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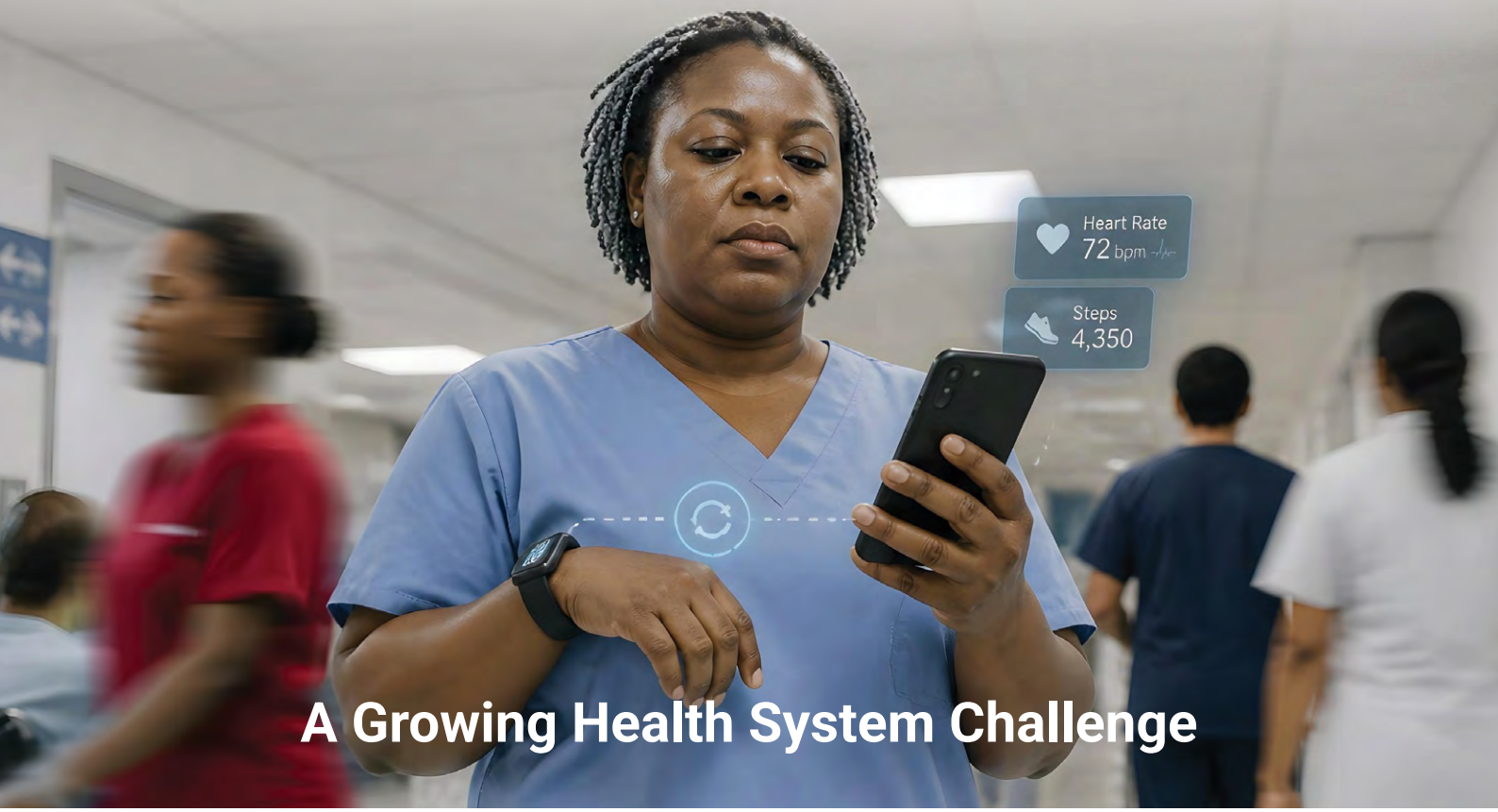
UZIMA DATA SCIENCE

