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Epistemic injustice in experiences of young people with parents with mental health challenges

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Abstract

Amongst the impacts of growing up with a parent with mental health challenges is the experience of stigma-by-association, in which children and young people experience impacts of stigmatisation due to their parent's devalued identity. This article seeks to expand our understanding of this issue through an abductive analysis of qualitative data collected through a codesign process with young people. Results indicate that young people's experiences of stigmatisation can be effectively understood as experiences of epistemic injustice. Participants expressed that their experiences comprised 'more than' stigma, and their responses suggest the centrality to their experiences of being diminished and dismissed in respect of their capacity to provide accurate accounts of their experiences of marginalisation and distress. Importantly, this diminishment stems not only from their status as children, and as children of parents with mental health challenges but operates through a range of stigmatised identities and devalued statuses, including their own mental health status, sexual minoritisation, disability and social class. Forms of epistemic injustice

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thus play out across the social and institutional settings they engage with. The psychological and social impacts of this injustice are explored, and the implications for our understanding of stigma around family mental health discussed.

KEYWORDS
abductive inquiry, codesign, epistemic injustice, mental health, parental mental health, stigma

INTRODUCTION

The experiencing of mental health challenges for parents is increasingly recognised as a public health issue, and studies have highlighted its prevalence and potential impacts on children, parents and whole families (Van Doesum et al., 2019). It is important to note that a parent having such challenges is not necessarily a cause of other problems for families, and families' experiences are shaped by external stressors, health inequalities and stigma amongst other issues (Marmot et al., 2020). Many families cope well despite combined burdens of mental health challenges and other life stressors (Hoadley et al., 2017). However, parental mental health issues can bring challenges for all family members and for family relationships.

Children of parents with mental health challenges have increased risk of developing mental health difficulties themselves (Cunningham et al., 2004), as well as experiencing behavioural, interpersonal, academic and social difficulties (Van Doesum et al., 2019). A growing body of work explores the complex interactions of stigma and family communication for families affected by mental health challenges (Price-Robertson et al., 2016).

The social devaluation (Goffman, 1963) associated with mental illness has been noted to impact not only individuals so labelled, but also their families, including their children (Yates & Gatsou, 2020). Out of consideration for the potentially stigmatising language around mental health, we use the term 'mental health challenges' instead of 'mental illness'. As Mlandelov and Dimitrova (2022) note when discussing disabled people's experiences with medical diagnosis, it can be important to shift the focus of inquiry away from conceptualisations promulgated by professionals towards the exploration of barriers to expressing personal experiences. Referring to 'mental health challenges', we thus make no specific classificatory moves to include or exclude specific challenges. The focus here is on the social and interpersonal operations of stigma and social devaluation, with questions of diagnostic demarcation of lesser importance.

Stereotypes underpinning mental health stigma include framing people with mental health challenges as unpredictable, dangerous, irresponsible, weak-minded, incompetent and lacking capacity to make informed decisions and choices (Corrigan & Kosyluk, 2013). People with such challenges are liable to become targets of prejudice and discrimination in line with this negative stereotype (public stigma), and to internalise social devaluation and negative self-evaluations (self-stigma) (Hatzenbuehler & Pachankis, 2016).

An additional component of stigma relevant to mental health in families is 'courtesy' or 'associative' stigma, in which individuals become stigmatised due to a close association with a stigmatised other. Courtesy stigma has been noted for fostering prejudice and discrimination aimed at relatives of people with mental health challenges (Larson & Corrigan, 2008), although much of the work on this focuses on parents' experiences of stigma (Gray, 2002) and on families where a child rather than a parent presents with such challenges (Reupert et al., 2021). Parents are apt to be stigmatised as being at fault for the development of distress in their child and to internalise this blame as shame and self-stigma (Hine et al., 2018).

However, there remains relatively little work exploring the ways that stigma manifests and is experienced in the lives of families where it is a parent who has mental health challenges. Recent literature has noted the need for work capable of exploring 'intersectional stigma'—multiple forms of stigma simultaneously acting on various stigmatised identities that an individual can hold (Reupert et al., 2021)—and structural bases of stigma (Kapadia, 2023).

THE STIGMABEAT PROJECT

In response to these issues, the authors of this article developed, alongside community partners and stakeholders, the StigmaBeat project in rural Australia. This project employed codesign principles to design and run two workshops to enable young people who have parents with mental health challenges to collectively explore and challenge their experiences of stigmatisation, and to develop multi-media resources that accurately and adequately captured their lived experiences of stigma and challenge the forms of stigmatisation they experience.

The project involved the production of multiple forms of data by and with 18 young people who took part, including photo-stories, artworks, group discussions and focus groups. This article presents the findings from a qualitative abductive analysis of these data. This abductive process, which included the participation of young people themselves, allowed us to explore and conceptualise stigma and its effects on their lives as they experience and describe it. This analysis revealed that neither the authors nor the young people themselves found the concept of stigma sufficient as a way of conceptualising the breadth of their experiences of various overlapping ways of being marginalised, disempowered, devalued and discriminated against. We instead analysed these experiences through the lens of the concept of epistemic injustice, which, we will argue, enables a more fruitful explanatory framework for making sense of the experiences of social devaluation of the young people involved in the project.

THEORETICAL FRAMEWORK—EPISTEMIC INJUSTICE

The concept of epistemic injustice, first theorised by Miranda Fricker (2007), refers to a form of direct or indirect discrimination arising from the stigmatisation of marginalised groups, and manifests in the diminishment or undermining of the status of individuals or groups as epistemic agents (Fricker, 2017)—their capacity to act and to be accepted by others as 'knowers, interpreters and providers of information' (Chapman & Carel, 2022, p. 1).

