carbamazepine, lamotrigine, oxcarbazepine), including: mechanism of action; pharmacology; pharmacokinetics; pharmacodynamics; pharmaceutical aspects (e.g., absorption, distribution, metabolism and excretion, toxicology); adverse effects, contraindications and interactions; usual doses and routes of administration; place in therapy; monitoring requirements; therapeutic drug monitoring and plasma levels; and combination therapy.
Health and medicine information	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> Patient's needs for information about medicines, their capacity to understand the medicine information, and insight into their disorder. Non-pharmacological advice and self-care management in mental health.
Medication errors and adverse drug reactions	Demonstrate knowledge and understanding of
	<ul style="list-style-type: none"> Relevant safety alerts regarding adverse drug reactions following the administration of psychiatric medicines, and implementation of best practice in accordance with local policy. Local and national incident reporting processes to pharmacovigilance authorities; how to identify when it is appropriate to report incidents; and how to report incidents in accordance with local and national policy. The common errors associated with pharmaceutical packaging and labelling, and their causes. The pharmaceutical risks associated with the prescribing, supply, storage and administration of psychotropic medicines in clinical area(s), and how to respond appropriately.
Non-pharmacological support in mental health	Demonstrate knowledge and understanding of:
Psychosocial support	<ul style="list-style-type: none"> The evidence-base and place in therapy surrounding psychosocial interventions such as motivational interviewing, cognitive behavioural therapy, counselling and psychotherapy.
Self-care education	<ul style="list-style-type: none"> Self-care techniques and available support, including lifestyle changes that can support and improve mental health.
Lifestyle changes	<ul style="list-style-type: none"> Lifestyle changes as an important component of mental health care to support patients in achieving their therapeutic goals, including improving diet, increasing physical activity and meditation. The various evidence-based self-care skills for people living with mental health disorders (i.e., self-care activities). Referral network or system in the area of practice that includes other members of the health care team who can provide additional guidance on how to make and sustain appropriate lifestyle changes including: dietitians, nutritionists, exercise physiologists, mental health educators, support groups/meetings, or structure

	group programmes. Establish treatment plan for non-pharmacological management and its monitoring (chart for each visit).
Supporting people living with mental illness	Demonstrate knowledge and understanding of:
Patient assessment	<ul style="list-style-type: none"> • Relapse or worsening of existing symptoms. • Screening tools such as the Patient Health Questionnaire (PHQ-9)²⁷, Quick Inventory of Depressive Symptomatology (QIDS-SR)³⁵, or Beck Depression Inventory (BDI)^{36,37}, and Hamilton Rating Scale for Depression (HAMD-17).³⁵
Medication adherence	<ul style="list-style-type: none"> • Assessment of medication adherence. • Factors that may contribute to non-adherence, including socio-economic, health system/health care team-related, condition-related, therapy-related, and patient-related factors such as behavioural or health beliefs and psychology. • The impacts of non-adherence (e.g., evidence of link with relapse and poorer treatment outcomes). • Strategies to support adherence, such as counselling techniques, motivational interviewing, teach-back method, ensuring patient access to providers, implementing team-based care, empowering patients on the benefits of the treatment, reducing barriers to treatment (e.g., cost, location, accessibility to internet), use of health information tools to improve after-hour visits.
Developing and implementing a care plan	<ul style="list-style-type: none"> • Evidence-based care to support the health care provider in developing the care plan and critically assessing treatment plans and prescriptions review. • The rational use of medicine (i.e., the medicine appropriate to fit the clinical needs of an individual psychiatric patient, in doses that meet their own requirements) for an adequate period and at the lowest cost to them and their community.
Monitoring	<ul style="list-style-type: none"> • Monitoring of the patient's mental health condition, including: identifying monitoring parameters; prioritising monitoring parameters; and advising on suitable actions to ensure appropriate monitoring. • Physical health monitoring, including weight, waist circumference, body mass index, medication adherence, blood pressure, liver functions, electrocardiogram for QT prolongation, liver function test, bone mineral density, side effects, full blood examination, electrolytes, vitamin D, vitamin B12, folate, zinc, magnesium).
Prevention and management of mental health crises	Demonstrate knowledge and understanding of
Worsening or relapse of mental health illness	<ul style="list-style-type: none"> • Prevalence, signs and symptoms of worsening mental health. • Specific populations that are at higher risk of worsening mental health.
Response to mental health crises	<ul style="list-style-type: none"> • Responding to mental health crises, including: signs (suicidal ideation) and symptoms; prevention; risk/exacerbating factors (e.g., inability to perform regular daily activities, rapid mood swings, increased agitation, behaviour that could put self or others at risk of harm, isolation from school, work, family, friends, loss of touch with reality [psychosis], paranoia); and treatment appropriate to the different levels of crises. • Mental Health First Aid.³⁸