Mental Health of Healthcare Workers in Kenya



A Growing Health System Challenge

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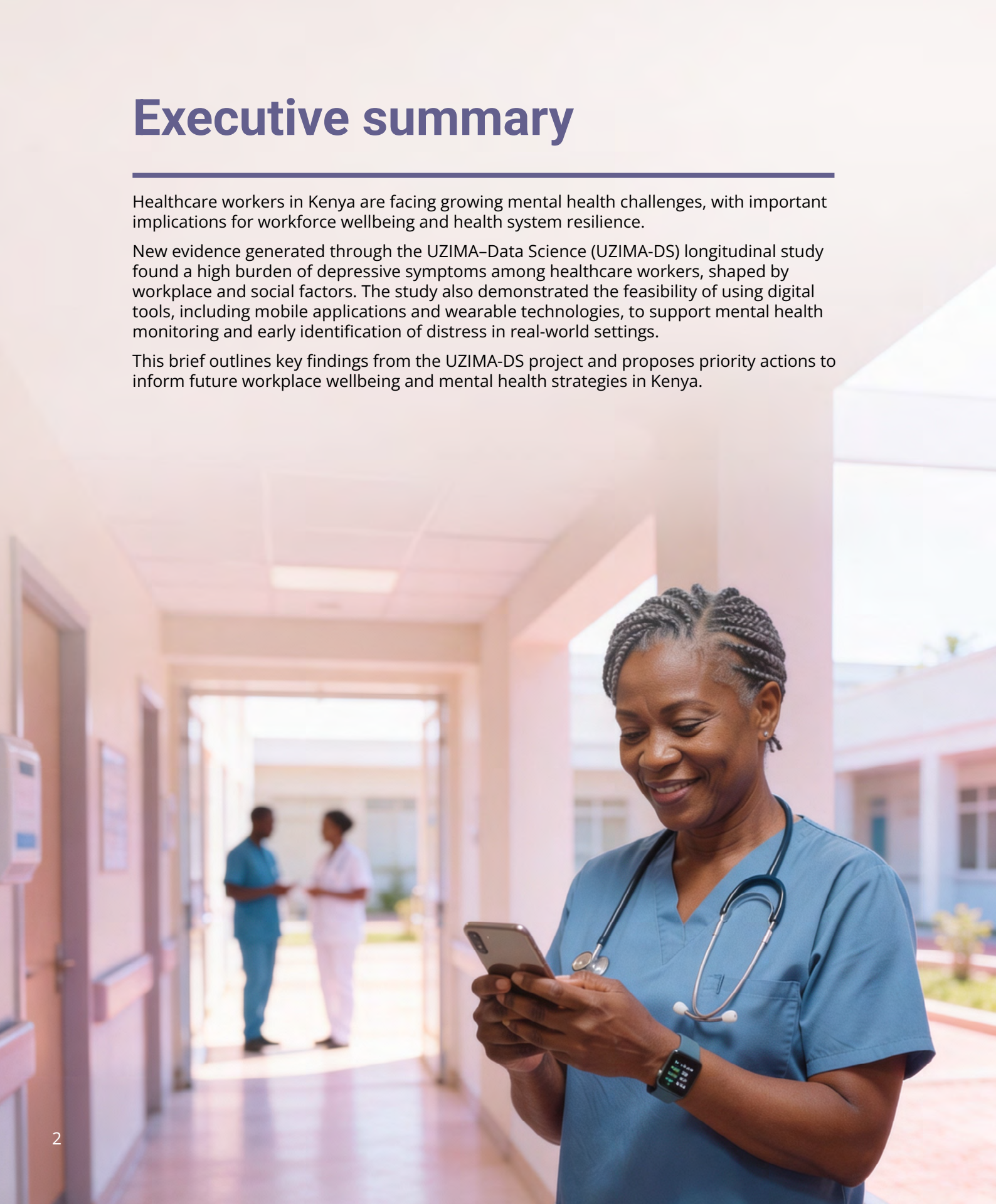
Executive summary

Healthcare workers in Kenya are facing growing mental health challenges, with important implications for workforce wellbeing and health system resilience.

New evidence generated through the UZIMA–Data Science (UZIMA-DS) longitudinal study found a high burden of depressive symptoms among healthcare workers, shaped by workplace and social factors. The study also demonstrated the feasibility of using digital tools, including mobile applications and wearable technologies, to support mental health monitoring and early identification of distress in real-world settings.

This brief outlines key findings from the UZIMA-DS project and proposes priority actions to inform future workplace wellbeing and mental health strategies in Kenya.



Situation Analysis

Healthcare workers are central to Kenya's health system, yet many continue to work under significant pressure driven by workforce shortages, high patient volumes, emotionally demanding care environments and limited institutional mental health support.

