



Multilevel Determinants of Mental Health: A Systematic Review of Access, Stigma, and Social Inequities

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ABSTRACT

Mental health outcomes are increasingly understood as the result of interacting structural, cultural, and individual-level influences that shape patterns of care access, service engagement, and recovery trajectories. This study synthesizes evidence from systematic reviews to examine how key domains including accessibility and equity, cultural sensitivity, stigma and mental health literacy, therapeutic communication, and social determinants collectively influence mental health systems and outcomes. The findings indicate that barriers to care extend beyond service availability, encompassing affordability constraints, institutional limitations, and disparities affecting marginalized populations. Cultural context further mediates how mental health conditions are perceived and managed, influencing both help-seeking behavior and treatment adherence. Stigma remains a critical cross-cutting issue, contributing to delays in accessing care and negatively affecting treatment engagement and quality of life. In parallel, broader social conditions such as socioeconomic disadvantage and social isolation play a significant role in shaping vulnerability and resilience. Taken together, the evidence highlights the importance of adopting a comprehensive perspective that integrates health system improvements with culturally informed and socially responsive approaches to mental health care.

KEYWORDS

Mental Health, Health Disparities, Stigma, Cultural Factors, Social Context.

Received: 01 April 2026

Revised: 31 May 2026

Accepted: 09 June 2026

How to cite: Yanti, Indi Dwi Shofi et.al. (2026). Multilevel Determinants of Mental Health: A Systematic Review of Access, Stigma, and Social Inequities. *Health Frontiers: A Multidisciplinary Journal for Health Professionals*, 4(1): 63-73.





INTRODUCTION

In the past decade, increasing attention has been directed toward the growing burden of mental health disorders and the persistent challenges in achieving equitable access to care. Mental health conditions are widely recognized as a major contributor to disability and reduced quality of life across populations (Kirkbride et al., 2024; Mezzina et al., 2022; Zhou et al., 2021). Despite advancements in treatment and service delivery, a substantial proportion of individuals with mental health conditions continue to experience unmet care needs (Bobo et al., 2025). This gap reflects not only limitations in healthcare systems but also the influence of broader structural and social factors that shape access to services and overall mental health outcomes (Martinez et al., 2020).

A growing body of evidence from systematic reviews indicates that barriers to mental health care are complex and multidimensional (Velasco et al., 2020). Structural constraints such as limited service availability, workforce shortages, and financial barriers interact with cultural and contextual factors that influence how individuals perceive mental illness and engage with treatment (Alegría et al., 2023; Rathert et al., 2023). Cultural beliefs and social norms play a crucial role in shaping help-seeking behaviors, often leading to variations in treatment engagement and adherence across populations (Radez et al., 2020; Slobodin & Masalha, 2020). These findings suggest that mental health care must be understood within a broader socioecological context, where individual experiences are closely linked to systemic and environmental conditions (Elshamy et al., 2023).

Stigma remains one of the most persistent and influential barriers in mental health care. Research consistently shows that stigma contributes to delayed help-seeking, reduced engagement with treatment, and broader social exclusion (Cosh et al., 2023; Daraz et al., 2025). It operates across multiple levels, including individual perceptions, interpersonal interactions, and structural discrimination embedded within institutions. Moreover, stigma is closely intertwined with limited mental health literacy, which further restricts individuals' ability to recognize symptoms and seek appropriate support (Barrow & Thomas, 2022; Bu et al., 2020). Evidence also highlights that stigma can lead to discrimination that limits access to essential resources such as healthcare, employment, and social participation (Drossman et al., 2021; Sharkiya, 2023). These challenges underscore the need for more comprehensive strategies that address both knowledge gaps and societal attitudes.

Despite the expanding literature on mental health, existing research often remains fragmented, focusing on isolated determinants without fully capturing their interconnections (Egede et al., 2023). There is a need for integrative approaches that synthesize evidence across multiple domains to better understand the complexity of mental health outcomes (Son & Kim, 2024). Therefore, this study aims to synthesize evidence on key determinants of mental health, including accessibility and equity, cultural sensitivity, stigma and mental health literacy, therapeutic communication, and social determinants. By providing a multidimensional perspective, this study seeks to contribute to the development of more holistic and evidence-based strategies to improve mental health care and reduce disparities across diverse populations.