Fricker (2007) identified the primary form of epistemic injustice as 'testimonial injustice', which references specifically situations in which an individuals' testimony, their attempts to present knowledge or interpretation of events or experiences, 'is unduly dismissed because of prejudiced beliefs regarding minority groups' (Chapman & Carel, 2022, p. 1). In Fricker's (2007) terms, this is framed as an 'identity-prejudicial credibility deficit' (p. 28). That is, in interactional settings someone experiences testimonial injustice when their credibility is deflated due to prejudicial beliefs about some aspect of their identity. Fricker's (2007) exemplar cases reflect on credibility deflation due to racist and sexist prejudices. In each case, people on the receiving end of such prejudices are subject to stereotypes as part of a stigmatised identity in such a way that their capacity to act as a reliable provider of information is discredited, and their testimony dismissed in interactional domains (such as workplaces or courtrooms).

The second component of epistemic injustice is hermeneutical injustice, in which the actions of prejudice contrive to undermine the ability of a group of people to contribute to the hermeneutic resources—the collective 'pool of ideas' in a society for making sense of events or an aspect of human experiences (Fricker, 2007). Fricker (2007) uses the example of women experiencing sexual harassment at a time before the concept of harassment existed, to make sense of and frame this experience. Such injustice puts people 'at an unfair disadvantage in comprehending and/or getting others to comprehend an experience of that kind' (Fricker, 2017, p. 53).

Although originally developed in the field of ethics, the concept of epistemic injustice has expanded and become applied to issues in the health and social sciences, for instance, in conceptualising the experiences of psychiatric patients (Spencer, 2023) and people with chronic illnesses (Kidd & Carel, 2019) and neurodiversity (Chapman & Carel, 2022). Much of this discussion remains conceptual, and although there is an emerging body of work putting the concept to use in interpreting empirical studies of experiences of health and illness (Harcourt, 2021), this is still underdeveloped especially in the field of mental health stigma and the experiences of children of parents with mental health challenges in particular.

PROJECT DESIGN

The StigmaBeat project was designed as a participatory and codesigned set of activities to explore the experiences of stigma of young people with parents with mental health challenges and to produce anti-stigma resources that could be used for education and advocacy in the settings in which young people identified experiencing stigma. The research team included a young lived experience expert and partnered with a non-government community-based mental health service, Satellite Foundation, who specialise in providing programs and support to children and young people who live in families where a parent or another family member experiences mental health challenges. Codesign commenced with two consultations with 12 young people with experience of parental mental health challenges who had previously participated in Satellite programs. They affirmed the focus of the project and provided practical input on communication and recruitment strategies, and on the content and management of the workshops.

Two full-day workshops in rural Victoria were facilitated by two peer leaders, who were themselves young people with experience of parental mental health challenges. The peer facilitators were supported by three members of the research team with experience in mental health and youth work. At the second workshop, the research team presented what they had interpreted as the key themes and messages from workshop one, with opportunities for participants to express agreement or dissent and to expand on emerging understandings.

A purpose-designed youth space was selected as the workshop venue. Strategies for engagement included a warmup introductory activity, a group agreement about how participants wanted to work together respectfully, creative activities (such as badge making and craft), a mix of individual, small-group and large-group discussions, and using games and playfulness (Hidalgo et al., 2016) to prompt dialogue on sensitive topics.

The workshops aimed to establish a safe environment to promote deep and courageous conversations about stigma in all its manifestations. The facilitators resisted offering definitions of stigma, but instead used a combination of film, story-telling, drawing and group discussion which enabled the young people to reflect on their own and one another's experiences to co-construct meaning.

Ethics

Ethical approval for the project was granted by the Monash University. Participants were provided with an explanatory statement in hard copy form and verbally. They provided written consent, countersigned by a parent or guardian for participants under 18. A mental health clinician was onsite to provide psychological support if required. Participants under 18 were not filmed in ways that would identify them, while participants over 18 were able to choose whether they wished to participate anonymously or in more identifiable ways. A member of the research team, a social worker with clinical mental health experience, telephoned each participant in the days after each workshop to check on their wellbeing and remind them of the mental health services available.

Recruitment

A flyer was circulated via email to youth-focussed services and through targeted social media posts on Instagram and Facebook.

The call for participants extended to young people aged 15–25 years who lived in a rural location in Victoria, Australia and identified as having a parent with mental health challenges. The research team also promoted the project through short presentations to local youth networks. Youth practitioners from a local school, headspace and a local youth service assisted in identifying the young people who were eligible and interested and facilitated their attendance by offering transportation and emotional support.

Participants

Eighteen young people attended the first workshop and 16 of those also attended the second. Participants were aged between 15 and 24 years with an average age of 18.4. Eleven young people identified as female, four as male and two as non-binary. They all resided in a rural location in Australia. All were engaged with a youth mental health support service.

Data collection

Multiple data collection tools were used throughout the workshops. Observational data were recorded via ethnographic field notes. Three researchers recorded field notes of the first workshop and one researcher recorded field notes at the second. The recording template prompted researchers to consider four domains: engagement with workshop content, connectedness between participants and between participants and facilitators, codesign processes including examples of participants influencing decisions and observations that demonstrated changes in participants' knowledge or understanding.

Photographs were taken of objects made in the workshops (which included a paper 'wall' depicting the impact of stigma). Notes were recorded from small and large group discussions.

During discussions involving the whole group, facilitators took notes on large sheets of paper, which were contributed to and approved by the group. In small groups, the young people recorded notes reflecting the content of their discussions.

Between the first and second workshops participants were invited to take photographs that represented their response to the prompt, 'Where can you find stigma-free spaces in your day? Take a photo of something that makes you feel the way you think a stigma-free world would feel'. Photographs were analysed as visual data and also used to produce a series of short photo-story films. Participants shared their photos with the group at the start of the second workshop, with each person taking a turn at explaining what the photo meant to them, why they took it, what they were thinking and feeling at the time (Varvantakis & Nolas, 2021) and what it represented in the context of imagining a stigma-free world. Participants then had an opportunity to comment on one another's photographs and to write a 'story' on their own or someone else's photo.

Two focus group discussions were held towards the end of the second workshop to gather data on the young people's reflections on the workshop processes and what they had learnt or gained through participating. Eleven young people participated in the focus groups (five in the first group and six in the second) which averaged 18 min. They were audio recorded and transcribed verbatim.