These pressures have increased concerns about burnout, psychological distress, workforce attrition and the overall wellbeing of healthcare workers. Despite growing recognition of these challenges globally, mental health support within many healthcare settings in Kenya remains limited, with few structured systems for prevention, early identification or psychosocial support.

What Does the Evidence Show?

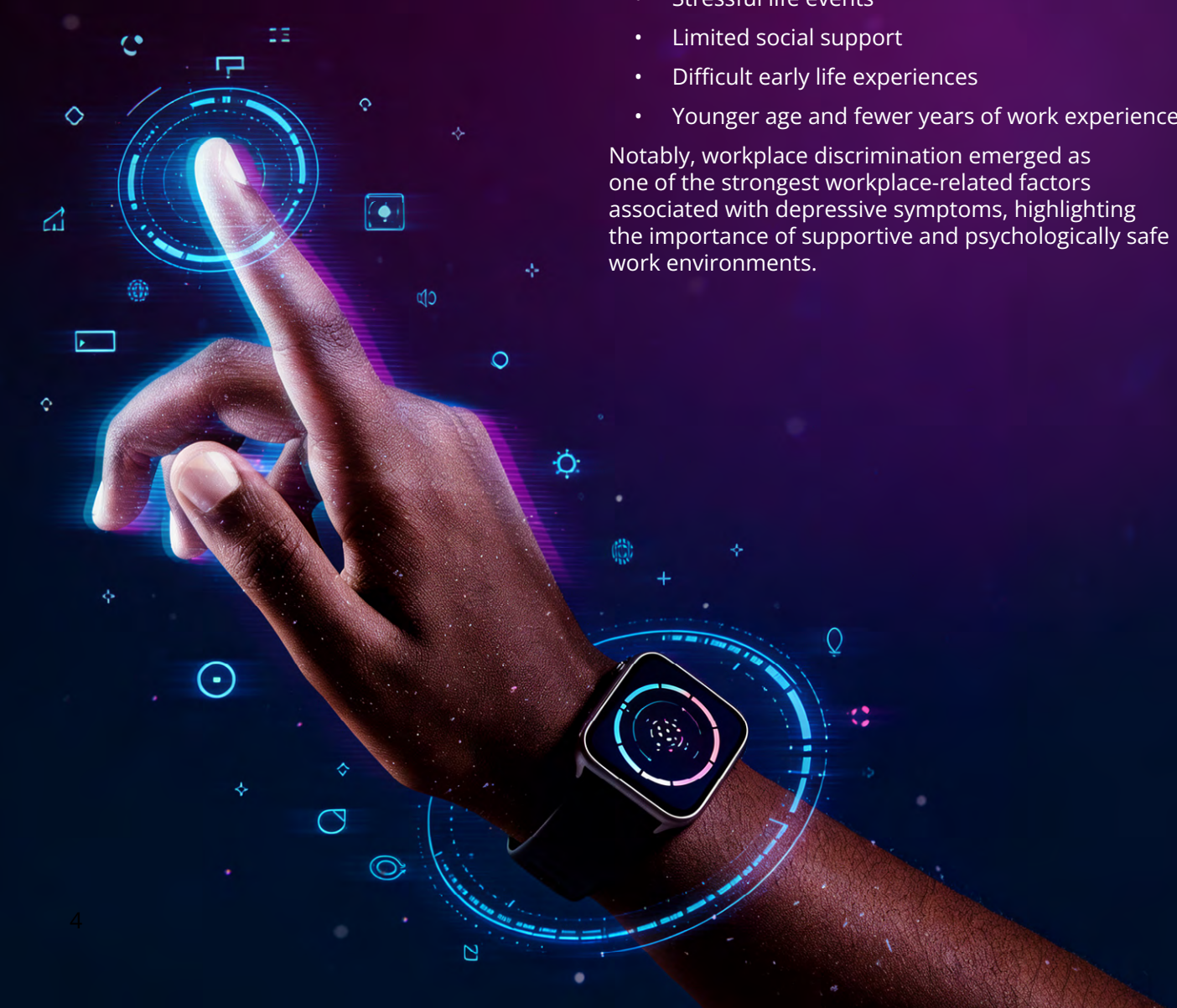
1. High burden of depressive symptoms among healthcare workers

