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Advancing Competency Development in Global Mental Health: A Call for Contextualised, Collaborative and Future-Oriented Approaches

editorial

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Abstract: Tectonic shifts in the global geo-political, public health, environmental, technological and institutional landscapes in the last decade have compelled the critical re-examination of our inherited ways of *teaching, learning* and *doing* mental health science. As mental health gains recognition as a global development and investment priority, education and training must evolve to meet the complex, ever-changing and context-sensitive demands of the field. Global mental health, a disruptive, interdisciplinary field of science and practice committed to redressing regional and in-country disparities in mental healthcare financing, access and outcomes, has a particularly strong mandate to rethink how professionals are prepared to act ethically, competently and adaptively. This editorial advocates for a shift towards competency-based, experiential and interdisciplinary learning frameworks that align with the field's transformative ambit. Specifically, it puts forward promising pedagogical tools and other innovations, with the hope that they will become routine practice. It concludes with a call for papers exploring cutting-edge approaches to teaching, training and skills development in global mental health and allied disciplines.

Keywords: *global mental health, education, training, competencies, pedagogy, future skills*

Introduction

Over the past two decades, global mental health (GMH) has established itself not only as an interdisciplinary applied scientific field but also as a catalytic space for global collaboration, critical reflection, advocacy and community-driven innovation (Patel, 2016; Lund, 2020). Through a dynamic architecture – comprising global networks, user-survivor movements, strategic commissions and reports, alongside multi-country capacity-building initiatives – it has mobilised diverse actors, including researchers, educators, clinicians, practitioners, humanitarians, people with lived experience, advocates and other community members, around the shared commitment towards health equity worldwide (Bemme & Kirmayer, 2020). Concerningly, this path has had to be blazed amidst a lack of governmental prioritisation for mental health, a paucity of robust evidence from low- and middle-income countries, together with underdeveloped and inequitable infrastructures for health care and health research (WHO, 2025; Lund, 2020).

The demand for accessible, quality and inclusive GMH education is high (Murphy et al., 2017). The proliferation of GMH degree programmes, short courses and other forms of training in recent years calls for taking stock of *how* such education and training are preparing students and trainees to be competent, agile, resilient and ethically conscious professionals. The

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field of GMH - ever so multifaceted and epistemologically and ethically contested - merits a continually evolving, critically reflective and contextually aware approach to competency development. Curricula should equip future and current GMH professionals with the knowledge, skills and tools - and one could argue - with the *hopefulness* and *courage* to navigate dramatically shifting environmental, technological and geopolitical contexts (Priebe et al., 2019; Moitra et al., 2023; Li et al., 2022). Indeed, mental health professionals must step up to rising professional responsibilities and challenges - from transforming inequitable mental health systems and helping strengthen community capacity, and promoting mental well-being among displaced populations through to future-proofing public health systems to mitigate the negative impacts of natural disasters and climate crises (Priebe et al., 2019; Li et al., 2022). In light of this, a reliance on outdated, contextually detached and rigid curricula will likely impede progress in these areas.

Despite their fundamental importance for achieving health equity and broader sustainable development goals (SDGs), education and training have arguably been neglected within the GMH agenda. GMH education is also currently under-theorised – lacking a unified framework combining evidence-based pedagogical approaches, strategies for engaging in diverse cultural contexts and practising cultural humility, and techniques for developing essential transferable competencies.

Encouragingly, WHO's '*World mental health report: Transforming mental health for all*' (2022) highlights '*build*[ing] *mental health care competencies among general health care and community providers as well as individuals in the community*' (p. 104) as one of its foundations for health system transformation. However, it mainly focuses on technical (clinical) skills to the neglect of broader, transferable competencies and aptitudes such as workforce resilience and adaptability. Notably, meta-competencies, including critical thinking, problem-solving, empathy, resilience, self-awareness, self-efficacy and self-care, are mentioned in relation to promoting personal resources for better mental health in the general population (p. 152).

This editorial distils and rationalises several avenues for catalysing and reimagining competency development in GMH and allied disciplines. Allied disciplines include psychology, psychiatry, mental health nursing, public health, public policy, international development and social work.