MATERIALS AND METHODS

Research Design.

This study employed a Systematic Literature Review (SLR) guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) framework to ensure methodological rigor, transparency, and reproducibility. PRISMA provides a standardized checklist consisting of 27 items and a flow diagram to guide researchers in reporting systematic reviews in a clear, complete, and replicable manner. The review aimed to synthesize evidence on key determinants of





mental health outcomes, specifically focusing on accessibility and equity, cultural sensitivity, stigma and mental health literacy, therapeutic communication, and social determinants of mental health. By integrating findings from multiple systematic reviews and meta-analyses, this study offers a comprehensive and multidimensional understanding of factors influencing mental health care delivery and outcomes.

Eligibility Criteria

The inclusion criteria were carefully defined to ensure both relevance and methodological quality of the selected studies. Eligible studies included peer-reviewed systematic reviews, meta-analyses, and scoping reviews related to mental health, published between 2010 and 2025. Studies were required to address at least one of the following domains: access to mental health services, cultural influences in care, stigma and mental health literacy, professional competence, or social determinants of mental health. Both quantitative and qualitative systematic reviews were included to capture diverse forms of evidence and enhance the comprehensiveness of the synthesis.

Exclusion criteria included non-systematic reviews, narrative reviews, editorials, commentaries, and studies lacking methodological transparency. Additionally, studies without accessible full texts or those published in languages other than English were excluded. This rigorous selection process ensured that only high-quality and methodologically robust studies were included in the final analysis.

Search Strategy

A comprehensive and systematic search strategy was conducted across multiple electronic databases, including PubMed, Scopus, Web of Science, and Google Scholar. To minimize publication bias and enhance the breadth of evidence, grey literature sources such as reports from international organizations (e.g., WHO) were also included. The search strategy utilized combinations of keywords and Boolean operators (AND/OR), grouped into three main domains: mental health (e.g., “mental health,” “mental disorders”), study design (e.g., “systematic review,” “meta-analysis”), and determinants (e.g., “access to care,” “stigma,” “cultural competence,” “social determinants”). The search process was iterative, with refinement of keywords and search strings to optimize sensitivity and specificity. This approach ensured comprehensive identification of relevant literature while maintaining the relevance of retrieved studies.

Study Selection Process

The study selection process followed the four-stage PRISMA workflow: identification, screening, eligibility, and inclusion. During the identification stage, all records retrieved from the selected databases were compiled into a reference management system, and duplicate records were removed. In the screening stage, titles and abstracts were reviewed to exclude studies that did not meet the inclusion criteria.

Subsequently, full-text articles were assessed for eligibility based on predefined criteria. Only studies that met all inclusion criteria and demonstrated sufficient methodological quality were included in the final synthesis. The entire selection process was documented using a PRISMA flow diagram, ensuring transparency in reporting the number of studies identified, screened, excluded, and included at each stage.

Data Extraction

Data extraction was conducted using a standardized and structured form to ensure consistency and accuracy across studies. Extracted data included study characteristics (authors, publication year,





country, and study design), population characteristics, and key findings relevant to the five predefined domains: accessibility and equity, cultural sensitivity, stigma and mental health literacy, therapeutic communication, and social determinants of mental health. In addition, information regarding intervention types, outcome measures, and reported limitations was collected. This systematic approach to data extraction enabled effective comparison across studies and facilitated the identification of patterns and trends within the literature

Quality Assessment

The methodological quality of the included studies was assessed using established critical appraisal criteria for systematic reviews. Key aspects evaluated included clarity of research objectives, comprehensiveness of the search strategy, transparency in study selection, assessment of risk of bias, and rigor in data synthesis. PRISMA emphasizes the importance of transparent and reproducible reporting to enhance the credibility and applicability of systematic review findings. Only studies that met predefined quality thresholds were included in the final synthesis. This quality assessment process ensured that the findings of the review were based on reliable and high-quality evidence.