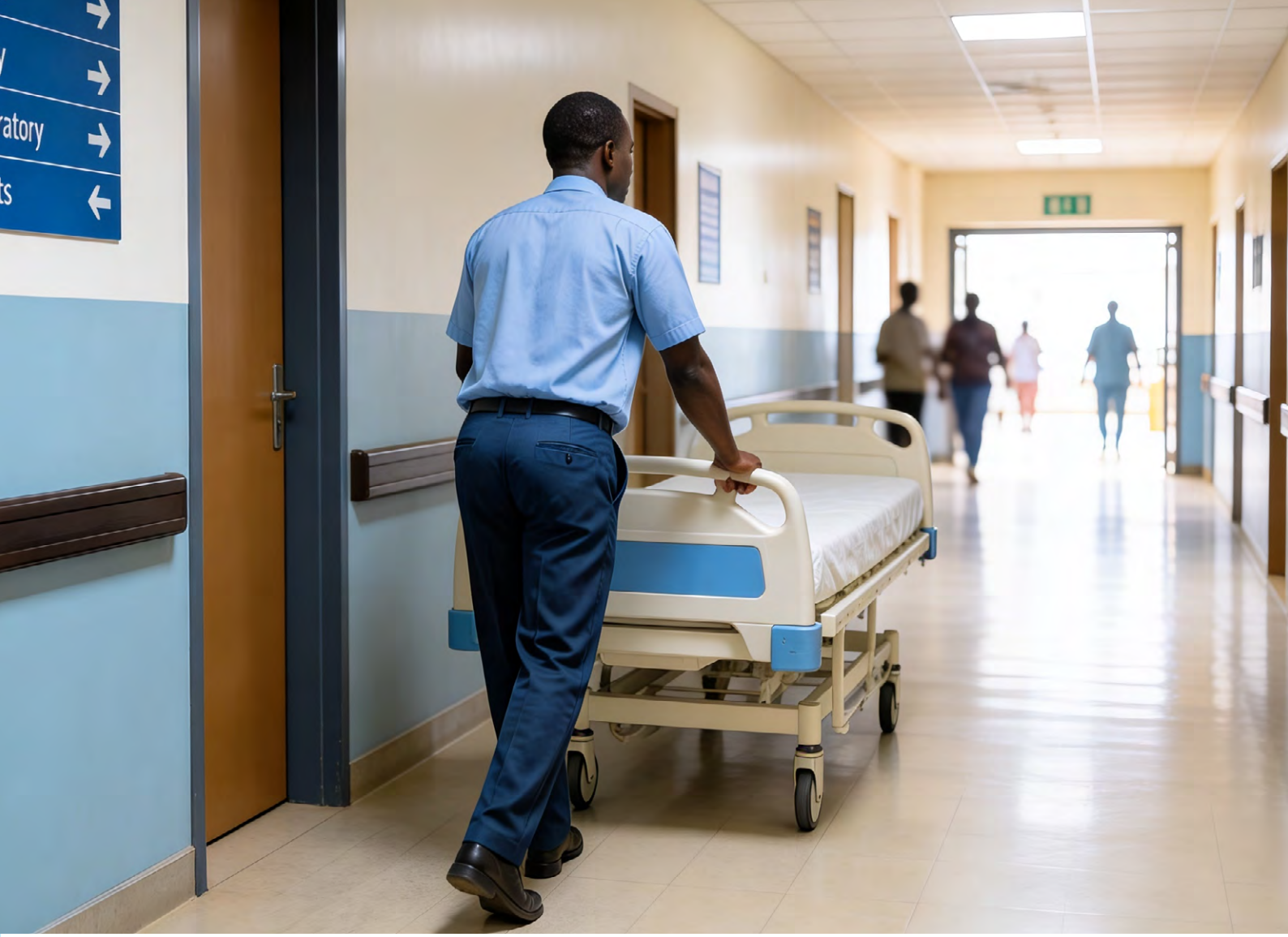
The UZIMA-DS study, conducted across five hospitals in Nairobi, followed 514 healthcare workers over a 12-month period using validated mental health screening tools. The study found that 43.1% of healthcare workers met criteria for major depressive symptoms at least once during follow-up. In addition, 16.9% experienced moderately severe depressive symptoms, while 5.5% experienced severe depressive symptoms.

The study also identified several factors associated with increased depressive symptoms:

- Workplace discrimination
- Stressful life events
- Limited social support
- Difficult early life experiences
- Younger age and fewer years of work experience

Notably, workplace discrimination emerged as one of the strongest workplace-related factors associated with depressive symptoms, highlighting the importance of supportive and psychologically safe work environments.





