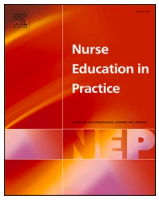
Nurse Education in Practice 85 (2025) 104385

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/issn/14715953



Development needs for mental health nurse training in sub-saharan africa: A scoping review of international trends in nurse education and proficiencies to identify capacity-building goals in low- and middle-income countries

Eula Miller [a], Lucy Webb [a,*], Yedidah Biribonwa [b], Harriet Kagwala [b], Stephen Marks [a]

[a] School of Nursing and Public Health, Manchester Metropolitan University, Manchester M15 6GX, United Kingdom
[b] Butabika School of Psychiatric Nursing, Butabika, Kampala, Uganda

ARTICLE INFO

Keywords:
Mental health nursing
Curricula
Competencies
Low- and middle-income countries
Sub-Saharan Africa

ABSTRACT

Aim: This scoping review aimed to evaluate existing international competencies, proficiencies and future trends for mental health nursing to assist capacity-building in sub-Saharan Africa.
Background: Mental health nurses have a large role in meeting mental health needs in low- and middle-income countries. Improving mental health training curricula is important to achieving universal health coverage. This review of trends in international mental health nurse education aims to identify training needs in sub-Saharan Africa.
Design: We used the Joanna Briggs Protocol for scoping reviews.
Method: A systematic search used three electronic databases and websites were searched for grey literature from global organizations, national nursing councils and regulators and personal contacts used where data were hard to obtain. Data extraction focused on education standards, curricula contents, proficiencies and global health/nursing development. Pragmatic analysis entailed critical examination of findings relevant to *a priori* study objectives.
Results: 31 documents were included: 9 for global health systems and workforce development, 22 for international nurse curricula and nursing proficiencies. We found agreement on need for improved nurse education and provision globally, but little focus on mental health nursing. Sub-Saharan African countries are developing mental health training in integrated competence-based programmes but some high-income countries were heavily behavioural and directive.
Conclusion: Generic standards and curricula development may assist in task-shifting, but post-basic mental health specialism may make expertise less accessible in low resource settings. We caution against following high-income country trends until foundations in mental health are established.

1. Introduction

1.1. Need for improved training

Among much focus on developing nursing competencies to tackle global health challenges, little attention is given to mental health nursing. Our scoping review is the first to examine trends and requirements to ensure more effective use of the mental health nursing workforce in low and middle-income countries (LMICs).

Most sub-Saharan Africa (SSA) countries have a low nursing and midwifery staff to population ratio (WHO, 2022b). Nurses and midwives represent more than 50 % of the current global healthcare worker deficit and African countries show the largest workforce shortages (WHO, 2022a). While ten percent of the global burden of disease is related to a form of mental, neurological or behavioural health problem, estimates indicate that over 75 % of people in LMICs receive no treatment (WHO, 2020). There has been a very slight increase in ratio in nursing staff over time, but the International Council of Nurses' (ICN) report (ICN, 2022)

* Corresponding author.
E-mail addresses: e.miller@mmu.ac.uk (E. Miller), L.webb@mmu.ac.uk (L. Webb), yedsent@gmail.com (Y. Biribonwa), Harkwa@gmail.com (H. Kagwala), S.marks@mmu.ac.uk (S. Marks).

https://doi.org/10.1016/j.nepr.2025.104385
Received 24 June 2024; Received in revised form 15 April 2025; Accepted 23 April 2025
Available online 26 April 2025

indicates there are only 0.9 mental health nurses per 100,000 population in Africa, in comparison with 25.2 in Europe.

The World Health Organization (WHO) Plan of Action for scaling up nursing and midwifery education and practice (WHO, 2012) provided a route map for improving nurse education, but there remains an identified gap between nurse education and the health priorities of SSA. The WHO (2016c); WHO (2016d) produced prototype pre-service nurse curricula (3-year & 4-year courses) for the African region to better align health system capability with need and assist SSA countries to focus training on competencies rather than content. Both prototypes present integrated courses for generic training that aims to support an African need for universal health coverage. The global trend towards integration of different nursing fields into generic nurse education presents an opportunity to strengthen the task-shifting recommended in LMICs for universal coverage (Okoroafor and Christmals, 2023). Unfortunately, integrating mental health training in many SSA training courses is facing challenges from the stigma of mental illness in African cultures and friction between practitioners (Chukwuere et al., 2025).

Nevertheless, identification of the need to reform nurse education has contributed to a re-appraisal and development of nurse training in many SSA states, for example, Kenya, Tanzania and South Africa (i.e., Juma et al., 2022; Tanzania Nursing and Midwifery Council, 2023; Crowley and Daniels, 2023).

Curriculum development for mental health also needs to address de-institutionalisation as most mental health resources are focused on acute care in institutions (Meffert et al., 2021). Staff training and employment opportunities may be centred in urban areas, resulting in underserved community and outpatient care. Infrastructure limitations such as poor roads and lack of transport and poor staff retention add to inadequate services outside urban areas (Webb et al., 2023) and prove to be barriers to the process of de-institutionalisation. Access to mental health care is also restricted by affordability, cultural beliefs and stigma, all of which present challenges in delivering health education and competing with traditional medicine, familial and community discrimination and ostracization (Komu et al., 2025). LMICs are adopting low-resource strategies to extend healthcare access through Community Health Workers (CHWs), an innovation demonstrating improved accessibility to and acceptability of, mental health support (Ormel et al., 2019). However, CHWs require training and supervision from trained and qualified practitioners. Recognition of a need to shift from content in curricula to competencies increasingly includes leadership to develop, support and deliver workable strategies to improve universal coverage (IAHO, 2023).

There is also a trend across many LMICs to provide nurse training at degree level to further development in autonomous practice and leadership, adopt person-centred care and tackle the growing demands from non-communicable diseases and ageing (WHO, 2020). While these are currently accepted practices for high-income countries, regardless of context, these competencies are required in SSA to achieve universal coverage and de-institutionalization of mental health care.

The SSA environment may present a different challenge to first world nursing, but globally, healthcare is presenting the same needs for nurse leadership and autonomous practice and recommendations for improved competencies are supported for LMICs as well as the first world (IAHO, 2023).