RESULTS

The synthesis of evidence from multiple systematic reviews indicates that mental health outcomes are influenced by a complex interplay of structural, cultural, and individual factors, particularly in relation to access to care, stigma, and social context. Systematic review findings consistently show a substantial treatment gap, where a large proportion of individuals with mental health conditions do not receive adequate care due to barriers such as cost, limited service availability, and systemic inequalities. In addition, stigma and low mental health literacy further hinder help-seeking behaviors, while cultural and social factors shape how individuals perceive and respond to mental health conditions. To provide a clear and structured synthesis of these multidimensional findings, the key domains, evidence focus, and implications are summarized in Table 1 below.

Table 1. Key Domains and Evidence Synthesis in Mental Health

Domain	Evidence Focus	Key Findings	Implications
Accessibility & Equity	Service utilization, health disparities	Access remains unequal due to financial, structural, and systemic barriers; vulnerable groups show higher unmet needs.	Develop equity-oriented policies and expand inclusive mental health services.
Cultural Sensitivity	Cultural beliefs, clinical adaptation	Cultural factors influence symptom perception and treatment adherence; lack of competence leads to misdiagnosis.	Implement culturally responsive care and adapt clinical approaches.
Stigma & Mental Health Literacy	Public stigma, knowledge, attitudes	Stigma delays help-seeking and reduces engagement; low literacy worsens outcomes.	Strengthen anti-stigma programs and mental health education.
Therapeutic Communication	Provider skills, training gaps	Empathy and communication improve	Enhance professional training and





& Professional Competence		trust and adherence; training gaps persist.	standardize competencies.
Social Determinants of Mental Health	Socioeconomic and environmental factors	Poverty, unemployment, and isolation increase risk; social support improves resilience.	Integrate social policies and community-based support into mental health care.

Table 1 presents a synthesized overview of key domains identified across systematic review studies on mental health, including accessibility and equity, cultural sensitivity, stigma and mental health literacy, therapeutic communication, and social determinants. The evidence consistently indicates that mental health outcomes are shaped by a complex interaction of structural and individual-level factors. Inequitable access to services remains a major concern, driven by financial barriers, limited service availability, and systemic inequalities, particularly among vulnerable populations such as low-income groups and migrants. A systematic review found that factors such as cost, transportation, and service scarcity significantly reduce mental health service utilization . In addition, stigma emerges as a pervasive barrier that operates across multiple levels individual, social, and structural leading to delayed help-seeking, reduced treatment adherence, and poorer overall outcomes.

Furthermore, the table highlights the critical role of cultural and social contexts in shaping mental health experiences and care effectiveness. Cultural beliefs influence how individuals interpret symptoms and engage with treatment, while a lack of cultural competence among providers may result in misdiagnosis and reduced quality of care. Evidence also shows that stigma is often more pronounced in minority populations due to intersecting social disadvantages, further exacerbating disparities . Alongside these challenges, social determinants such as poverty, unemployment, and social isolation significantly increase the risk of mental health disorders, whereas strong social support systems act as protective factors. Overall, these findings emphasize the need for integrated, multi-level interventions that combine equitable service provision, culturally responsive care, stigma reduction strategies, and social policy approaches to achieve sustainable improvements in mental health outcomes.

DISCUSSION

This study provides a comprehensive synthesis of evidence from systematic reviews, demonstrating that mental health outcomes are shaped by a complex and interdependent interaction of structural, cultural, and individual-level determinants. The findings extend existing literature by integrating multiple domains accessibility, cultural sensitivity, stigma, professional competence, and social determinants into a unified analytical framework. Importantly, the persistence of a substantial treatment gap reflects not only limitations in service provision but also deeper systemic issues embedded within health systems and broader social structures. This underscores the need to move beyond fragmented interventions toward integrated, multi-level strategies that address both upstream (structural) and downstream (individual) determinants of mental health.