2. Healthcare workers are willing to engage with mental health support tools

Findings also demonstrated the feasibility of using mobile applications and wearable technologies to support mental health monitoring among healthcare workers in Kenya. Participants reported positive experiences using digital tools to track mood, sleep, physical activity and wellbeing indicators, while retention throughout the monitoring period remained high.

These findings point to the potential for scalable and context-appropriate approaches that support:

1. **Early identification of psychological distress**
2. **Routine workforce wellbeing monitoring**
3. **Timely referral and support**
4. **Integration of mental health within occupational health systems**

Persistent Gaps and Challenges

Limited institutional mental health support

Mental health support for healthcare workers remains limited across many healthcare settings in Kenya. Few institutions have structured wellbeing programmes, routine mental health screening or confidential psychosocial support services for staff. Stigma and fear of discrimination also continue to discourage many healthcare workers from seeking support, often delaying care until symptoms become severe.

Limited focus on prevention and early identification

Current approaches to healthcare worker mental health are often reactive rather than preventive, with limited integration of mental health support into occupational health and staff wellbeing systems. As a result, opportunities for early identification and intervention are frequently missed, particularly among younger and early-career healthcare workers.

Workplace pressures and unsafe work environments

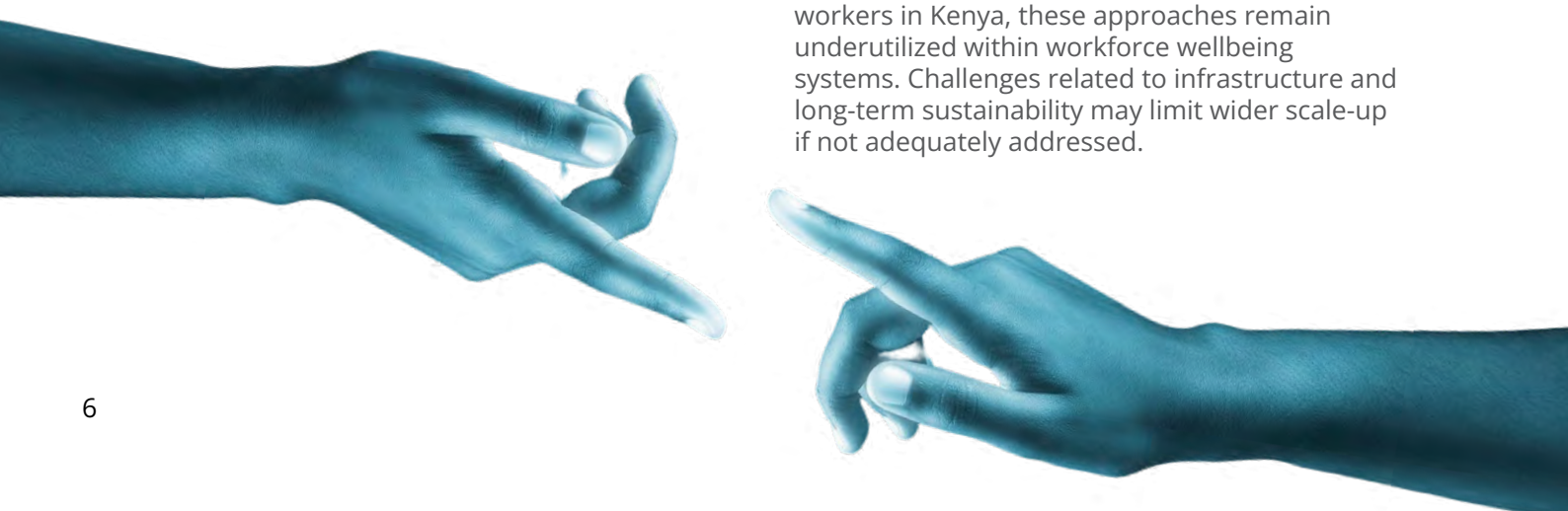
Healthcare workers continue to face high workloads, staffing shortages, emotionally demanding work and increasing psychosocial stressors. UZIMA-DS also identified workplace discrimination as a significant contributor to depressive symptoms among healthcare workers.

Fragmented and short-term approaches

Mental health initiatives for healthcare workers are often fragmented limiting sustainability and scale. Without dedicated financing and stronger integration into health workforce strategies, support programmes may remain inconsistent and difficult to sustain.

