Summary

Executive Roundtable:
Protecting the Mental Health of Health Workers: From Education to Retention

Tuesday, April 7, 2026 – Virtual

Overview

The private roundtable, *Protecting the Mental Health of Health Workers: From Education to Retention*, convened leaders from government, the private sector, NGOs, multilateral institutions, academia, and professional organizations to examine the growing mental health crisis among health workers and identify opportunities for system-level reform.

While the discussion spanned a wide range of workforce challenges, participants were aligned on a central point: **health systems are only as strong as the well-being of the people who sustain them**.

Globally, evidence shows that about 20 - 40% of health and care workers report symptoms of anxiety, depression, or burnout, rates that exceed those observed in the general population. Participants emphasized that these outcomes are not only driven by individual resilience deficits but by systemic failures embedded in the health system and design and early education and training.

Key structural drivers include high workloads, chronic understaffing, inadequate compensation, unsafe working conditions, weak leadership, and poor system design. These pressures are further compounded by global workforce imbalances, including health worker migration, aging populations increasing demand for care, and persistent underinvestment in mental health, which, in many countries, accounts for less than 1% of total health expenditure.

Participants underscored that these challenges are now a primary driver of workforce attrition, reduced quality of care, and broader system instability. Despite growing policy attention, implementation gaps persist due to insufficient financing, fragmented governance, and weak accountability mechanisms.

There was strong consensus that mental health must be repositioned as a core workforce and system performance issue, requiring coordinated, sustained, and system-wide reform.

Key findings and recommendations:

What does a health workforce that prioritizes mental health and well-being look like?

- Health systems are more resilient, effective, and responsive when health workers operate in environments that actively support their mental and physical well-being.
- Health workers across all cadres are fairly compensated, work under manageable conditions, and are protected by safe, respectful, and supportive workplace environments. Mental health is embedded within occupational safety and workforce protection frameworks, ensuring it is treated as essential.
- Workforce systems support individuals across the full career lifecycle, from education through employment to foster greater retention. This includes integrating mental health into training, providing ongoing psychosocial support, reducing the stigma of seeking care, and ensuring access to mentorship and professional development.
- Policies are in place to address structural drivers of stress, including staffing shortages, inequitable pay, unsafe conditions, and limited career progression. These systems ensure that health workers are not only trained but also retained and supported over time.

How do we measure progress and track impact?

- Establish routine data collection systems to measure health worker mental health, including standardized population-specific/culturally-appropriate measures on burnout, stress, and retention. These should be integrated into national health workforce strategies to inform policy and investment decisions.
- Strengthen data systems through regular workforce assessments and disaggregated analyses across gender, cadre, and geography to identify inequities and high-risk environments.
- Develop and disseminate evidence demonstrating the relationship between workforce well-being and system performance, including improved patient outcomes, reduced attrition, and increased efficiency.
- Build compelling, evidence-based narratives that elevate mental health as a systems issue, one that directly impacts quality of care, economic productivity, and long-term sustainability.

How do we catalyze action?

- Reframe mental health as a system-level workforce issue, rather than an individual responsibility. Current approaches that emphasize resilience training without addressing structural conditions are insufficient to drive meaningful change.
- Realign financing to prioritize workforce retention and well-being, shifting away from a disproportionate focus on training. Investments should support improved working conditions, safe staffing models, and long-term workforce sustainability.

- Adopt an integrated workforce lifecycle approach that aligns education, deployment, and retention. This includes embedding mental health and psychological preparedness into pre-service education and ensuring continuous support throughout career transitions.
- Strengthen governance and accountability by improving coordination across health, labor, finance, and education sectors. Multisector collaboration is essential to address structural drivers of workforce stress and enable sustained reform.
- Leverage global and regional platforms to drive collective action, share best practices, and maintain accountability. Partnerships across public and private sectors will be critical to scaling effective and equitable solutions.

Where do we go from here?

- No single sector can address the mental health crisis among health workers in isolation. Meaningful and sustained progress will require shared accountability and coordinated action across governments, multilateral institutions, civil society, academia, and the private sector.
- These priorities align with global commitments to strengthening the health workforce and advancing Universal Health Coverage.
- Without systemic reform, health systems will continue to face cycles of burnout, attrition, and declining quality of care. By prioritizing the mental health of health workers at the center of related policy and investment, stakeholders can build a workforce that is not only more robust but also supported, resilient, and capable of delivering high-quality care over time.

Action Items

- Develop a policy brief based on key findings from the dialogue and integrate insights into broader workforce and health systems advocacy efforts.
- Further explore positioning health worker mental health within a system performance and economic resilience framework, including implications for workforce productivity and retention.
- Convene follow-on dialogues to maintain momentum, strengthen stakeholder collaboration, and support the translation of commitments into actionable policy change.

Resources

World Health Organization. *Mental health and well-being of health and care workers.* 2022.

World Health Organization. *Global Health Expenditure Database* (mental health spending estimates).

International Labour Organization. *Guidelines on decent work and occupational safety in health services.*

World Bank. *Investing in Health Workforce Resilience.*

National Academies of Sciences, Engineering, and Medicine. *Taking Action Against Clinician Burnout.* 2019.

Frontline Health Workers Coalition. *Health Workforce Policy and Investment Reports.*

International Council of Nurses. *Global Nursing Workforce Reports.*

The Lancet. *Health workforce burnout and system performance analyses.*