1.2. Current training status in SSA

Despite efforts to develop nurse education from 2016, the WHO's Integrated African Health Observatory (IAHO, 2023) identifies continuing need to strengthen professional leadership through quality of nurse education. The WHO (2021) reported that approximately 30 % of nurses globally are not governed by any regulation or have received accredited training. Some form of registration appears to have increased, while many more hold only a certificate or diploma in nursing (WHO, 2021; ICN, 2022; IAHO, 2023) and such training is likely to be delivered by state or private health and education providers, outside of higher education facilities (ICN, 2022; IAHO, 2023). Since 2021, African countries have been funded to develop regulatory processes for nursing, with accompanying training at certificate, diploma or degree level (IAHO, 2023).

Globally there exists training and registration variation between countries, with several SSA countries developing from an approach shared by Commonwealth countries such as the UK, Canada and New Zealand which historically had different registers for mental health and general nursing. This differs from the global trend to provide integrated generalist nursing education at entry level, with mental health as a post-basic specialist role (ICN, 2022). Low and middle-income countries also often use a didactic educational approach to training (Brownie et al., 2018; Liu et al., 2016), having resource limitations for more interactive techniques that are typically used in high income countries. Concerns are also raised that African competencies in primary and community mental health nurse training is focused on short training interventions, often provided by high-income country educators (Maconick et al., 2018). This is likely to enlarge the theory-practice gap if the learning is not embedded in local contexts and cultures.

Extending the competences of nurses for greater autonomous practice and leadership in service change is a potential strategy that could make more of existing resources in LMICs, as has been demonstrated in high income countries (i.e., Evans et al., 2020). A key objective of this review therefore is to identify the training and practice competence needs of sub-Saharan African mental health nurses, as well as to make recommendations for achieving universal coverage for mental health nursing through education reform.

Our project with Ugandan partners (Webb et al., 2024) aimed to develop a pre-service mental health nursing curriculum suitable for sub-Saharan African contexts. An observational review of current training provision – at certificate and diploma level – demonstrated that training for mental health nursing remains embedded in the bio-medical model, with learning placement provision being largely institution-based (Webb et al., 2021). Ugandan health authorities are currently emphasising the enhancement of soft skills such as professionalism, teamwork, communication, problem-solving and collaboration. However, while a global rollout of community-based mental health provision is apparent, nurse training may lag behind this trend due to resource limitations. Principles of person-centred and evidence-based care may be included in mental health nurse education but the adherence to a medical model and lack of learning resources such as well stocked libraries, access to the internet and journals, would appear to undermine efforts to include such essential scaffolding.

2. Aims and objectives

This project aims to identify training needs in Anglophone sub-Saharan Africa to develop mental health nursing effectiveness, particularly considering SSA shifts to degree-level competencies.

Our review objectives were:

- To identify and evaluate existing evidence and perspectives on development of the global nursing workforce
- Review current international and Anglophone sub-Saharan African nurse curricula, practice competences and proficiencies
- And evaluate evidence, guidelines and existing standards for compatibility with LMIC mental health needs

3. Method

We adopted the Joanna Briggs protocol for scoping review (JBI, 2023) for this enquiry as this allows us to explore the topic without prescribing and pre-empting our findings. This approach would enable a mapping of the existing evidence (Peters et al., 2020). Our protocol has not yet been published.

3.1. Search strategy

Our search was multi-stranded to cover the three objectives and access evidence from three different sources: peer-reviewed literature, reports from organisation websites and documentary evidence on curricula, competencies and proficiencies for education and practice (Figs. 1 and 2). The literature search used OVID, CINAHL and Google Scholar databases, combining search terms nurs* , mental health, psychiatric, training, educat* , with competencies, standards, proficiencies, global, leadership. Exclusion criteria were: pre-2016; not applicable to mental health nursing or nurse training; and language other than English. Included papers could be primary or secondary studies, discussion or position papers. An additional search was conducted in 2025 to update the initial search (first search conducted in 2023) and include terms 'curricul* ', 'guidance'.

The terms "mental health nurse" and "psychiatric nurse" are often used by organisations interchangeably. In the UK the term legally changed from psychiatric nurse to mental health nurse in 1994. This was a directive of the Department of Health. The change in language reflected the wider changes in role, as care moved away from asylum settings with a greater emphasis on community-based care (Gournay and Carter, 2021), with greater emphasis on relapse prevention. It also correlated with the increased scope of mental health nurses and a greater sense of professional identity heralded a move away from the medical specialty of psychiatry. However, many countries retain the term 'psychiatric nurse'. We refer to mental health (MH) nursing except when using a proper noun.

Websites of relevant organisations included The World Bank, World Health Organization (WHO), International Council of Nurses (ICN), Nursing Now, Burnett Trust, Global Alliance of Leadership in Nurse Education and Science (GANES) and the International Nurse Regulator Collaborative (INRC). Evidence on national and regional curricula, standards and proficiencies was sourced from published evidence and national nursing councils, education providers and regulators among members of the INRC and a sample of English speaking SSA countries (Nigeria, Ghana, Uganda, Namibia, Zambia, Botswana, Kenya, South Africa, Tanzania). Backward and forward citation searches were also conducted where relevant and personal contacts made to access information from international representatives to clarify queries.