Analysis: An abductive mode of data analysis and interpretation

Abductive analysis aligns with the goals of our study of providing insight into data representing a range of different participant-shaped perspectives. Initially developed by Peirce (1934), abduction is a process of inference for generating explanatory theories arising from unanticipated or surprising data. It engenders an 'alertness to unanticipated data' to 'yield conceptual insight into elements of the situation … and flag fertile sites for further inquiry, or reinterpretation of existing concepts'. (Eakin & Gladstone, 2020, p. 7). This attention serves to prompt 'critical interaction with the data and help the researcher get underneath surface interpretation and 'see' new possibilities' (Eakin & Gladstone, 2020, p. 8). The process of abductive analysis is iterative and recursive, and helped us to interpret data and reconceptualise how young people in our study understood and experienced forms of epistemic injustice.

Deduction is an important element of positivist-style logics of inquiry, notably embodied in the hypothetico-deductive method and logics of falsification. However, whilst offering the possibility of explanatorily powerful 'clinching' of conclusions (Cartwright, 2007), it can narrow the scope of investigation and lead researchers to force explanatory ideas into existing theoretical frameworks, thus missing surprising and nuanced elements of the data (Tmmermans & Tavory, 2012). Induction, more commonly adopted in qualitative research, can, on the other hand, introduce uncertainties to the role pre-existing theories should play in analysis (Tavory & Timmermans, 2012).

Abduction avoids these dilemmas by working instead as an 'explanation-driven' logic of inquiry characterised by a 'two-way explanatory relationship' (Shaw et al., 2018) between theory and data and active exploration of tensions between researchers' expectations and observations from the data. It entails a recursive, iterative 'double-fitting' (Tmmermans & Tavory, 2012) of data and theory 'to explore [and, we might add, improve] how existing theories can explain the specific phenomena of the case' (Shaw et al., 2018, p. 233).

While processes of abductive inference have been applied differently by different researchers, Timmermans' and Tavory's (2012) outline of key analytic steps of revisiting phenomena, defamiliarisation and alternative casing align with the orientation of our study.

First, ‘*revisiting the phenomena*’ entails critical re-reflection on the data, enabled and triggered by inscribing the data through coding, field notes, memoing and so on to attempt to find initial explanations and test them out against the data and nascent interpretive frameworks. This process also aims to encourage ‘*defamiliarisation*’, in which aspects of the data and the phenomena under study that had been taken for granted can be approached shorn of their initial familiarity. Finally, ‘*alternative casing*’ attempts to read the data against different theoretical possibilities and ‘constant comparison’ of codes, notes, memos and possible explanatory theories.

Specifically, our analysis proceeded through initial open coding of all of the qualitative data by the first author and attempts at code clustering to explore data in light of existing theories of stigma. These codes and proposed clusters of codes were brought to a group discussion with the other authors and members of the community organisations who helped facilitate the workshops and youth educators who participated in them. Critical discussions reflected on these inscriptions of the data against the data themselves, recollections of the workshops and the experiences of youth educators to revisit phenomena in light of theoretical explanations from stigma research.

As Tmmermans and Tavory (2012) propose, these discussions led to identification of additional dimensions of the data and surprising nuances that challenged initial attempts to cluster codes around conceptualisations of stigma. This initialised the process of alternative casing, as the authors further discussed, together and in groups, alternative frameworks for making sense of the data. We noted early on that participants expressed dissatisfaction with descriptions of stigma as a concept that they had come across. There was a sense that there were important elements of their experience that were not encompassed by the concept. One participant pointedly remarked ‘*is this it*?’ on reading a definition of stigma. This prompted us to think anew the explanatory framework that could best make sense of the data. It was at this point that the theory of epistemic injustice was identified in analytic discussions as a potentially fruitful framework. This provoked a further round of rereading the data against the body of work theorising and developing the concept of epistemic injustice, revisiting the coding of the data and generating new code clusters and research memos. Consensus emerged in further discussions between the research team, community organisations and youth educators that this framework provided a good explanatory purchase on the issues as experienced and discussed in the workshops. The use of this framework to make sense of their reported experiences was shared and explored with young people who participated in the project. It was actively embraced by them to the extent that they designed and displayed a poster for a post-project workshop reading ‘*epistemic Injustice is a form of violence and aggression, and will not be tolerated*’.

Final group discussions aimed at further pushing the data against the theory (Tmmermans & Tavory, 2012), the purpose being not to shoehorn the data into the theoretical framework, but to the make the theory ‘groan and protest’ (Foucault, 1980) as it is (re-)read as a potential explanatory framework.

RESULTS

The process of abductive inference outlined above led us to reflect on the experiences of the young people in the study clustered around key themes of (i) the breadth of their experiences of stigmatisation and its ubiquity across various social domains; (ii) the framing of these experiences as forms of epistemic injustice; (iii) the experience of having their testimony about their experiences invalidated and dismissed; (iv) the social and psychological consequences of this experience (pain, confusion and self-doubt) and (v) the yearning for acceptance, validation and epistemic justice.

FIGURE 1 Young person's artwork.

Breadth and ubiquity of experiences of stigma

Participants noted experiences that could be classified as stigma across a broad range of aspects of their identities and lived experience. They identified the experience of stigma not only in their capacity as children of parents with mental health challenges, but also as young parents, as members of sexual minority groups, as people with learning disabilities, as mental health service users themselves or as someone with a stigmatised personal appearance (being overweight was mentioned specifically). For example, in group discussions participants offered comments such as, '*you're a bad mum… because you're young*', you are '*too young to be a parent*', and you are '*selfish*', in relation being stigmatised for young parenthood, or they created drawings representing a stigmatised aspect of their lives in relation to their sexuality (see Figure 1):

Reflections on experiences of stigma relating to participants' status as children of parents with a mental health challenge were also complex and wide-ranging. They were not confined to the experiences of 'courtesy stigma' deriving from their close association of someone with a stigmatised status, but were more commonly located in reflections on stigmatisation directed at the reactions they receive in coping with challenging life events, such as being perceived as having '*a difficult childhood*', or coping with grief.