Complementing Didactic with Experiential Learning

It is incumbent on academic institutions to break down silos between academia, industry and communities by initiating fruitful academic-industry and academic-community collaborations focused on mutual learning and competency development. Such partnerships should be founded on the principles of reciprocity, collaboration and a whole-society approach to sustainable development. For instance, academic institutions can offer technical assistance and infrastructure to facilitate applied research projects carried out by students and co-supervised by academic and field supervisors. On project completion, both parties should have the opportunity to reflect on the value and challenges of the collaboration, as well as co-design a pathway to impact through joint knowledge exchange (KE) and knowledge translation activities. Those should take place in community settings and involve people with lived experience or service-users. Potential non-academic partners include community-based organisations such as non-governmental and advocacy organisations, as well as global mental health networks such as Mental Health Innovation Network (MHIN) and the Global Mental Health Action Network. Joint projects could be focused either on a substantive GMH-related problem area (e.g. access to equitable mental health care) or on expanding the infrastructure for GMH-related research and advocacy.

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Beyond applied community-based collaborative dissertation projects, GMH curricula should adopt *service learning* as core to competency development (Ruiz et al., 2024). Service learning is an umbrella term encompassing meaningful community engagement activities, including service, reflection and reciprocal partnerships. It may involve a range of partners such as non-profits, for-profit organisations, public institutions such as faith-based organisations, and government agencies, and be held virtually or in person, domestically and internationally (Ruiz et al., 2024). In addition to academic competencies, service learning seeks to boost students' civic (social justice awareness and commitment, civic responsibility) and personal competencies (hope, self-efficacy, perspective-taking; Ruiz et al., 2024; Stewart & Wubbena, 2014).

Highly aligned with the remit and values of GMH, global service learning (GSL) is a promising approach to infusing ethically grounded, reciprocal and civically conscious international engagement activities into the curriculum (McKinnon et al., 2016). GSL provides immersive opportunities to develop cross-cultural competence, critical self-awareness and positionality, alongside intercultural collaboration skills in a global context (McKinnon et al., 2016). GSL is flexible in that it can cross physical geographical boundaries or involve the engagement with diverse cultures and communities within a geographical setting (for example, diasporas and refugees and asylum-seekers). A menu of service learning models exists to ensure such activities are feasible and pedagogically robust (McKinnon et al., 2016).

Educators should invest time into developing their own international networks with GMH practitioners and other stakeholders, with the hope that some of these relationships will bloom into educational KE activities and partnerships. In other words, nurturing communities of practice (CoP) should come hand-in-hand with curriculum innovations focused on internationalisation or global engagement.

For healthcare practitioners in training, service learning can be instrumental to not only increasing their capacity to deliver community-based interventions (Scala et al., 2024), but also to acquiring *structural competency* (Melino et al., 2023). Structural competency is a relatively new concept originating in the U.S. and referring to the critical awareness of how wider structural determinants affect individuals' healthcare behaviours, access and outcomes, as well as the ability to enact practices aimed at challenging and ameliorating structural injustices (Melino et al., 2023). It mobilises a range of skills such as identifying the influence of intersecting axes of discrimination, responding to complexity and ambiguity with humility and openness, together with challenging unjust and inequitable healthcare practices (Melino et al., 2023). Exposure to such diverse societal and healthcare contexts has been deemed crucial to developing the critical consciousness essential to structural competency (Bromage et al., 2019).

From Individual to Authentic Collaborative Training

Collaboration – across stakeholder groups, sectors, geographical regions, cultural contexts and disciplines – is the lifeblood of GMH (Hook & Vera, 2020; Karadzhov et al., 2024). This dynamically dispersed nature of GMH practice along the global-local axis renders collaboration skills, agility and adaptability essential (Hook & Vera, 2020; Karadzhov et al., 2024). Indeed, the World Health Organization (2010) has recognised *interprofessional education*, whereby students from different disciplinary backgrounds and professions learn together and from one another, as a cornerstone of a resilient, 'practice-ready' healthcare workforce (p. 7). Some exemplary applications are workshops and modules where trainees from global mental health, psychology, public health, nursing, anthropology, social work and other relevant professions work in multidisciplinary teams to address an

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assigned complex problem such as alleviate mental distress in a humanitarian crisis, strengthen health systems, or co-design a self-sustaining social enterprise.