	<ul style="list-style-type: none"> Values and attributes that are essential when responding to mental health crises (e.g. Substance Abuse and Mental Health Services Administration’s [SAMHSA] 10 guiding principles).³⁹
Misuse of medicines	<ul style="list-style-type: none"> The misuse potential and specific risks involved in the supply and use of medicines such as codeine, cyclizine, ketamine, tramadol, pseudoephedrine. Look-alike and sound-alike medicine names. High risk psychotropic medicines and those requiring stringent monitoring (e.g., lithium, clozapine). The risks associated with extended use of drugs with the potential for misuse (e.g., over-the-counter products containing codeine or dihydrocodeine, sedating antihistamines, St.John's Wort).
Detoxification	<ul style="list-style-type: none"> The process of detoxification from opiate and opioid substances; the specific risks associated with rapid detoxification and how to minimise these risks; and the factors influencing successful recovery.
Patient communication	Demonstrate knowledge and understanding of:
Communication barriers	<ul style="list-style-type: none"> Communication barriers, including cultural and language barriers.
Cultural considerations	<ul style="list-style-type: none"> Cultural considerations to better patient interactions and allow individuals to be comfortable, truthful, to continue seeking out care; how to help underrepresented minority communities to use mental health services. Communication and system-based barriers hindering patient’s need for cross-cultural and cross-language communication strategies and services. The emotional and spiritual preferences in self-management of mental health and how to support patients by taking into consideration their ethnicity and culture.
Patient information	<ul style="list-style-type: none"> Medicines information and non- pharmacological recommendations on lifestyle modifications to support improvement in mental health (e.g., alcohol cessation, exercise, support groups/meetings or structure group programmes).
Special populations	Demonstrate knowledge and understanding of:
Neonates	<ul style="list-style-type: none"> The basic pathophysiology and management of neonatal abstinence syndrome. The likely consequences to a newborn child of exposure to opioid and other illicit drugs during pregnancy; and how the child's health can be managed during the first few days following birth due to toxicity and withdrawal symptoms.
Children and young people	<ul style="list-style-type: none"> Specific information needed to treat and monitor children and young people with mental health disorders, including: signs and symptoms; diagnosis; approved/indicated medicines in children and young people; optimal target ranges of medication; complications and associated conditions (e.g., panic disorder, generalised anxiety disorder, separation anxiety, social phobia, specific phobias, obsessive compulsive disorder and depression).
Pregnant and lactating women	<ul style="list-style-type: none"> Teratogenicity of psychotropic medicines and the need for preconception care in women with pre-existing mental health conditions.