There was no evidence of any differentiation between the relative importance of these experiences of stigma across different domains of young people's lives. Rather, they appeared as a complex mix of negative judgements, labelling and marginalisation across these aspects of their lives.

This broad operation of stigma was identified also as coming from a broad range of sources. Indeed, there was a strong sense of it being a ubiquitous experience across interactions with social others. One response explicitly identified stigma as coming from '*everyone*', and other, more specific examples from across the cohort represented a rather exhaustive list of people and groups the young people interacted with, including specific family members (parents and grandparents) and families in general, people in specific social positions: teachers, peers and others in the school environment, employers, GPs and doctors (hospitals in general were also identified as sources of stigma), other services young people interact with ('*Food Aid*', '*Shelter Aid*') and older generations (‘*millennials*’ and ‘*gen x*’). There was also an indication of class-based stigma enacted by people from specific social class positions (‘*upper middle-class people*’), something that was also suggested in one young person’s reflection during a group activity that others negatively judged them as someone who ‘*wouldn’t get anywhere in life*’.

Framing experiences of stigma as epistemic injustice

The most prevalent and powerful of participants’ reflections across the data can be most productively understood in terms of their grappling with the experience of forms of epistemic injustice. Epistemic injustice, it should be noted, does not refute theories of stigma, but rather proffers an explanatory framework for understanding situations in which the forms of social devaluation associated with stigmatisation specifically act to undermine the status of stigmatised people as agents capable of knowing, understanding or providing testimony regarding particular aspects of their personal and social worlds (see, for example, Fricker & Jenkins’ (2017) reflections on transgender and mental health stigma and testimonial injustice).

Indeed, something that emerged powerfully in the workshops was young people working to make sense of and reflect on their experiences in ways that they did not feel were adequately covered by available definitions of stigma. Early in the process, a participant looked up the definition of stigma and asked the group, ‘*is this it? It feels it’s more*’ (fieldwork notes). The reflections, in discussion and in photography and artworks focused strongly on participants’ experiences of being dismissed when giving accounts of their lived experience or their needs. Their accounts reflect experiences of having others in positions of relative authority refuse to acknowledge the validity of their experiences, and of lacking themselves the resources to describe, understand and share them. We can re/conceptualise what participants are saying here as the effect of lacking epistemic resources to help counteract those with epistemic authority in framing their experiences and needs.

One participant contributed to the photo-story discussions with the following reflection on another participant’s photograph (see Figure 2):

> It reminds me of an Aboriginal story of how First Nation people would use “rock language” to communicate with fellow tribal members when they go for a hunt by laying certain rocks in a certain way. Therefore, I associate the story with this photo by realising that stigma can cause people to miss out the full meaning of relationships

FIGURE 2 Young person’s photograph.

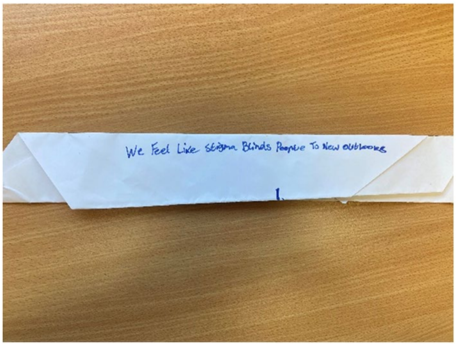

FIGURE 3 Young person's artwork.

> and the full message of such relationships in our life by narrowing our perspectives on others whom we stigmatise.
>
> (Young person group discussion)

This participant frames their reflection quite clearly in epistemic terms, with the implication that there (at least potentially) exists a shared language through which the 'full meaning' of people's relationships can be understood and conveyed, but that this understanding is obviated by processes of stigmatisation. This sets up the key dynamic of stigmatisation as stemming from an epistemic gap between stigmatised populations and those who are performing the stigmatisation. This narrows the perspectives of the latter group vis-à-vis the experiences of the former, rendering them opaque and excluded from communicative interactions.

This framing of stigma being understood in epistemic terms, in which participants' lived experiences are not seen, heard or understood by others was a strong theme across the different forms of data they produced. It was, for instance, presented as written text ('we feel like stigma blinds people to new outlooks') on the back of a folded paper blindfold as illustration of one participant's expression of their thoughts about stigma (see Figure 3):

Participants also presented specific illustrations and accounts of how these issues of epistemic injustices played out in their interactions with relatively privileged others and of how their accounts of their experiences and needs were actively invalidated and dismissed, and their contributions to the collective activity of recognising and making sense of their lived experience was diminished and overridden.

Invalidation and dismissal of lived experiences

One recurrent complaint across the various forms of data produced by the participants was that their attempts to elucidate emotional and mental health difficulties they experienced were ignored, '*brushed under the carpet*' or treated by doctors, teachers or others as not being '*real*', as noted in the following observation notes:

> When asked where she saw stigma the most, she pointed to the hospital. She said that when she would experience seizures due to intense panic attacks, she would present to the ED, they would do physical (observations) but given that this was a mental health illness compared to a physical one, she was given Valium and was instructed to 'sleep it off'.
>
> (fieldwork notes)

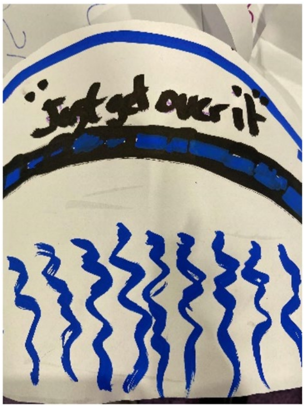

FIGURE 4 Young person's artwork.

In addition to such common complaints across the dataset of their experiences of mental health problems not being given appropriate epistemic status by relatively powerful others, participants also reported that their responses to other issues and their attempts to raise them as issues with which they wanted support, such as difficult family situations or loss, were invalidated and positioned as inappropriate. Participants, as noted above, were living with a wide range of issues, including living with an unwell parent, family breakdown and loss, being a young parent, having physical health issues or disability, their own mental health and so on.

