The European Health Management Association

The European Health Management Association (EHMA) is a not-for-profit membership organisation. Active since 1982, our vision is excellent health management for a healthy Europe.

We support the spread of knowledge on effective health management. Our actions focus on health management capacity and capabilities and aim to support the successful implementation of health policy and practice. We are a recognised and respected amplifier of best practices in the evolution of health management, with a European and global reach. Through our efforts, we make a difference across Europe to improve health for all citizens.

We are open to all those committed to improving health and healthcare. We play a crucial role in engaging with the full European health management ecosystem. We are a highly accessible and well-established place where people can debate and engage in issues that affect them, where they feel they can advocate for change, and find solutions. Through our members and networks, we reach local, regional, national, and international levels.

About the European Health Management Conference

The European Health Management Conference (EHMC) is Europe's preeminent conference on health management. Each year it gathers the full healthcare ecosystem, including health managers and leaders, healthcare professionals, researchers, academics, industry representatives, and decision-makers from Europe, and beyond.

The EHM Conference provides a platform to discuss the latest health management research, tools and evidence from renowned researchers, academics and professionals. It is concerned on translating research into practice. It creates opportunities for dialogue and exchange on solutions to ensure the sustainability and resilience of health systems.

The European Health Management Conference 2026

The European Health Management Conference 2026 marked the 31st edition of our prestigious annual event, co-hosted by our members, La Unió – the Catalan Hospital, Health and Social Services Association and IESE Business School. This year's theme, '*Future-proofing health systems for a changing world: from strategy to action*', highlighted the need to translate ambitious visions for healthcare into concrete, sustainable change.

Across Europe and beyond, health systems face demographic pressures, workforce shortages, rapid digital transformation, and the need to strengthen resilience, sustainability, and equity. This year's conference explored how to bridge long-term vision with day-to-day implementation — addressing priorities such as prevention, workforce transformation, digital innovation, sustainability, and equity in access.

Future-proofing requires leadership that connects policy with practice, fosters cross-sector collaboration, and empowers communities to co-create solutions. By turning strategy into action, health managers can ensure that systems are not only high performing today but also ready for the challenges and opportunities of tomorrow.

Acknowledgements

EHMA acknowledges the expert guidance of the Abstract Reviewers in assessing and selecting 442 research abstracts out of the 493 received as part of the Call for Abstracts for EHMC 2026.

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Systemic barriers and macro-level megatrends in mental healthcare access across the EU (ID 86)

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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-centred 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 barriers 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.

Acknowledgments: This study was carried out within the framework of the EQUICARES project, funded from the European Union's Horizon Europe Research and Innovation Action under Grant Agreement No. 101156500.

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