3.2. Evidence selection

The review of nursing competencies, proficiencies and standards among high income countries (HICs) focused on those nursing bodies which are members of the International Nurse Regulator Collaborative (INRC) but excluding Singapore and Spain for language and

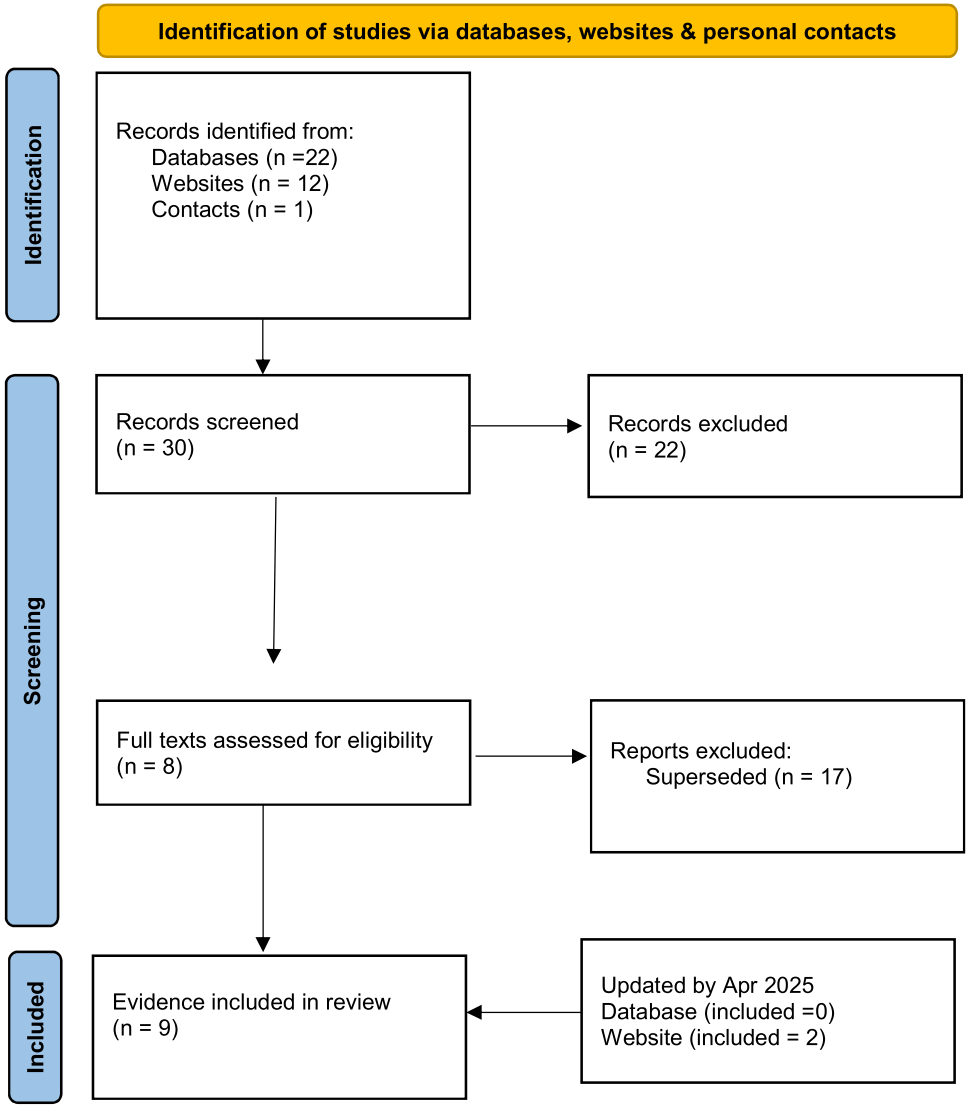


Fig. 1. PRISMA flow diagram for search on global health systems and workforce.

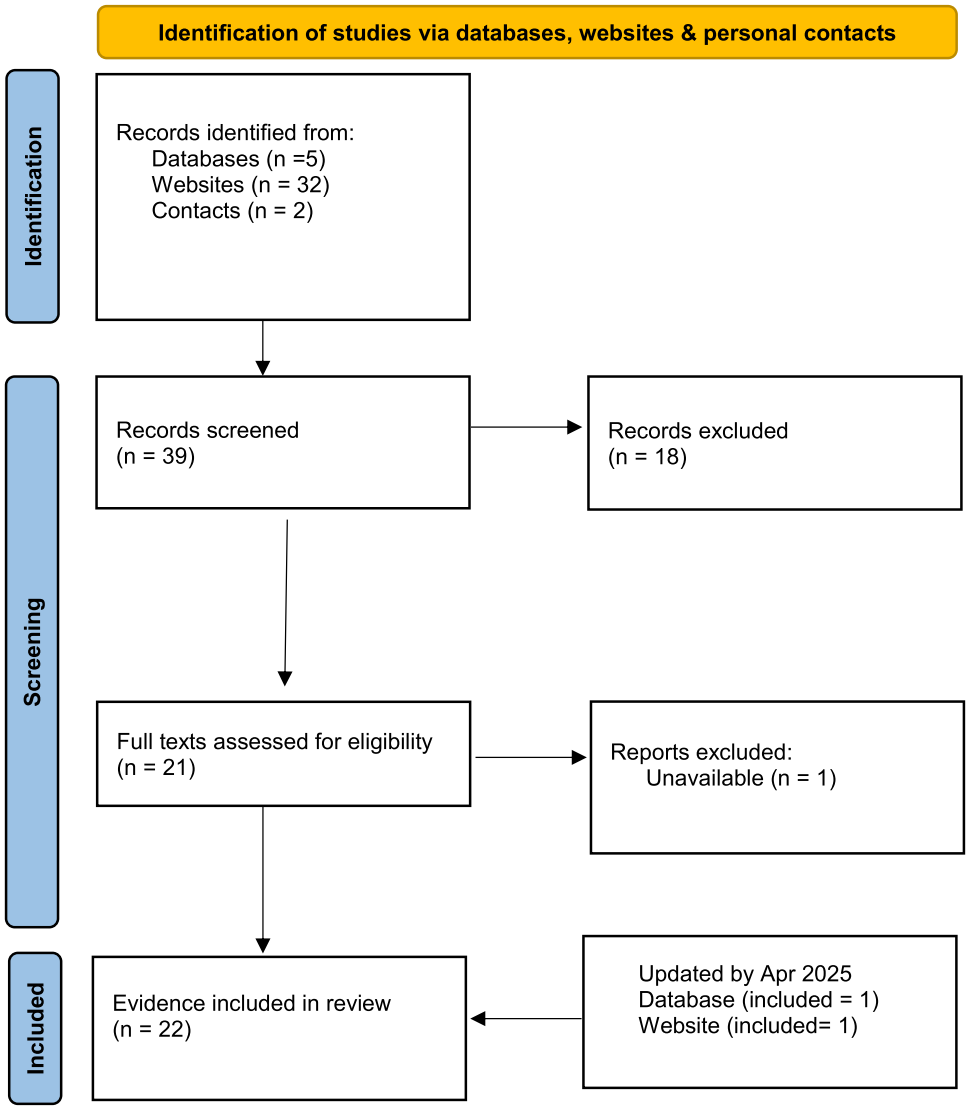


Fig. 2. PRISMA flow diagram for search on global curricula, standards, competencies and proficiencies in nursing.

compatibility reasons. Therefore, the HIC review focused on the UK, Ireland, New Zealand, Australia, United States and Canada (states of British Columbia and Ontario). Not all SSA national regulators had accessible standards or curricula, or responded to personal requests, so only those countries were included where we could review education and practice competencies/proficiencies or curricula, or access published evaluations.