	<ul style="list-style-type: none"> • Specific information needed to treat and monitor pregnant women with mental health conditions (and during perinatal stages) and the importance of following an appropriate management plan.
Older adults	<ul style="list-style-type: none"> • Specific information needed to treat and monitor older people with mental health conditions, including: signs, symptoms and diagnosis of a mental disorder; optimal target ranges of the medication based on organ function; medicines contraindicated based on organ function; potentially inappropriate medicines. • Potentially modifiable risk factors for dementia, including mental health conditions (e.g., treating depression) — addressing these factors may prevent or delay dementia • The manifestation of the same symptoms of mental health conditions, particularly depression, as in the early stages of Alzheimer’s disease or other forms of dementia.
End-of-life care	<ul style="list-style-type: none"> • Specific information needed to treat and monitor end-of-life care of patients with mental health issues, including optimal target ranges of medication — the aim of mental illness treatment in the last few days of care is to prevent discomfort. • Policies on end-of-life care regarding mental health issues and a recognition that palliative care may vary depending on time and environment, drug interactions with other medicines that may be important for end-of-life care, medication discontinuation at end-of-life care.
Organisation and management	
Budget and reimbursement	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> • The relevant pharmaceutical law, regulation and guidance regarding budget and reimbursements for medicines, and how they apply to various pharmaceutical settings/doctor visits, new services and protocols for reimbursement (e.g., collaborative care agreement, primary care clinical pharmacist setting).
Policies, regulations and guidelines	Demonstrate knowledge and understanding of:
Policy development	<ul style="list-style-type: none"> • Research intelligence that supports policy change and implementation of new care models in mental health. Pharmacist-led mental health services and supporting the implementation of these through advocacy and influencing policy.
Regulations	<ul style="list-style-type: none"> • Relevant pharmaceutical law, regulations and guidance regarding mental illness patients and medicine, and how they apply to various pharmaceutical settings and work environments.
Professional	
Interprofessional collaborative practice	Demonstrate knowledge and understanding of:
Role of pharmacists and other team members	<ul style="list-style-type: none"> • Role of pharmacists in mental health care, as part of multidisciplinary teams, including optimising drug therapy, dispensing, providing medicines information, educating other members of the health care team, working in clozapine clinics, and emerging roles like independent prescribing. • Other team members’ roles in meeting the needs of patients. • Current evidence to support pharmacists’ roles, and the training, remuneration and policy changes needed to recognise these roles and embed pharmacists as core members of the mental health care team.

	<ul style="list-style-type: none"> • Pharmaceutical care interventions, including medication reviews. • Role of pharmacists in a shared decision-making approach in collaboration with patients and other members of the health care team. • Mental health support to other members of the health care team.
Professional development in a multidisciplinary approach	<ul style="list-style-type: none"> • Interdisciplinary collaboration between physicians, nurses, pharmacists and other healthcare professionals at different health care levels, pharmacists as a part of multidisciplinary teams on hospital wards, primary care clinics and clozapine clinics, seamless care at the hospital stay and primary care.
Ethical practice	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> • Requirements pertaining to obtaining consent from a person before starting treatment for a mental health condition. • The issues for clinicians to consider when assessing consent to treatment in a person with a mental health condition, such as capacity and legislation. • Issues or requirements of powers of attorney, involuntary treatment, not keeping suicidal thoughts a secret. • Shared decision-making approach to make health decisions. • Policies related to end-of-life care.
Personal and professional development	
Personal and professional attributes	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> • Interdisciplinary collaboration between physicians, nurses, pharmacists and other healthcare professionals. • The importance of providing holistic patient care by developing personal and professional skills like self-assessment, leadership, innovation and entrepreneurship, and professionalism. • Pharmacists needing to be life-long learners.
Continuing education and continuing professional development	Demonstrate knowledge and understanding of:
	<ul style="list-style-type: none"> • Clinical pharmacy knowledge and skills that need to be up to date in order to identify, prioritise and resolve complex pharmaceutical problems in a range of mental health care systems. • Pharmacists' own education and training needs in mental health care and service provision.

**Screening tools mentioned in this table require that pharmacists are trained in implementing them with patients and in accordance with local and national regulations and guidelines.*