Limited use of digital mental health approaches

Although UZIMA-DS demonstrated the feasibility of digital mental health tools among healthcare workers in Kenya, these approaches remain underutilized within workforce wellbeing systems. Challenges related to infrastructure and long-term sustainability may limit wider scale-up if not adequately addressed.



Recommendations

1. Institutionalize mental health support within health systems

Integrate mental health and psychosocial support into occupational health and workforce wellbeing structures across public and private healthcare facilities. This should include:

- Routine and confidential mental health screening
- Accessible counselling and referral services
- Employee wellbeing programmes tailored to healthcare workers
- Clear referral pathways for specialized mental health care

2. Create safe and supportive work environments

Strengthen workplace policies and accountability systems that promote psychological safety and protect healthcare workers from harmful workplace practices.

Key actions should include:

- Enforcement of anti-discrimination and workplace protection policies
- Leadership and supervisory training on mental health and supportive management practices
- Promotion of respectful and inclusive workplace cultures

3. Prioritize prevention and early intervention

Shift from reactive approaches toward preventive mental health strategies that identify and address psychological distress early.

Priority actions include:

- Integrating mental health awareness into workforce training and professional development
- Establishing peer-support and mentorship programmes
- Providing targeted psychosocial support for younger and early-career healthcare workers
- Incorporating mental wellbeing indicators into workforce monitoring systems

4. Invest in scalable digital mental health approaches

Build on emerging evidence from Kenya demonstrating the feasibility and acceptability of digital mental health tools among healthcare workers.

Government and healthcare institutions should:

- Pilot digital mental health screening and self-monitoring tools
- Explore integration of mobile mental health platforms into employee wellbeing programmes
- Support implementation research on context-appropriate digital mental health interventions

5. Strengthen policy coordination, financing and accountability

Healthcare worker mental health should be recognized as a health systems and workforce priority within national and county-level health planning frameworks.

This will require:

- Dedicated financing for workforce wellbeing initiatives
- Integration of mental health into health workforce policies and strategies
- Routine monitoring of workforce wellbeing indicators

Conclusion

Growing evidence from Kenya highlights the significant mental health burden facing healthcare workers and the need for stronger institutional support systems. Addressing healthcare worker mental health is not only important for workforce wellbeing, but also for quality of care, workforce retention and health system resilience.

Strengthening mental health support, improving workplace environments and investing in innovative and preventive approaches will be critical to building a more responsive and resilient health system in Kenya.

References

1. Aballa, A., Mwigereri, D. G., Zhao, Z., Njoroge, W., Khakali, L., Maina, R., Andai, D., Orwa, J., Bunde, A., Weinheimer-Haus, E. M., Baker, J., Atwoli, L., Sen, S., Waljee, A. K., Ngugi, A. K., Abubakar, A., Wu, Z., Merali, Z., & Frank, E. (2025). *Depressive Symptoms and Associated Factors Among Kenyan Health Care Workers.* JAMA Psychiatry.
2. Khakali, L., Aballa, A., Mwigereri, D. G., Weinheimer-Haus, E. M., Njoroge, W., Maina, R., Bunde, A., Musitia, P., Nyongesa, M. K., Orwa, J., Shah, J., Wu, Z., Ngugi, A. K., Atwoli, L., Sen, S., Kolars, C., Waljee, A. K., Abubakar, A., Frank, E., & Merali, Z. (2025). *Feasibility and Acceptability of Using a Mobile Application and Wearable Devices in Mental Health Research: A Pilot Study among Kenyan Healthcare Workers.*
3. Kwobah, E. K., Mwangi, A., Patel, K., et al. (2021). *Mental Disorders Among Health Care Workers at the Early Phase of COVID-19 Pandemic in Kenya; Findings of an Online Descriptive Survey.* Frontiers in Psychiatry, 12.
4. Jaguga, F., Kwobah, E. K., Mwangi, A., et al. (2022). *Harmful Alcohol Use Among Healthcare Workers at the Beginning of the COVID-19 Pandemic in Kenya.* Frontiers in Psychiatry, 13.
5. Søvold, L. E., Naslund, J. A., Kousoulis, A. A., et al. (2021). *Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority.* Frontiers in Public Health, 9.
6. World Health Organization. (2024). *Protecting health and care workers' mental health and well-being: Technical Consultation Meeting.* Leuven: WHO.

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