All evidence was restricted to 2016 or later, when the WHO member states adopted the global strategy for human resources for health (WHO, 2016a) and it became clear that LMICs were facing a huge deficit in health workforce requirements. We included older curricula and standards however, if they were still operational. The date of the first search was October, 2023 and updated search April 2025.

3.3. Data extraction and analysis

Data were extracted from included documents by the review team using the three elements in our objectives as a framework: perspectives, guidelines and recommendations for the global nursing (and MH) workforce development, evidence of global nurse education and global competences/proficiencies/standards. Data extracted include specific details of education standards and curricula contents, nursing competencies/proficiencies, evidence of global development and recommendations. Included evidence was analysed through a priori thematic identification. Three reviewers independently conducted the analysis and interpretation of data and agreed consensus findings.

4. Findings

4.1. Global health systems and workforce development

Evidence for global mental health nursing workforce needs (Table 1) illustrates the problems increasingly experienced in high income countries from ageing populations, non-communicable diseases and the shortage of nurses. The chronic shortage of staff, as reported by the WHO report '*The State of the World's Nurses and Midwives*', is indicated to be compounded by a widening gap between available workforce and an ageing population. For the WHO (2020) and GANES (2019), this challenge will need a more flexible nursing workforce which can deliver greater impact and quality of care.

Ritchie and Rosser (2019) report that the workforce-to-elderly population differential presents less of a problem in many sub-Saharan African countries, as they have the world's youngest populations, with pre-Covid median ages between 15 – 21 years. These countries do, however, face challenges in providing universal distribution of the nursing workforce, especially outside of the urban areas (WHO, 2020).

Table 1
Global health systems development and nursing workforce development.

Publication	Topic	Article type	Relevant evidence
GANES (2019)	Global pillars for nursing education	Review, survey and stakeholder consultation	Recommendations for international standards in entry-level training: evidence-based practice, degree-level entry, knowledge base, leadership expectations, localism.
Int. Council of Nurses (ICN) (2022)	The global mental health nursing workforce	Global survey & review	Training recommendations: minimum standard for practice in training, clinical placements, increase in holistic care (reduction of medical model). More post-graduate education access.
WHO (2020)	State of the World's Nursing	Global data report	Ageing workforce presents workforce shortage, nurse graduate turnout requires 8 % per year increase to meet universal coverage requirements. Need for increase in nursing leadership and governance. Need harmonization of entry-to-practice competencies and education standards.
WHO (2021)	Global strategic directions for nursing and midwifery	Review and recommendations	Ensure graduates have requisite knowledge and skills: Optimise domestic creation of own workforce, ensure education/training are competency based & meet population needs.
WHO (2022d)	World Mental Health report	Global expert consultation report	Ensure graduates have requisite knowledge and skills: optimise domestic creation of own workforce, ensure education/training is competency based & meets population needs.
World Bank Group (2020)	Education and Labor Markets for Nurses Challenges and Opportunities.	Qualitative and quantitative data analysis and consultation	Rapid expansion of nurse training over 10 years gives concerns for training quality. Production of graduates commensurate with country GDP: LMICs have greatest shortfall and imbalance of skills. Needs for primary care skills.
Ritchie and Rosser (2019)	Ageing populations and health workforce	Published global population data	Workforce-to-elderly population differential less of a problem in many sub-Saharan African countries due to high birth rate.
WHO (2016c)	Three-year regional (Africa) prototype pre-service competency-based nursing curriculum	Curriculum guidelines for African region nursing & midwifery training providers	Curriculum template to replace knowledge outcomes with competencies outcomes. Integrated learning inc. MH. Sets minimum standards for education and training.
WHO (2016d)	Four-year integrated nursing & midwifery competency-based curriculum	Generic curriculum guidelines template for African region providers	Focus on competency outcomes. Transferable skills: critical thinking, problem solving, life long learning. To be used as a template for adaptation and updating of existing curricula.

The World Bank Group (2020) also highlight that SSA countries tend to train more nurses than they employ, with posts established by bed numbers rather than demand (personal communication from a SSA Ministry of Health representative). The World Bank Group (2020) also highlights an imbalance of skills; while training remains largely institution-based, there is a greater need for community and primary care skills.

A four-tiered care system is proposed by the WHO (2022d) (Table 1) to better achieve universal coverage and access to mental health support. Specialist MH practitioners would be at level 4, supporting and supervising generalist practitioners at level 3 and community workers at level 2. Leve 4 practitioners would have the leadership and practice skills to supervise cases and manage referral pathways.

4.1.1. *Global nurse education standards of provision*

The WHO recommends that the minimum core competencies for a qualified nurse instructor, (WHO, 2016b) and should at least meet the standards of the global strategy for human resources for health and the global strategic directions for nursing for 2025 (WHO, 2021) (see Table 1). These currently underpin generic nursing competencies and are not mental health specific. The basic competencies identify eight core requirements of nurse educators which include up to date understanding of theories and principles of adult learning and evidence-based practice, skills in curriculum management, critical enquiry, communication, professional values, ethics, evaluation and leadership. The WHO Regional Office for Africa also provides prototype curricula for integrated nurse training over 3 and 4 years which include mental health nursing in the final year (WHO 2016c; WHO 2016d). These are designed to act as templates for nurse education providers to adapt and update their existing curricula.