Authentic learning is the hallmark of interprofessional education (Cuff, 2013). Collaborative learning should explicitly recognise the inherent value of multi-disciplinary teams for solving pressing, 'wicked' social problems. Problem-based learning (PBL) should become a standard mode of learning and assessment. PBL engages authentic scenarios to confront learners with complex, multi-layered professional challenges, which must be tackled in a deliberate, collaborative, evidence- and contextually informed manner. It has been shown to boost critical thinking, empathy, communication skills and complexity awareness (do Amaral & Fregni, 2021). Iterations of PBL involving cross-cultural and digital learning offer promise for transforming GMH training curricula (Murphy et al., 2017; see Tudor Car et al., 2019, for a review of digital PBL modalities).

Similarly, simulation-based learning (SBL) can also be leveraged to enhance learners' awareness and experience of navigating demanding, albeit routine, challenges related to key domains such as service delivery, ethics, planning, advocacy and policymaking. SBL refers to a diverse family of instructional approaches that involves exposure to realistic professional scenarios through various tools and activities ranging from role-plays (low-fidelity simulations) to virtual (high-fidelity) simulations (do Amaral & Fregni, 2021). The pedagogical value lies in receiving real-time feedback about one's decisions and performance, and appraising the consequences - technical, financial, moral - of one's actions (Lateef, 2010).

In GMH education, SBL has underutilised potential to mimic cross-cultural psychological assessment, compassion-focused and culturally competent mental health practice, mental health care for structurally vulnerable populations (Bourgois et al., 2017), psychological first aid in humanitarian settings, and interprofessional collaboration and decision-making, to name a few domains. Scenarios can be co-produced with service-users, civil society organisations, alumni and other stakeholder groups. These authentic scenarios would thereby act as *boundary objects* - as spaces for collaboration, negotiation and shared understanding - as '*interfaces for knowledge integration*' between educators, practitioners, service-users and learners (Caccamo et al., 2023, p. 2).

Alongside expert practitioners (for example, community health workers, capacity-building specialists, consultants, humanitarians, social innovators), people with lived experience should assume a more prominent role in curriculum co-design and training. To demonstrate, they could lead or facilitate seminars or tutorials – provoking ethical reflections and critical discussions around contentious topics such as power, voice, visibility and recovery – and co-supervise community-based placements and dissertation projects. Models for their involvement, training, support and remuneration should be established. The 'Human Library' approach, which embodies contact-based education, critical pedagogy and experiential learning, offers one such model for meaningful inclusion (Langan Martin et al., 2025).

From Risk Aversion to Risk-Taking, Imagination and Experimentation

Assessment practices have inherently emphasised a single correct answer and penalised deviations from it as errors. However, in certain modes of learning — such as design thinking and PBL — making errors is encouraged and is seen as a fundament of learning, and no single solution to a problem exists — mimicking 'wicked' societal challenges. As educators and mentors, we should normalise erring and create an environment that encourages and praises ethical and measured risk-taking, experimentation and innovation.

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Relatedly, curricula should cultivate learners' and trainees' agency-orientation (Király & Géring, 2019; Lehtonen et al., 2022). Developing practical agency entails, according to one theory of human agency, three temporally defined tiers, which can be applied to GMH education thusly (Emirbayer & Mische, 1998; Lehtonen et al., 2022):

(a) *iterative agency* (past): Provoke learners to critically reflect on habitual views and behaviours, and how these may shape their engagement with communities; Demonstrate how one may inadvertently reinforce existing inequitable structures by unreflectively reproducing unhelpful/reductionist/discriminatory practices;

(b) *practical-evaluative agency* (present): Empower learners to make ethically, culturally and politically sensitive and informed judgements in response to dynamic situational demands; Instil in learners the willingness to act with humility and self-compassion, while simultaneously demonstrating a strong sense of self-efficacy and moral obligation in response to cross-cultural, systemic or moral complexities;

(c) *projective agency* (future): Induce learners to imagine likely and alternative futures by generating solutions to scenarios, anticipating setbacks and influencing desirable futures; Incentivise foresight, a long-term vision and intellectual risk-taking.