Table 2. Associated skills in mental health care.^{10,40}

Public health	
Advocacy	<ul style="list-style-type: none"> • Establish the importance and scope of mental health services needed by patients to generate an individualised care plan in different geographic locations. • Contribute to the reduction of stigma against people living with mental illness, as well as promote awareness of and access to mental health services, where appropriate. • Form strategic partnerships with key stakeholders, including physicians, mental health specialists, psychiatric nurses, patient support groups, pharmaceutical companies, health insurance companies and others with a role in the delivery of mental health services. • Establish a structured proposition to address shortfalls in the current matrix of practice, including community assessment and referral of mental health patients, medication reviews, adherence and counselling, with an aim of establishing an integrated mental health services ecosystem for improved access to quality services. • Model best practices across the continuum of care for patients living with mental illnesses to serve as source of evidence of this contribution to mental health care. • Advocate policy changes. • Support the establishment of supportive programmes, such as the Bloom Programme funded by the Nova Scotia Department of Health and Wellness, Government of Nova Scotia, Canada.⁴⁰ • Engage in social prescribing (when health care providers refer patients to support services in their community) where appropriate. • Support people experiencing mental health problems and crises, and link patients to appropriate resources and programmes. Educate other healthcare professionals and care workers on the risks of developing mental health disorders.
Screening	<ul style="list-style-type: none"> • Identify an individual's risk of developing mental health problems using a valid risk assessment tool. • Support with mental health screening where possible and in accordance with local or organisational guidelines. • Communicate population trends on mental health disorders and screening results to key stakeholders.
Pharmaceutical care	
Mental health crises	<ul style="list-style-type: none"> • Identify people at risk of mental health crises. • Support the management of mental health problems and crises within pharmacists' scope of practice.
Communication skills and motivational interviewing	<ul style="list-style-type: none"> • Apply motivational interviewing strategies and techniques to people living with mental health conditions to elicit behaviour change and mitigate anxiety.
Multidisciplinary care	
	<ul style="list-style-type: none"> • Work within a multidisciplinary health care team, which would support and reinforce the role of pharmacists as medication policy changers.
Ethical practice	

<p>Considerations</p>	<ul style="list-style-type: none"> • Provide all information for a person’s informed consent including: <ul style="list-style-type: none"> ○ Purpose of the treatment and why it is being proposed; ○ Specifics of the treatment, including frequency and mode of administration; ○ Benefits and risks of the treatment; ○ Potential alternatives to the proposed treatment; ○ Side effects or other potential effects the treatment may have on a patient’s daily life; ○ Cost of the treatment or insurance coverage; ○ Consequences of forgoing the proposed treatment; and ○ Who will be providing the treatment. • Consider patient’s mental capacity. • Respect privacy and confidentiality. • Respect patient decision-making capacity when accessing involuntary treatment. • Ensure least restrictive clinical approach when accessing involuntary treatment. • Ensure equal and fair care is provided to all patients.
<p>Policies, regulations and guidelines</p>	
	<ul style="list-style-type: none"> • Contribute to policy making to support the advancement of pharmacists’ roles in mental health and the services they can provide. • Form strategic partnerships with key stakeholders, including physicians, mental health specialists, psychiatric nurses and patient support groups, to expand services in mental health.
<p>Personal and professional development</p>	
<p>Education and training</p>	<ul style="list-style-type: none"> • Support in the development and delivery of educational and training programmes to upskill pharmacists in mental health services within scopes of practice. • Develop partnerships between patients or consumers and pharmacists to support pharmacist education and development in mental health service provision.
<p>Mental health of self and colleagues in the workplace</p>	<ul style="list-style-type: none"> • Take care of physical and psychological health of co-workers and peers. • Manage and reduce stress. • Recognise emotional and spiritual needs of co-workers. • Foster and sustain relationships. • Achieve balance in different areas of life.
<p>Clinical decision making</p>	<ul style="list-style-type: none"> • Develop and incorporate clinical reasoning processes in practice. • Practice shared decision-making (or collaborative decision-making) by sharing information and expertise to help individuals living with mental illness understand and jointly decide on treatment and management plans.