These indicative competencies are largely compatible with the education standards supported by GANES (2019) (see Table 1). The GANES evidence produced three pillars, or principles, with very similar learning outcomes for nurse education as required for tutors (Table 1). Both organisations conducted global Delphi-style consultations to arrive at conclusions which may explain the clear overlap of ideas between GANES and WHO.

The International Council of Nurses (ICN) (2022) recommends competency-based frameworks for mental health nurse training, expressing a concern that trends towards generic training across nurse specialisms is limiting the exposure to specific mental health nursing for trainees.

4.2. International and sub-Saharan Africa nurse curricula

Our examination of current nursing education availability and competencies for training and practice (Table 2) was more successful for high income countries than SSA countries due to accessibility of documents. We examined entry-level practice standards/competencies/proficiencies (term used interchangeably) as an indicator of training goals, especially where the education outcomes were not available or inaccessible. Our updated search in 2025 strove to identify current nursing curricula, however, many available guidelines and course details did not indicate competency outcomes. Most guidelines tended to itemize resources required, topics covered and examination details; none of which gave an indication of competencies to be achieved.

From documents successfully identified, countries such as Kenya and Nigeria impose education standards on providers, however these tend to be focused on educational resources rather than curricula content (Kimani and Gatimu, 2023; NMCN, 2016). Standards of nursing from councils of Ghana, Namibia, Botswana and Tanzania were not available, but their websites did not reveal any educational or practice standards beyond limited professional codes of conduct or guidelines for educators. Like many countries, South Africa appears to have no direct pre-registration entry to mental health nursing, however, mental health nursing is available as a post-graduate diploma/Masters and is competency-based and compatible with the GANES pillar framework.

Several African states (i.e., Uganda, Zimbabwe, Zambia, Kenya, see Table 2) offer degree, diploma and certificate (enrolled) levels of generalist and mental health nursing qualifications, with a developing trend towards degree level registration and mental health nursing delivered as a post-registration specialism (Uganda Ministry of Education & Sport, 2007; Nursing Council of Kenya, 2023; Nursing and Midwifery Council of Zambia, 2019; Nursing Council of Zimbabwe, 2024, SANC, 2020). Training is often provided by private as well as state-funded institutions, under accreditation by each nation's nursing council.

Among HICs, few nations or states appear to offer entry-level standalone mental health nurse training at degree level (i.e., UK, Canada, Ireland) while only some sub-Saharan African nations (including Uganda, Zambia, Ghana and Zimbabwe) offer standalone mental health nursing (pre- or post-registration) and at either diploma or certificate level as well as degree level.

4.2.1. Competencies/proficiencies for practice for mental health nursing

As there is little data on existing international core competencies, to ascertain modern learning outcomes, we examined HIC standards of proficiency for MH nursing. Mental health nursing is a post-registration specialism in general nursing in several SSA states and in the United States, Australia and New Zealand, while standalone entry-level MH training is possible in the UK, Canada and Ireland. The New Zealand standards for mental health proficiencies do not appear to have been updated since 2012 but reformatted along with generalist proficiencies in 2022 (NZCMHN, 2012; NCNZ, 2022) (see Table 2).

Canada has separate State level regulatory bodies which were amalgamated in 2019 to form an agreed set of competencies across each State (Almost, 2021). The states of British Columbia and Ontario are the only Canadian members of the INRC. Their competency standards have been recently updated for 2018 and 2022 (College of Nurses, Ontario, 2018; British Columbia College of Nurses & Midwives, 2020a) and for MH nursing (British Columbia College of Nurses & Midwives (2020b). The Canadian national standards for mental health nursing (CFMHN, 2023) have undergone updating using a Delphi-style consultation process. The new version builds on existing standards, largely in response to macro and external issues such as COVID-19, indigenous needs and intersectionality. There is an acknowledgement of increased use of technology and virtual care and the standards also reference the legalisation of cannabis (in some states of Canada), as well as a national enquiry into violence against indigenous women.

Table 2
Existing mental health curricula and nursing practice competencies reviewed.

Source	MH as a pre-registration specialty	Date implemented	Key elements
Education standards/curriculum framework			
Uganda Ministry of Education & Sport (2007)	Yes. Taught as standalone at certificate, diploma & degree	2007	Medical model. EBP, Limited community practice, leadership, professionalism.
Nigeria NMCM Nursing and Midwifery Council of Nigeria (NCNZ, 2016)	No	2016	Sets standards and requirements for educators. Itemises basic resource requirements rather than curriculum content. Reading list largely 10 years out of date.
Nursing Council of Kenya (2023) & Kimani and Gatimu, (2023)	No (offering enrolled and registered levels of nursing)	2018	Standards of Nursing Education & Education Policy. Competence-based registration, no details available of existing standards of competency or curriculum content.
Canadian Standards for Psychiatric-Mental Health Nursing 5th Edition March 2023 Standards of Practice (CFMHN, 2023)	Yes, (RPNs) in Alberta, British Columbia, Manitoba and Saskatchewan. (Multi-jurisdictional registration introduced in 2023 for greater workforce flexibility)	2023	7 domains: therapeutic relationship, systematic assessment & decision making, administering & monitoring therapeutic interventions, effective management of rapidly changing situations, teaching/coaching function, monitoring & ensuring quality of health care practices, & organizational & work-role competencies.
Canadian Standards for Psychiatric-Mental Health Nursing 4th Edition (CFMHN, 2014)	yes	2014	6 learning domains: knowledge, leadership, research/critical enquiry, practice, communication, professionalism
College of Nurses Ontario entry level Competencies (2018)	No	2018	Expanded to incorporate health promotion, dignity, leadership etc. no mention of MH.
British Columbia College of Nurses and Midwives (2020a) Professional standards.	Yes, degree	2020	Professional accountability Knowledge-based practice Client-focused provision Ethical practice
British Columbia College of Nurses & Midwives (2020b) Professional standards for psychiatric nurses	Yes, degree	2020	Therapeutic relationships Evidence-informed practice Professional responsibility & accountability Leadership,

(continued on next page)

Table 2 (*continued*)