Importantly, agency is not a purely cognitive, disembodied intellectual exercise; it is inextricably linked to, and informed by, hands-on activities (Lehtonen et al., 2022). In other words, a sense of personal agency is not a pre-requisite for acting; it is an emergent property of one's initial courage and initiative to practically and meaningfully engage with spaces, communities and futures. In the words of Napoleon Bonaparte, '*On s'engage et puis... on voit.*', loosely translated as '*One commits oneself, and then... one sees*'.

Interdisciplinary modules on entrepreneurship, including social entrepreneurship, are well primed to instil an innovation mindset in those seeking to undertake GMH roles in capacity strengthening, psychosocial service delivery, advocacy, healthcare technologies and other relevant job families (Karadzhov et al., 2024). And yet, such training is currently rare in medical and health sciences education more broadly, and the existing evidence base remains fragmented (Preiksaitis et al., 2023; Suryavanshi et al., 2020). Recent examples of applied multi-disciplinary medical education training programmes involving design thinking (e.g. hackathons) have shown promise for generating viable healthcare solutions, as well as enhancing participants' creative, experimentation, communicative and metacognitive capabilities (Preiksaitis et al., 2023). Fully instituting this entrepreneurial shift, however, requires system and culture changes. The lack of widespread recognition of the value of entrepreneurship education in non-business disciplines, together with academic faculty's underpreparedness to deliver such training, hinders pedagogical innovation in this area, and in turn, learners' entrepreneurial mindset and motivation (Suryavanshi et al., 2020; Adewumi, & Naidoo, 2022).

Blending Technical with Future Skills Training

As the field of GMH has matured, pathways into it have also proliferated. A recent job market analysis conducted by the author, together with internal graduate outcomes data, signalled an increased diversification of career pathways and sectors among global mental health and psychology graduates (Karadzhov et al., 2024). To demonstrate, alongside the well-established roles in psychological service delivery, programme management and evaluation, capacity development, advocacy and policy, graduates have begun to orient towards rapidly developing

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sectors that interface with public mental health such as healthcare technologies and sustainability. This blooming diversification of careers demands flexible curricula that enable personalised learning journeys (Király & Géring, 2019), as well as fostering learners' *future skills*. Although no universal definition has been agreed upon, future skills can be defined as a dynamic set of core skills from across the cognitive, affective, interpersonal and technological domains that will likely play a significant role in adapting and thriving during times of rapid and profound societal and technological transitions, including in the world of work (World Economic Forum, 2023; 2025).

Personalisation of learning can take a myriad of forms – from an eclectic offering of elective modules including ones from disciplines such as sociology, law and business studies, and leveraging self-paced virtual learning environments – to portfolio-based learning, which recognises learners' prior competencies and extra- and co-curricular experiences and promotes self-reflection (Joshi et al., 2015). Opportunities for curricular innovation and customisation are boundaryless but often constrained by the limits of educators' own imagination and initiative.

Technical and other disciplinary skills - ranging from mental health diagnosis and cultural adaptation of psychometric scales to research skills and technical writing - remain essential. But learners will remain woefully underequipped to adapt to, and thrive within, an increasingly complex and uncertain landscape without adequate future or meta-skills such as perseverance and persuasion, self-awareness and boundary-setting (Hook & Vera, 2020), in addition to systems thinking, among others (McMahon & Knight, 2024).