4 Considerations for CPD providers of courses and programmes in mental health for pharmacists

4.1 Courses and training programmes in mental health for pharmacists

FIP recognises that training and professional programmes for pharmacists and health workers play a key role in the development and maintenance of competence in mental health care and service provision. It is recommended that training and professional programmes, in the form of continuing professional development (CPD), include educational material and training on existing and future pharmacist roles in mental health. Underpinned by the [FIP Mental health care: A handbook for pharmacists](#) and the information in Chapter 3 of this knowledge and skills reference guide, training programmes would focus on pharmacists' roles and services in mental health. At the completion of training, a pharmacist should be able to demonstrate knowledge and apply skills in the following areas:

- Dispensing medicines;
- Medication reconciliation;
- Medication therapy management;
- Medication review;
- Medication counselling and education;
- Adherence promotion and education;
- Monitoring safety and efficacy of psychotropic medicines;
- Alcohol and substance use counselling and management;
- Referrals;
- Primary health care services;
- Team-based care in mental health departments (e.g., hospitals); and
- Administering long-acting injectables.

The new frontiers of practice for pharmacists in mental health may include:

- Early intervention for mental illnesses, including expanded roles in screening for mental illnesses;
- Policy development;
- Projects and programme management;
- Medication prescribing and monitoring within the context of a collaborative agreement with a primary care provider;
- Involvement in specialty clinics (e.g., clozapine clinics, lithium clinics);
- Expanded roles as part of team-based care in hospitals, psychiatric hospitals or outpatient clinics; and
- Provision of mental health care services in the community.

4.2 Considerations for CPD providers and quality assurance of CPD programmes

The following considerations will support the development and implementation of robust training, guidelines, and transformative CPD programmes that are focused on improving the competence and capacity of pharmacists in mental health care.

A needs-based approach to addressing education, CPD and training gaps

CPD in mental health care should address local and national needs and reflect individual professional development needs and learning endeavours. The following should be noted:

- The diversity of health systems and contexts may hinder access to mental health services by consumers. Pharmacists should play a critical role in adequately managing mental health conditions in the context of their local and national needs.
- CPD is lifelong and must be relevant to one's area of practice. As such, CPD in mental health should focus on addressing individual professional needs and provide a holistic approach to gaining knowledge, learning skills and embracing attitudes and values that allow pharmacists to execute their roles.
- A need-based approach to professional development should consider learning gaps in undergraduate curricula, then build professional development programmes for foundation level pharmacists and advanced and specialist practice filled through curricular and CPD education and training.

Fostering national and international collaborations on training projects in mental health

Collaboration on training projects in mental health for pharmacists allows for:

- Sharing of resources; and
- Increasing the inclusion of relevant international organisations, such as the World Health Organization, United Nations, and FIP, in lobbying key decision-makers to facilitate the inclusion of pharmacists well equipped with the knowledge and skills within multidisciplinary health care teams to manage patients' mental illnesses.

Quality assurance and accreditation of training programmes

CPD programmes in mental health require accreditation to demonstrate that the learning activities have achieved the required standards and benchmarks set by regulatory or professional bodies. Accreditation ensures that the learning value is of high quality and meets the expectations of pharmacists, employers and the community. Certification of training courses and programmes facilitates the standardisation of crucial knowledge and skills required to upskill.

CPD programmes should be aligned to support pharmacists working in these settings and meet their learning needs and development goals.

A guide for CPD providers could be based on identifying gaps in knowledge and skills from Tables 1 and 2 and developing programmes mapped to these.

CPD providers and the FIP Seal for programmes

The FIP Provision and Partnerships Programme provides a global platform to help FIP members address professional support and development of the pharmaceutical workforce according to local and national needs and priorities. By offering a global platform for collaboration and partnerships among members and partners, FIP provides an opportunity to bridge training and professional development gaps. FIP can identify with members transformative opportunities to accelerate the advancement of pharmacy across all sectors and roles.

In 2021, following expert consultation and an iterative process, FIP developed criteria to assure the quality of professional development and training programmes and their alignment with FIP's mission, goals and the Development Goals. The FIP Seal is a visible sign of recognised quality and alignment of a programme with FIP's mission to advance pharmacy worldwide. Application forms and details of the process to be followed are available to interested parties to undertake self-assessment for the FIP Seal upon request (email Dr Dalia Bajis at dalia@fip.org) and in the FIP handbook for providers of programmes.⁴¹

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