Source	MH as a pre-registration specialty	Date implemented	Key elements
			collaboration & quality practice Ethical practice
Nurses Council of Zimbabwe (2024)	Yes, at degree, Baccalaureate, diploma and cert level	2022	Limited incentive for nurses to attain degree level – no increased pay for higher qualifications
Practice competencies or proficiencies			
American Nurses Association (ANA, 2021) Scope & standards of practice 2021, & Goodwin University, (2021)	No	2021	18 generic standards of practice. Directive, measurable and behavioural.
American Psychiatric Nurses Association: standards for psychiatric nursing (2022)	No	2022	Follows the generic standards of practice for all nursing.
Nursing and Midwifery Board of Australia (2020)	No	Effective from 2021	No standards for MH nursing. Generic standards: 4 domains: clinical education research leadership.
Nursing Council of New Zealand Competencies of Registered Nurses (NCNZ, 2022)	No. Three levels of nurses: enrolled, registered, nurse practitioner	2022	Standard competencies across all fields of nursing. Four domains: Professional responsibility Care management Interpersonal relationships Interprofessional care and quality
New Zealand College of Mental Health Nurses (NZCMHN, 2012) Standards of Practice for MH Nurses	No	2012 Reviewed in 2021 but unchanged.	6 standards; cultural awareness; Therapeutic relationships and recovery; contemporary practice; health promotion; professional development; ethics and code of conduct
Nursing & Midwifery Council of Zambia (2019)	Yes, diploma & degree level	2019	No evidence found of standards for education or practice.
NMC standards of proficiency UK (NMC, 2019a)	Yes (inc. nurse associate - certificate)	2019	7 Platforms: Accountable professional Promoting health and preventing ill health Assessing and planning care Providing & evaluating care Leading & managing nursing Improving safety & quality Coordinating care.

Table 2 (*continued*)

Source	MH as a pre-registration specialty	Date implemented	Key elements
NMC Part 1: Standards framework for nursing and midwifery education NMC (2018a)	yes, degree level	2018	Standards for nurse education in UK: learning environment, student empowerment & assessment.
NMC Future Nurse: standards of proficiency for nurses (UK) (2018b)	Generic standards across four nursing fields (adult, mental health, child, learning difficulty)	2019	Generic standards across all fields of nursing. Includes: communication & relationship management, and clinical nursing procedures.
NMC (2023) Standards Framework for Nursing & Midwifery Education		2018, updated 2023	Specifies educational environment and resources only.
NMC, (2019b) Mental Health Nursing (UK)	Yes Mental health Field Specific Competencies	2021	Mental health Field specific test of competencies for nurses and Midwifery launched in August 2021
Nursing and Midwifery Board of Ireland (2015) scope of nursing practice framework	Yes, at degree level (registered Psychiatric Nurse – RPN)	2015	5 principles: respect for dignity, professional responsibility & accountability, quality of practice, trust & confidentiality, collaboration.
South Africa Nursing Council (SANC) competencies for MH nursing (2020)	No	2020	Health promotion, accountability, EBP, management & leadership, clinical skills inc. digital. Similar to GANES pillar framework.

UK competencies underwent a major review across all fields of nursing in 2018/9. The updated nursing standards for the UK require all fields of nursing to gain proficiency in person-centred care and particularly focus now on lifestyle disease and prevention (NMC, 2018a; NMC 2018b; NMC 2019a; NMC 2019b). This revision represents a shift since 2018 from behavioural skills to the adherence to principles which encompass values, qualities as well as clinical skills. While nurses need to have clinical skills, orientation of knowledge and understanding are emphasised as health promotion, illness prevention and in encouraging self-management and behaviour change. Alongside these, communication and leadership and multi-disciplinary working are the basic competencies needed for nurse registration. The UK's Nursing and Midwifery Council (NMC 2019a) presents these proficiencies as seven platforms on which further skills should be based (see Table 2). These are generic skills for all nurses, but the UK also implemented new competencies for mental health training for 2021 to highlight field-specific requirements (NMC, 2019b) (see Table 2).

The Canadian Federation of Mental Health Nurses (CFMHN) also has separate national mental health competencies (CFMHN, 2023) which reflect similar requirements to the UK but are expressed as behavioural or task-oriented directives rather than general principles. The updated Ontario and British Columbia State competencies for general nursing have now specified generic standards for all nurses (Ontario, (2018); British Columbia College of Nurses & Midwives, 2020a) and British

Columbia has specified competencies for MH nursing (British Columbia College of Nurses & Midwives, 2020b). Both Colleges' standards now mirror the UK competencies by highlighting skills in leadership and professionalism. The amalgamated standards for the Canadian States appear to present an updated expectation of modern nursing as they include concepts of accountability, leadership, professionalism and evidence-based practice.

New Zealand's generic nursing standards (NCNZ, 2022) have been updated and include professionalism and accountability and have quality and health promotion embedded in four domains (Table 2). The standards for mental health nursing have not been updated since 2012 (NCNZ, 2012) and remain task-oriented, specifying that separate skills such as education, management, research and policy are applied only to those nurses involved in such roles.

Ireland is a member of the International Council of Nurses (INRC) and has an undergraduate direct entry to mental health nursing. The competencies do not appear to have been revised since 2015 and there are only generic competencies listed that include the employer's responsibilities (Nursing & Midwifery Board of Ireland, 2015). Table 2 lists the principles of code of conduct and ethics from their framework which are more compatible with other nations' standards of proficiencies and competencies. In comparison to the UK, they appear quite dated and directive, lacking mention of the higher skills required to underpin autonomous practice and leadership.

For comparison, we also reviewed the Australian and United States competencies for generic nursing (American Nurses Association, 2021; American Psychiatric Nurses Association, 2022; Nursing & Midwifery Board of Australia, 2020). Both countries require generic integrated nurse training at degree level, with no direct entry for mental health nursing specialism. Australia organises competencies around four domains: education, research and clinical, with four behavioural standards of professional practice integrated across each domain: assessment, engagement and planning care, implementing interventions and supporting health systems. The United States has separate state-based nursing councils which appear (from samples reviewed) to adopt the standards of the American Nurses Association. These have recently been updated and include 18 standards of practice and professional behaviour, but, similarly to Australia and Ireland, are quite behavioural and directive, with no clear philosophy of care beyond person-centred approaches and the principles of quality, dignity, advocacy and continuing professional development.