Concurrently, curricula should recognise the importance of the *inner dimension of change* for achieving the SDGs - a recognition that spearheaded the multi-lateral global initiative, Inner Development Goals (IDGs; https://innerdevelopmentgoals.org/; Ankrah et al., 2023). The IDGs encompass five distinct sets of personal developmental capacities required for realising the SDGs. In essence, these are behavioural (e.g. collaboration, co-creation, mobilisation skills), cognitive (e.g. complexity awareness, critical thinking, envisioning), ethical (e.g. self-awareness, integrity, humility) and attitudinal (e.g. optimism, perseverance). As such, the IDGs can be extremely instructive for GMH curricula as they complement and go beyond existing discipline-specific competency frameworks. The IDG Framework provides a scaffolding for embedding a creative range of competency-building activities and pedagogical tools such as envisioning future scenarios, confronting ethical dilemmas, acknowledging and harnessing emotions, and engaging in collective hope-inspiring practices (Engel & Janssen, 2024).

While the prospect of galvanising training curricula with IDG-inspired learning and praxis is fascinating, it brings additional challenges such as creating a culture embracing individual change within institutions, training teaching staff and facilitators, and devising evaluation tools to capture the oft-subtle individual change occurring as a result of these educational interventions (Engel & Janssen, 2024).

A fundamental challenge concerns adopting future skills- and IDG-informed curricula in culturally diverse settings. For one thing, the emphasis on personal authenticity, growth and agency may be at odds with ethnopsychologies and other moral frameworks that foreground collectivism and relationality (Kirmayer & Pedersen, 2014). This potential tension necessitates constant critical appraisal.

Further Recommendations and Call for Contributions

Altogether, this editorial laid out recommendations and existing good practice for galvanising a transition in GMH education and training towards service, problem-based and experiential learning;

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towards collaboration and customisation; and towards future skills preparedness.

Furthermore, there is a need for an open platform for future skill strengthening, field insights and narratives of resilience and hope in GMH. Such a platform would foster CoPs specific to relevant sectors such as capacity-building, policy, advocacy and research in our field. It would promote visibility and role-modelling of diverse career pathways and contributions, as well as democratise access to wisdom, peers and mentors. Indeed, over the past 20 years, the field of GMH has become increasingly multidisciplinary and multi-vocal, with expert researchers, civil society organisations, advocates and experts by experience each contributing to a rich mosaic of evidence- and practice-based, and lived experience insights. Despite this proliferation of knowledge, mechanisms for sharing it have remained fragmented, with only a handful of high-profile knowledge exchange initiatives seeking to synthesise these diffuse learnings in an accessible format (for example, the Mental Health Innovation Network; https://www.mhinnovation.net/). A consolidated platform for field insights from community health workers or for upskilling, for instance, is currently lacking. The majority of publications in GMH are authored by authors from high-income countries (Eaton, 2019). An open-source platform would aid with redressing this disparity of voices in the field through the swift dissemination of field learnings.

Another vital function of such a platform would be to connect diverse learners, passionate advocates and early-career professionals with mentors (Kaba et al., 2023). Among the areas for value-driven training innovation identified by interdisciplinary GMH workshop participants (23% of whom represented LMICs) who had registered to attend the 2015 annual meeting of the Society for the Study of Psychiatry and Culture (SSPC) were the access to role models and mentorship, as well as '*platforms of exchange, ones that facilitate a brokering of knowledge*' (Kohrt et al., 2016, p. 654). These findings resonate with the proposition made by participants at the inaugural U.K. GMH meeting, '*Global Mental Health in a Changing World*', hosted by the Liverpool School of Tropical Medicine in June 2025, which I had the privilege to attend - namely that investments should be made in infrastructure, including KE infrastructure, not just in individual, short-term projects.

Call for Contributions

It is my hope that these reflections will catalyse the discourse on transforming teaching and training in global mental health and encourage bold new submissions to *Mental Health Open*. Research reports, case studies and reflective papers may address, but are not limited to:

- locally co-designed and culturally responsive curricula;
- integration of meta-skills (e.g., systems thinking, ethical reasoning, resilience) into training and teaching curricula;
- innovative lifelong learning or continuous professional development modules, including massive open online courses;
- pedagogies championing inclusion, equity and epistemic justice;
- models for mentorship and CoP;
- new conceptual directions in global mental health competency development.

We particularly welcome works that foreground the voices and perspectives of educators, trainers and learners in LMICs, and that highlight collaborative, contextually grounded and transformative practices.

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