During a group activity discussing the question 'what do you wish we talked about more?', a participant also referenced grief connected to the loss of a sibling and expectations from others that they '*brush it off and move on*' instead of being able to express their feelings and to discuss coping strategies.

Another participant expressed their feelings about how their experiences are marginalised and invalidated through drawing on a 'crown' made of paper representing the expectation they felt to '*just get over it*' instead of having their feelings taken seriously as valid responses to life events (see Figure 4):

Notes by participants summarising their group discussions were common on this theme, including references to '*lack of acknowledgement about tough issues*' they face, '*minimisation of experiences*' or the perception by others that issues they attempt to discuss are '*no big deal*'.

There was a sense of anger amongst the young people around this sense of dismissal and invalidation of their responses to challenging life experiences and their expressions of needs for support:

> Anger and grief were two such topics that participants revealed propagated the concept of stigma. The grief was often pushed under the carpet, leading to more anger and a stigmatisation of people who have been through grief.
>
> (fieldwork notes)

The emotions are then apt to propagate a vicious circle of further dismissal and rejection, as responses that can be interpreted by others as coloured by anger are deemed expressively inappropriate and further invalidating:

> When asked how people see you; one young person responded with "angry". Everyone almost instantly nodded along- suggesting that this was a shared experience.

> When the facilitator prompted more discussion, she opened up and suggested that it often felt like people only saw the superficial and never dug deep.
>
> (fieldwork notes)

Participants' reflections also revealed a sense of epistemic obligation imposed on them to provide information deemed more relevant by others they interact with. This was illustrated by participants in group reflections who expressed the experience of interactional others asking '*really rude questions*' and '*feeling they were owed answers*'. This was also expressed as participants feeling that the important conversations they needed to have were '*held hostage*' while other, less experientially relevant information was demanded.

Consequences of injustice: Pain, confusion and self-doubt

Another aspect of epistemic injustice presented in the data was the impact of exclusion from shared epistemic resources to frame and express these experiences. An important element of this was for the young people to be able to recognise, conceptualise and discuss their experiences *as experiences of stigma*.

The invalidation participants experienced in their attempts to verbalise, frame and discuss their experiences with others also connects to and helps to make sense of other presentations of participants' distress. Notable summaries were given in their group discussions framing this as '*pain*' or '*confusion*', and as triggering the internalising of negative self-evaluations (what we might think of as self-stigma) as self-doubt, or (as one participant wrote down) '*self-hatred*'.

The confusion and self-opacity associated with being unable to frame and express difficult experiences and having them dismissed by others with no recourse to alternative understandings was also powerfully expressed as the internalisation of negative beliefs by participants that they might be '*crazy*' or '*insane*'. Figure 5 shows one participant's artwork that captures this:

Another participant commented in the focus groups, highlighting the importance of recognising and understanding the nature of stigma in overcoming self-stigmatisation:

> I think a big one for me is that stigma is, what we speak about most of the time with stigma is that it's changeable, or like a situation where I think a big part is like you like stigmatise yourself sometimes. So I think like, it's like you've recognised that, you know, you do that to yourself and you're like, Well, maybe, maybe I'm not crazy.
>
> (FG1)

The responses and works produced by participants also suggest that having the epistemic resources to recognise the injustice of their experiences of marginalisation, invalidation and dismissal as aspects of the operation of stigma was highly valued in alleviating the pain and confusion noted as corollaries of these experiences.

Following the group activities, one participant reflected, '*I would say I have a better understanding of it [stigma] now. I have more words to be able to say what's happening.... It's helped me realise things about myself*', (FG2) and another young person followed up, saying '*I now know that, like, there's so many different aspects of it, so many different experiences, and how people handle it differently. It's just I think a shock to how like important it is*' (FG1). The observation notes for the activities also note:

> Lots of blank or confused looks [in the initial discussion of what stigma is]. Possible drop in engagement, discomfort, fidgeting. But once they understood they were able

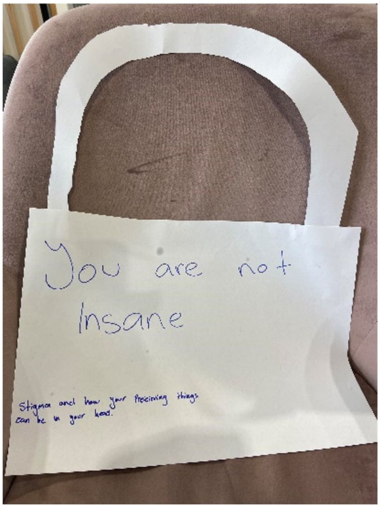

FIGURE 5 Young person's artwork (a sign which the young person later hung around their neck).

> to provide lots of examples both during the paper making activity and during Jenga. They could operationalise it even if it was difficult to define.
>
> (fieldwork notes)

This was also accompanied by expressions of determination to challenge this newly recognised injustice in the future. The above focus group discussion (FG1) continued with a participant asserting that '*now, if I hear someone being stigmatising I will, like, tell them*'. This resonates with the key message that young people promoted for the production of anti-stigma media resources—the need to '*call out*' stigma and recognise its unjust tendencies to epistemically overshadow young people's experiences.

Yearning for acceptance and epistemic justice

Across the data, expressions of an injustice that participants could not initially name (which we understand here as expressions of epistemic injustice), but which they came to conceptualise and discuss as experiences of stigma, were accompanied also by a desire to foster spaces and social interactions in which their expression of their experiences and needs would be validated and shape the services they receive.

The development of new shared resources capable of framing what is important about their experiences was an important element of participants' engagement with the workshops, as noted above, which we then conceptualised as epistemic resources. Participants discussed having moved beyond limited prior understanding to be able to frame and challenge the injustice they saw in others' refusal and rejection of their accounts of their experiences and needs. The importance of this pursuit of epistemic justice was also evident in participants' imagining of changes they would like to see in the environment and social situations in which they interacted. These centred on other people acknowledging and taking seriously their experiences and needs, and their willingness to be open to changing their opinions about them. The young people thus wrote key words, such as '*validation*', '*understanding*' or '*being open-minded*', to sum up their discussions of a desired change, as well as imagining social situations in which they would feel '*safe to speak our own truth*' and in which their specific needs would be acknowledged—which was contrasted with the '*one size fits all*' approach that they felt forced to fit into.