5. Discussion

5.1. Global health systems and development challenges for SSAs

The WHO's world mental health report (2022d) underlines the needs to strengthen competencies in the workforce to improve the way mental illness is viewed, to change attitudes and achieve parity with physical health provision. To do this, the report emphasises the need to develop community mental health services and adapt to recovery approaches, enable mental health promotion and illness prevention and support task-shifting by rolling out basic mental health knowledge to non-specialists through supervision and training. It emphasises the need to move mental health expertise from institutions to community and ensure specialists focus on holistic care to enable social inclusion. The report states that, therefore, the trained mental health workforce will need competencies in leadership within multi-disciplinary teams to act as teachers to non-specialists, access and deploy evidence for practice and advocate against stigmatisation and social exclusion (WHO, 2022d). Analysis of the existing INRC members' curricula for both entry-level mental health and generic nursing indicates some movement away from task-based competencies and towards increased autonomy, professionalism and leadership, however, this seems slow and overshadowed by a focus on generic (adult) nursing skills.

5.2. Global nurse curriculum development

Competency-based frameworks for mental health nurse training are recommended by the ICN (2022) and supported by the provision of prototype integrated nurse curricula from the WHO (2016c); WHO (2016d). Several African countries such as South Africa appear to have adopted or be moving towards competency-based training, but this is not clearly identifiable among other Anglophone African nations reviewed here, nor indeed is this addressed specifically in the generic competencies for INRC members who do not have direct entry to mental health. Moyo, et al. (2022) report the absence of mental health standards of practice in Australia since 2010 and standards for Ireland and Ontario make no mention of specific mental health standards or competencies despite offering direct entry to registration. The trend in nursing competencies and proficiencies appears to be moving towards generic core competencies through integrated programmes and at degree level, as proposed by GANES (2019) and supported by Baker et al. (2021), with more field-specific competencies reserved for additional or post graduate training.

The Canadian national standards for mental health nursing (CFMHN, 2023) adhere to the use of Benner's Domains of Practice as they have since 1984, but have based their standards on national culture, values and beliefs such as indigenous needs, de-criminalisation of cannabis. Overall, they represent a progressive addition of values in response to political, social and legal issues with the adoption of key principles of equality and cultural sensitivity.

The United States has standards for MH nursing mirroring the generic competencies, with specific psychiatric practice itemised. The 2023 revision of competencies is now released by remains behind a paywall and not reviewed here. Bennet (2021), in commenting on the US approach to mental health education, suggests need for a change from a content-driven to a concept-driven curriculum to improve application to real world practice. This would suggest that concepts such as recovery, empowerment and health promotion would govern MH nursing curricula. Bennett is proposing this in the context of integrated training where, Bennett argues, students receive very little exposure to mental health practice. Indeed, this is an issue highlighted by the ICN (2022) the World Bank Group (2020) and the WHO (2022d) in LMICs where training placements are often restricted to institutions while practice needs to be rolled out into community and primary care settings. Where SSA countries are adopting integrated nurse training that included mental health, Chukwuere et al. (2025) report that, while it is improving students' empathy, the stigma attached to mental illness is a barrier to both teaching and learning.

Halcomb et al. (2016) identify competencies in teamwork, education and working in a primary health environment are essential for community nursing, which perhaps has relevance also to LMICs as they may have an Australian rural setting in mind. Wakida et al. (2021) also identify the need for nurse education to emphasise community skills which will be particularly relevant in countries like Uganda to continue the de-institutionalisation process. Torres-Alzate (2019) proposes a global health nursing competencies framework that includes key philosophies of human rights, social justice and equity, which do offer a structure on which to build specific curricula. Similarly, Attallah and Hasan (2022) suggest leadership and teamwork within a competency framework for Saudi Arabia.

5.3. Training needs in LMICs

Our examination of education standards and practice competencies illustrates how the two are essentially linked. Mental health nurse training requires resources that facilitate the achievement of practice competencies. Our review suggests that international guidelines currently focus more on education than practice. Recommendations for developing nursing competencies towards greater professionalism and leadership are, with some exceptions, slow to move away from a task-

oriented mindset.

Universal coverage of mental health expertise is a priority for the WHO (2022d) and strategies to improve access to support include task-shifting of existing practitioners to cover mental health, educating non-specialist community health workers (CHWs), improving use of information technology and rolling out the mental health presence in primary care (WHO, 2022d). This requires better mental health knowledge and skills among those already working in the community and a refocusing of specialist training for community and primary care practice.

The issues in HICs in achieving universal coverage of MH skills also apply to LMICs but with added emphasis on a workforce skills-mix that includes basic knowledge in the field and specialist skills to support systems-change and evidence-based practice. The 4-tiered care system proposed by the WHO (2022d) (Table 1) requires specialists at level 4 to provide supervision, support and referral pathways to generalist practitioners at level 3 and community workers at level 2. Qualified mental health nurses could fill this role, but they will require training which supports autonomous practice and leadership.

Mental health nurse training in SSA countries is developing in line with capacity-building in both pedagogy and the practice environment to support degree-level curricula. In this, the GANES recommendations for educational standards could provide goals to strive for. However, they do not provide a guide for development towards those goals. It may be incumbent on institutions themselves to audit and evaluate their own specific change needs to identify their own developmental pathways.

However, it is clear from the international guidelines and evidence that training needs to equip future nurses for community practice, while most LMIC training is still heavily institution based. There is clearly a need for the development of community placements and the skills and resources required for quality learning and teaching in community practice.

Mental health nursing is moving away from instrumental tasks through recovery and holistic paradigms of care. We argue that mental health nursing now requires critical concept-driven thinking and application in the light of complex community-based care, which requires leadership, autonomy and critical evidence-based understanding. Bennet's (2021) ideas of concept-driven curricula may present a better framework for structuring learning in support of these skills.

