Systemic Barriers and Macro-Level Megatrends in Mental Healthcare Access across the EU

Andromachi Boikou, Maya Gerotziafa, Apostolos Tsolakis (Q-PLAN International)

Suna Su Aksay-Gut (ZENTRALINSTITUT FUER SEELISCHE GESUNDHEIT)

Summary

A comprehensive EU-wide synthesis of macro-level barriers and megatrends shaping mental-health accessibility for groups in vulnerable situations, mapped systematically to the Levesque framework.

Context

Ensuring equitable access to mental healthcare is a priority for EU health systems, yet vulnerable populations - including migrants, refugees, LGBTQIA+ individuals, persons with disabilities, ethnic, religious and racial minorities, older adults, low-income groups, and youth - continue to face major systemic barriers. Although governance fragmentation, digital inequities, socioeconomic disparities, discrimination, and administrative complexity are frequently cited, evidence remains fragmented across disciplines and policy domains. As a result, decision-makers lack an integrated, supply-side understanding of how these barriers interact and generate access failures. This study addresses this gap through a multi-source, EU-wide synthesis of macro-level determinants of mental healthcare access, systematically mapped to the Levesque framework.

Methods

A semi-systematic scoping review was conducted in accordance with JBI methodology and PRISMA-ScR guidance. Keyword-based Boolean searches were applied across PubMed, Web of Science, and Google Scholar, complemented by structured screening of grey literature from the WHO, OECD, European Commission, Mental Health Europe, and national agencies. In total, 208 academic and policy documents from EU Member States and the WHO European Region were included. The analysis focused on macro-level policy, economic, social, and geographic determinants of mental healthcare access for people in vulnerable situations. Data were charted using a structured extraction template and thematically synthesised. Identified barriers and megatrends were systematically mapped to the five supply-side dimensions of the Levesque framework—Approachability, Acceptability, Availability & Accommodation, Affordability, and Appropriateness—to reveal cross-cutting systemic patterns transcending population groups and national contexts.

Results

Across all five dimensions of the updated framework, the study identified major clusters of barriers and future-oriented megatrends:

- **Approachability:** Inclusive mental-health information gaps, digital inequities, fragmented care integration, complex administrative pathways, weak crisis preparedness, climate-related disruptions, and insufficiently culturally attuned access points.
- **Acceptability:** Persistent stigma, lack of cultural competence, insufficient trauma-informed practices, inadequate disability inclusion, rights-based gaps, and limited empowerment in shared decision-making.
- **Availability & Accommodation:** Uneven workforce distribution, digital exclusion, underdeveloped telehealth ecosystems, fragmented service coordination, non-responsive or centralised models, low demographic adaptability, and limited climate-ready capacity.
- **Affordability:** Funding gaps, exclusionary insurance models, income-based disparities, limited employment-linked entitlements, and overall financial insecurity of vulnerable users.
- **Appropriateness:** Insufficient person-centered care, weak trauma-informed and culturally competent practices, limited disability and demographic adaptation, and inadequate agility during crises.

These findings reveal systemic fragmentation, underinvestment, and governance misalignment across Europe.

Discussion

The results demonstrate that improving mental-health accessibility for vulnerable populations requires transformational system-level change, not isolated clinical interventions. EU health systems must move toward integrated, decentralised, culturally safe, and digitally inclusive governance models. The Levesque framework offers a pragmatic managerial tool for redesigning service pathways, funding arrangements, and workforce strategies through an equity lens.

Key priorities include strengthening community-based and decentralised care models, embedding trauma-informed and disability-inclusive competencies and ensuring digital equity strategies. Addressing these structural determinants will enhance institutional trust, service effectiveness, and long-term sustainability. This scoping review provides actionable insights for policymakers, managers, and system leaders building fair, resilient, future-ready European mental-health systems.

Keywords

Mental healthcare access; vulnerable populations; health management; equity; Levesque framework; digital inclusion; integrated care; resilience.