Perhaps the most powerful expression of the yearning for acceptance, validation and epistemic justice came in reflections in focus group discussions, where epistemic injustice at the hands of doctors and teachers was explicitly framed as a problem to be addressed.

> Students and patients are often alone whereas doctors and teachers may have others around them (e.g. doctors tend to have assistants in terms of nurses) who can potentially dispute the account of communications according to students and patients.
>
> (Young person in group discussion)

This formulation of young people being at the mercy of the epistemic judgements of doctors and educators (and also professionals in other settings such as housing services or family support services) in situations they engage with was coupled with an argument for new legal rights for young people to record interactions with such professionals to act as a '*major deterrent*' to the prejudicial dismissal of their accounts of their experiences and needs for support—effectively '*putting the other party on notice and effectively a final warning*'.

DISCUSSION

The research presented here employed codesign principles to explore how young people with parents with mental health challenges experience stigma. The abductive process of analysis led us to move beyond the concept of stigma in making sense of their experiences and to consider epistemic injustice as a productive theoretical lens for understanding how they reflect on multiple and overlapping forms of social devaluation.

Specifically, we note testimonial injustice, and in considering this we are first led to clarify and explore the nature of the credibility deflation they experience and how it impacts their status as providers of specific sorts of information in particular settings.

A striking finding was the range of stigmatised aspects of the young people's identities that produce prejudicial credibility deficits, and the range of sources from which these are experienced. Others have noted credibility deficits accruing to young health-care service users (Harcourt, 2021) stemming from prejudicial beliefs aimed at young people in general about the volatility and instability of their wishes. In our study, young people also noted credibility deficits associated with their status as children of parents with mental health challenges, people who have experienced 'difficult childhoods', members of sexual minorities, young parents, being overweight and having disabilities, learning difficulties or emotional and mental health issues. There is also an implied class-based credibility deflation at work, suggested by the identification of people in relatively more powerful social class groups as sources of stigma and prejudice and class-based judgements about the worth of their future lives.

The young people's reflections on their experiences thus suggest lives lived at the intersection of a complex interplay of various forms of identity-prejudicial deflations of their credibility as providers of reliable testimony of the nature of their experiences, challenges and needs. Reminiscent of the lament of Claudius from Shakespeare's Hamlet that life's sorrows '*come not single spies but in battalions*', participants' experiences of prejudicial credibility deflation seemingly overwhelm and beset them from all sides. Overwhelming 'battalions' of credibility devaluation are identified as coming from almost everyone they interact with, following them across different domains of their social worlds (for a discussion of specific vs. cross-domain hermeneutical injustice, see Kidd and Carel (2019)).

The young people here provide examples of testimonial injustice across various domains, such as being dismissed as reliable informants about their own mental health in health-care settings, or their struggles with grief and loss in educational settings. Mirroring the range of sources of credibility deflation, the experience of having their 'lived experience' testimony invalidated and dismissed follows them across their interactions with family and peers, workplaces, their engagement with education and their experiences of health, mental health and other support services.

A further source of complexity can be seen in the stereotype content that undergirds the deflation of the young peoples' testimonial credibility—the content of prejudicial beliefs that enables and supports the denigration of their credibility. Here, we can see forms of discreditation and credibility deflation due to a specific status, being a child of a mentally ill parent whose childhood is presumed to be difficult, risky and pitiable (Gladstone et al., 2006), leading to assumptions that undermine young people's insights into and capacities for reflection on their experiences and needs for support (Gladstone et al., 2014) (this suggests an alignment with what Hookway (2010) identified as *informational prejudice* as a subtype of testimonial injustice).

There are indications, too, of forms of moral discreditation, in which moral failings are associated with elements of a young person's identity. Similar to the moral failure imputed to people with physical illnesses discussed by Kidd and Carel (2017), young people in our study presented reflections on their moral status in the eyes of others, which included being seen as a '*bad parent*', as being '*selfish*' or as engendering general feelings of '*disgust*'. The suggestions of class-based stigma noted above might also be expected to comprise a moral dimension. As Sayer (2005) notes, there is a moral significance in the functions of class in imputing differing levels of relative worth to individuals in respect of their class position (as the young person framed it, where they will get in life) through access to markers of respectability.

There was also evidence that participants were discredited due to perceived dispositions or emotional states. That is, their attempts to provide testimonial input on their experiences and needs for support were undermined by what were taken to be inappropriate emotional displays or behaviour. Particularly notable was the perception amongst participants that others refused to take their word seriously because they were seen as 'angry' and therefore emotionally unreliable.

It is interesting to reflect on this, considering Fricker's (2007, p. 42) discussion of the possibility of conceiving non-prejudicial testimonial injustice. She ultimately rejects, as a case of testimonial injustice, the analogous situation of a shy person failing to conform to unspoken rules of non-verbal communication and thus being judged as insincere. This, Fricker concludes, is a case of epistemic wronging, but not testimonial injustice, since the addressee deflates the credibility of the addresser through a case of innocent error by employing an otherwise reliable rule of social interaction—a judgement generally in line with reasonable evidence about the credibility of the speaker.

Two things mark the situation of the 'angry' young people in our study apart from that of the 'shy' person in Fricker's discussion:

(i) It is a direct (and arguably justifiable) response to earlier experiences of epistemic injustice. As Bailey (2018) notes, silencing practices manufactured in epistemic injustices are liable to elicit angry responses, which reflects the discussions of participants in this study.
(ii) It acts as false corroboration of the veracity of otherwise harmful stereotype content that itself deflates the credibility of the addresser, that is, that young people, from working class

> backgrounds, from families with a mentally unwell parent, from a 'difficult childhood', having emotional and mental health issues, etc. are less reliable informants even in matters relating to their own lived experiences due to being irrational or overly emotional.