5.4. *Challenges and critiques for mental health nursing*

McKeown (2023) highlights that, in Australia where the nurse education system is generic, there have been multiple issues related to a skills deficit in inpatient settings, driven by the dilution of the mental health workforce. This also highlights the debate for and against direct entry mental health nurse training. In the UK, a growing trend in nurse education is for a focus on generic training which limits the exposure that mental health nurse students are having in psychiatric settings (ICN, 2022). This can be seen in the lack mental health specificity, for both generic and mental health nurse students. In their position statement, Mental Health Nurse Academics UK (MHNAUK) (2017) accepted that physical health skills are an important aspect of preparing mental health nurse students for their future role. It is however felt by many in MHNAUK that this move towards integrated and generic nurse training has been at the sacrifice of specialist mental health nursing skills. 'Generic' seems to be code for "adult nursing". Indeed, despite the protestations from the UK's NMC (Holt and Dixon, 2022) that equal skills are required in all fields of nursing, there are few pre-registration proficiencies apparent in the NMC education standards that directly mention mental health, or suicide, or mental state examination. It is noted that the list of competencies required of all registrants (NMC, 2018b) is dominated by physical health and task-based skills, which may explain why the additional mental health-specific competencies were added in the UK for 2021 (NMC, 2019b).

African commentators note problems with incentives for students to study mental health nursing, especially if it becomes a specialty at degree level or above. Mangezi et al. (2016) indicate that there is no financial incentive to study at degree level as there is no increase in pay in Zimbabwe (as is the case in several African nations) and current diploma students will need a bridging course to gain a degree. Chigangaidze (2022) however, suggests that degree level nursing is essential to support the critical thinking and strategic leadership required of modern Zimbabwean nurses. Alternatives, or perhaps complementary strategies, to training better-skilled nurses in LMICs is the use of non-specialist mental health workers, as suggested by Szabo et al. (2017) and Caulfield et al. (2019). This is likely to require supervisory management from qualified practitioners, which strengthens the argument for stronger nurse leadership skills.

The overall picture from this review is that SSA countries are supported in developing nurse education to be more fit for purpose, to include mental health at least as a module within integrated programmes and to be switching to competency-based training. The high-income countries however, with some exceptions, appear to be less focused on switching or enhancing competency-based training in mental health. An overall impression is that SSA nations, in playing catch-up, are becoming more innovative and progressive than HICs. There are lessons to learn, however, from directions that some HICs are taking. For instance, the UK is currently experiencing challenges in relation to mental health nurse education. The NMC has faced criticism from mental health nurse educators for the perceived dilution of mental health skills in the updated 2018 proficiencies. Warrander (2024) highlights the inconsistency of mental health nurse education in the UK: some courses are comprised of 100 % field-specific mental health content, while others are comprised of shared learning with Adult Nursing cohorts. Some HEIs send mental health students to adult placements for a significant proportion of their course. These issues saw the rise of a campaign in the UK #Mental Health Deserves Better (2023) where over 100 academics issued an open letter to the NMC warning of the possible consequences if mental health nurse education continues to be marginalized. This serves as a caution that not all practice from HICs should be replicated by those countries wishing to develop their mental health nurse workforce.

6. Strengths and limitations

This scoping review required complex searching for evidence, mostly from grey literature via organization websites for both global systems and curricula and standards evidence. While the team applied rigorous search strategies for the two evidence strands, access to SSA documentation was often limited or partial and we needed to use parallel evidence such as education standards, or secondary reports of curricula and education standards for some countries. We were aided by personal contacts and made effective use of forwards and backwards searching. It was more difficult in addressing the mental health content of integrated curricula where they existed. However, this study focused on the standalone mental health curricula. Website searching in particular was difficult to represent fully in the PRISMA diagrams. However, the multiple approaches to identifying evidence was a strength in that we gained insight into education provision, curriculum quality and the general trends for curriculum and standards development in both LMIC and HIC countries. This is currently a fast-moving area of nurse education, especially in SSA, therefore further developments since 2023 (date of last search) may result in the exclusion of current progress.

7. Conclusion

Competencies of professionalism, flexibility, leadership and accountability for mental health nurses are likely to characterize the future professional nurse. It is therefore essential that modern nursing curricula deliver these skills to ensure the workforce can meet future challenges in community-based mental health care systems, especially

in countries where dispersion of mental health expertise is required for universal coverage. Degree-level training should ensure both leadership and change management skills, but also raise the profile of mental health nursing among cultures where the profession is often stigmatised.

A concern for global nursing may be that, while many LMICs are developing integrated degree-level entry into generic nursing, with mental health nurse specialty at post registration, fewer individuals will be attracted to additional training, especially when this does not convert into higher pay. Additionally, if generic competencies and training focus on physical health and generalist nursing roles, fewer nurses will develop effective skills in mental health. The development of integrated pre-registration training in high income countries is causing concerns about reduction in practice experience and skills development for mental health trainees, so caution should be taken in LMICs in following this example, especially when LMICs already have limited community practice placements for mental health skills development.

Future-proofing mental health nursing to achieve universal coverage in SSA will need curricula and education resources to engage in capacity-building. Training also needs to be highly engaging to help nurture mental health nurses into clinical care, research, leadership and education and contain high level critical thinking and creativity so that they are ready for further professional development.

Funding statement

This research was supported by the Tropical Health Education Trust (Grant ID: FIWP_UG 02)

CRediT authorship contribution statement

Marks Stephen: Writing – review & editing, Writing – original draft, Validation, Investigation. **Kwagala Harriet:** Writing – review & editing, Validation, Resources. **Miller Eula:** Writing – review & editing, Writing – original draft, Validation, Funding acquisition, Conceptualization. **Biribonwa Yedidah:** Writing – review & editing, Writing – original draft, Validation, Resources, Investigation. **Webb Lucy:** Writing – review & editing, Writing – original draft, Validation, Funding acquisition, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

No AI or AI-assisted technologies were used in the preparation of this manuscript.

Declaration of Competing Interest

None

Acknowledgement statement

We acknowledge the help and support of the staff at Butabika School of Psychiatric Nursing in Uganda, Anthony O'Brien of Waikato University, New Zealand, and Manchester Metropolitan University School of Nursing and Public Health for supporting this project.

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