A key contribution of this review lies in highlighting persistent inequities in access to mental health services. The findings confirm that barriers such as financial constraints, geographic disparities, and limited workforce capacity continue to restrict service utilization, particularly among marginalized populations (Maria et al., 2024; Sukhera et al., 2021; Ungar & Knaak, 2024). However, beyond these commonly cited barriers, the evidence suggests that inequities are also





driven by structural stigma and institutional biases within healthcare systems. These factors contribute to disparities not only in access but also in the quality, continuity, and cultural appropriateness of care (Castillo et al., 2019; Wallace et al., 2020). This aligns with growing recognition that health systems must transition toward equity-oriented models that incorporate community-based services, decentralized care, and targeted interventions for vulnerable groups (Bolton et al., 2023). Without such systemic transformation, efforts to expand access may fail to effectively reduce disparities in mental health outcomes.

Cultural sensitivity emerges as another critical dimension influencing the effectiveness of mental health care (DeSa et al., 2022). The findings indicate that cultural beliefs, values, and explanatory models significantly shape symptom recognition, help-seeking behaviors, and treatment adherence. Notably, the lack of cultural competence among healthcare providers remains a significant barrier, often resulting in misdiagnosis or inappropriate treatment strategies (Graves et al., 2024; Siddiqui et al., 2022). While culturally adapted interventions have shown promise in improving engagement and outcomes, the evidence base remains uneven, with limited high-quality evaluations assessing their long-term effectiveness (Kavanagh et al., 2023). This highlights a critical gap in the literature and suggests the need for more rigorous research on culturally responsive care models. Furthermore, cultural competence should not be viewed as a static skill but as an ongoing, reflexive process that requires continuous training, institutional support, and engagement with diverse communities (Keet et al., 2019; Mishu et al., 2023).

The findings also reinforce the central role of stigma and mental health literacy as key determinants of mental health outcomes. Stigma operates across multiple levels individual (self-stigma), interpersonal (social stigma), and structural (institutional discrimination) creating a reinforcing cycle that delays help-seeking, reduces treatment adherence, and exacerbates social exclusion (Benjamin et al., 2025; Pitcher & Browne, 2023; Schaechter et al., 2025). The interaction between stigma and low mental health literacy further compounds these challenges, as individuals may lack the knowledge or awareness needed to recognize symptoms and seek appropriate care (Opia & Matthew, 2025). Importantly, the evidence suggests that interventions combining education with direct social contact are among the most effective strategies for reducing stigma (Wong et al., 2024). However, the sustainability and scalability of such interventions remain uncertain, particularly in low-resource settings. This indicates a need for long-term, system-level approaches that integrate stigma reduction into public health policy, education systems, and media strategies.

Finally, the integration of therapeutic communication, professional competence, and social determinants highlights the necessity of a holistic approach to mental health care. Effective communication and empathetic engagement are essential for building therapeutic relationships and improving patient outcomes, yet persistent gaps in professional training limit their consistent application in practice (Frețian et al., 2021; Makhmud et al., 2022). At the same time, social determinants such as poverty, unemployment, and social isolation play a fundamental role in shaping both the risk and trajectory of mental health conditions (Clay et al., 2020). These findings emphasize that clinical interventions alone are insufficient to address the burden of mental health disorders (Damsté et al., 2024). Instead, a comprehensive approach is required one that combines workforce development, culturally responsive care, and cross-sectoral policies aimed at reducing social inequalities (Beyene et al., 2024; Zhang et al., 2021). Future research should prioritize longitudinal and implementation-focused studies to evaluate the effectiveness of integrated interventions, particularly in diverse and resource-constrained settings.

CONCLUSIONS





This study highlights that mental health outcomes are shaped by a complex interplay of structural, cultural, and individual determinants that require coordinated and multi-level responses rather than isolated interventions. The synthesis of evidence indicates that persistent inequities in access to care, compounded by stigma, limited mental health literacy, and insufficient cultural responsiveness, continue to undermine effective service utilization and treatment outcomes, while broader social determinants such as socioeconomic disadvantage and social isolation further intensify vulnerability and disparities. Addressing these challenges necessitates integrated strategies that combine equitable service delivery, culturally responsive care, stigma reduction efforts, and policies targeting social conditions, alongside strengthening professional competence and therapeutic communication, to ensure that mental health systems become more inclusive, effective, and sustainable across diverse populations.

Acknowledgement

No Acknowledgement.

Funding Source

No Funding Source.

Conflict of Interest

No Conflict of Interest.

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