In this case, then, credibility deflation connected to interpersonal communication styles is not simply non-prejudicial testimonial injustice but is bound up in the content of prejudices that shapes the discreditation and creditability deflation that the young people experience.

We might also consider the relation of the data in this study to hermeneutical injustice. Interestingly, the responses of participants in our study seem to suggest a perception that such hermeneutical resources are not simply absent, but that they are not able to access such resources jointly with relevant others to have their own experiences understood.

There is a sense in the accounts, reflections and artworks that the young people's interactions with others, especially relatively powerful others in psychology, psychiatry, medicine and education, are entered into with the expectation that appropriate hermeneutical resources will be deployed to jointly validate, contextualise and make sense of the experiences they are attempting to describe. They seem to be aware that there are socially validated ways of making sense of mental health challenges, emotional difficulties, feelings of loss, grief, bullying and so on, but their interactions with others do not draw on these resources, and instead impose other interpretations that the young people reject as full and accurate descriptions of their experiences. What we might conceive as missing from collective hermeneutical resources is a broader way of framing the complex impacts of the overlapping challenges—including their being discredited as being able to provide testimony on their lived experiences—that the young people in the study face: having a parent with mental health challenges, *but also* being from a working-class background, having caring responsibilities as a child and so on.

This leads us finally to consider the impacts and harms of the epistemic injustices we have been discussing. Fricker (2007) originally identified a key harm of the silencing associated with testimonial injustice, which deprives the subject of the role of active informant whose testimony is taken seriously, as the person undergoing a form of 'objectification'. This denotes demotion of the individual 'from subject to object' in situations in which their testimony is discredited—'they are relegated from the role of active epistemic agent, and confined to the role of passive state of affairs from which knowledge might be gleaned' (Fricker, 2007, p. 132).

The notion of objectification in this sense has been pressed by subsequent thinkers (McGlynn, 2021; Pohlhaus, 2014), arguing that the individuals in these cases are not simply passive objects, but subjects whose capacity to contribute specific kinds of knowledge (in our case, reflections on lived experiences of the range of intersecting difficulties the young people struggle to express) is denied. Fricker (2017) recasting of this problem as one of the '*truncated subjectivity*' opens a useful perspective on the data produced by our participants.

The notion of truncated subjectivity allows recognition of structural power dynamics at play in the epistemic injustices being reflected on. The testimonies of young people's experiences are not only rejected, but they are overridden by 'epistemic practices that make sense of the world' from dominant positions whilst denying epistemic support for their own expressions of their 'distinct lived experience in the world' (Pohlhaus, 2014, p. 105). So, young people are subject to epistemic practices that frame their experiences through, for example, a medical or educational lens. The dynamics and framing of this vary from setting to setting but have in common the derogation of their own attempts to express their experiences and needs in favour of third-person assessments of their situation that clash with their own experiential understanding.

This connects to secondary harms from the epistemic injustices the young people face. A significant consequence is that the young people lack input into shaping institutions and services that are supposed to provide support and care for them, and allowances are not made for their impaired ability to conform to the institutional and interpersonal demands of situations they find challenging.

Alongside the harms of facing inappropriately configured services and institutions, there was evidence of young people's sensitivity to forms of symbolic insult inherent in their truncated subjectivity. As Pohlhaus (2014) notes, this comprises a devaluation of the individual which denies their 'full status as a free subject capable of experiencing and giving significance to the world' (p. 105). Expressions of pain, confusion and deflated self-confidence in the data reflect this devaluation of the young people's social status and value. It also, perhaps, explains the power of the calls for rights to '*hold others to account*' for the perpetration of epistemic injustice, to '*put them on notice*' that it will not be accepted and to be able to record their interactions as concrete evidence of the injustices they experience.

There are limitations to consider in relation to the possibility of self-selection bias in the group of young people who engaged with the study workshops and activities. Whilst the study included representation of participants in terms of disability and neurodiversity, the participants were all rural Australian, and predominantly white. There is scope for future research to explore additional experiences, for example, of the concept of racialised epistemic injustice in relation to stigma for ethnically minoritised young people with parents with mental health challenges. As expected in qualitative research, it is up to readers to determine how our analysis is theoretically generalisable and transferable to other comparable contexts, including those where young people have a parent with mental health challenges (Eakin & Gladstone, 2020).

CONCLUSION

The theory of epistemic injustice, arrived at through the application of abductive analysis to coproduced data, allows us to propose a new perspective on the experiences of stigma in the lives of young people with parents with mental health challenges. It helps us move beyond a focus on mental health stigma alone and to recognise in the young people's accounts and reflections of their struggles, individually and interpersonally, experiences of having their testimonial input into their own lived experiences invalidated, dismissed and overridden. It enables us to recognise their struggles as yearnings for epistemic justice and validation of their ability to provide input into their experiences and the needs they have of services, institutions and relationships. As one young person quite powerfully stated, there '*must be more to it*' in understanding their experiences than standard definitions of stigma illuminate.

Importantly, the analysis shows that the young people in our project had multiple stigmatised elements of their identifies that translated into multiple and overlapping forms of epistemic injustice that discredit their status as credible knowers of aspects of their lived experiences across domains and across social and institutional settings. The pain, anger and confusion associated with this ongoing, omnipresent credibility deflation were issues participants expressed particularly powerfully.

Being able to recognise their rejection as full epistemic agents as unjust and as stemming from forms of stigmatisation that should rightly be '*called out*' and resisted were identified as something that the young people particularly valued about participating in the project and wished to see developed. The cultivation of the language and ability to do this, and to do so collectively with other young people in similar situations, was a central element of their goals for the production of anti-stigma resources. This suggests a potentially useful focus for anti-stigma work with young people with parents who have mental health challenges to work with them to enable them to jointly find ways to identify and give voice and validation to experiences that they struggle to express and have validated in interactions with others. This analysis also suggests new applications of the theory of epistemic injustice to applied work in mental health research and beyond. Particularly, the interplay in people's lives of intersecting forms of credibility deflation that span different social domains and interactional contexts, and the perception of being denied access to desired shared hermeneutical resources suggests a complexity to experiences of epistemic injustice in applied research that holds promise of further interesting work in applying epistemic injustice to attempts to understand lived experience.

AUTHOR CONTRIBUTIONS

Scott Yates: Conceptualization (equal); formal analysis (lead); funding acquisition (supporting); methodology (equal); writing—original draft (lead); writing—review and editing (lead). **Brenda Gladstone**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Kim Foster**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Anneli Silvén Hagström**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Andrea Reupert**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Lotti O'Dea**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Rose Cuff**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Violette McGaw**: Conceptualization (equal); formal analysis (supporting); funding acquisition (supporting); methodology (equal); writing—review and editing (supporting). **Rochelle Hine**: Conceptualization (equal); data curation (lead); formal analysis (supporting); funding acquisition (lead); investigation (lead); methodology (equal); project administration (lead); supervision (lead); writing—review and editing (supporting).

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Due to the sensitive nature of the data for this project, and to protect the anonymity of respondents, data are not publicly available.

ETHICS STATEMENT

Ethical approval was obtained from the Monash University Research Ethics Committee and De Montfort University Research Ethics Committee.

PATIENT CONSENT STATEMENT

Not applicable.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

Not applicable.

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REFERENCES

Bailey, A. (2018). On anger, silence and epistemic injustice. *Royal Institute of Philosophy Supplement*, *84*, 93–115. https://doi.org/10.1017/s1358246118000565

Cartwright, N. (2007). Are RCTs the gold standard? *BioSocieties*, *2*(1), 11–20. https://doi.org/10.1017/s1745855207005029

Chapman, R., & Carel, H. (2022). Neurodiversity, epistemic injustice, and the good human life. *Journal of Social Philosophy*, *2022*(Winter), 614–631. https://doi.org/10.1111/josp.12456

Corrigan, P., & Kosyluk, K. (2013). Mental illness stigma: Types, constructs, and vehicles for change. In P. Corrigan (Ed.), *Stigma of disease and disability* (pp. 35–56). APA.

Cunningham, J., Harris, G., Vostanis, P., Oyebode, F., & Blissett, J. (2004). Children of mothers with mental illness: Attachment, emotional and behavioural problems. *Early Child Development and Care*, *174*(7–8), 639–650. https://doi.org/10.1080/0300443042000187130

Eakin, J., & Gladstone, B. (2020). "Value-adding" analysis: Doing more with qualitative data. *International Journal of Qualitative Methods*, *19*, 1–13. https://doi.org/10.1177/1609406920949333

Foucault, M. (1980). Prison talk. In C. Gordon (Ed.), *Michel Foucault live: Power/knowledge* (pp. 37–54). Harvester Wheatsheaf.

Fricker, M. (2007). *Epistemic injustice*. Oxford University Press.

Fricker, M. (2017). Evolving concepts of epistemic injustice. In J. Kidd, J. Medina, & G. Polhaus (Eds.), *The Routledge Handbook of epistemic injustice* (pp. 53–60). Routledge.

Fricker, M., & Jenkins, K. (2017). Epistemic injustice, ignorance, and trans experiences. In A. Garry, S. Khader, & A. Spruce (Eds.), *Routledge companion to Feminist philosophy* (pp. 268–278). Routledge.

Gladstone, B. M., Boydell, K. M., & McKeever, P. (2006). Recasting research into children's experiences of parental mental illness: Beyond risk and resilience. *Social Science & Medicine*, *62*(10), 2540–2550. https://doi.org/10.1016/j.socscimed.2005.10.038

Gladstone, B. M., McKeever, P., Seeman, M., & Boydell, K. (2014). Analysis of a support group for children of parents with mental illnesses: Managing stressful situations. *Qualitative Health Research*, *24*(9), 1171–1182. https://doi.org/10.1177/1049732314528068

Goffman, E. (1963). *Stigma*. Simon and Schuster.

Gray, D. (2002). 'Everybody just freezes. Everybody is just embarrassed': Felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness*, *24*(6), 734–749. https://doi.org/10.1111/1467-9566.00316

Harcourt, E. (2021). Epistemic injustice, children and mental illness. *BMJ*, *47*(7), 729–735. https://doi.org/10.1136/medethics-2021-107329

Hatzenbuehler, M., & Pachankis, J. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual and transgender youth. *Pediatric Clinics of North America*, *63*(6), 985–997. https://doi.org/10.1016/j.pcl.2016.07.003

Hidalgo, J., Maravić, M. C., Milet, R. C., & Beck, J. C. (2016). Promoting collaborative relationships in residential care of vulnerable and traumatized youth: A playfulness approach integrated with trauma systems therapy. *Journal of Child & Adolescent Trauma*, *9*(1), 17–28. https://doi.org/10.1007/s40653-015-0076-6

Hine, R., Maybery, D., & Goodyear, M. (2018). Identity in recovery for mothers with a mental illness: A literature review. *Psychiatric Rehabilitation Journal*, *41*(1), 16–28. https://doi.org/10.1037/prj0000215

Hoadley, B., Smith, F., Wan, C., & Falkov, A. (2017). Incorporating children and young people's voices in child and adolescent mental health services using The Family Model. *Social Inclusion*, *3*, 183–194. https://doi.org/10.17645/si.v5i3.951

Hookway, C. (2010). Some varieties of epistemic injustice: Reflections on Fricker. *Episteme*, *7*(2), 161–163. https://doi.org/10.3366/epi.2010.0005

Kapadia, D. (2023). Stigma, mental illness & ethnicity: Time to centre racism and structural stigma. *Sociology of Health & Illness*, *45*(4), 855–871. https://doi.org/10.1111/1467-9566.13615

Kidd, I., & Carel, H. (2017). Epistemic injustice and illness. *Journal of Applied Philosophy*, *34*(2), 172–190. https://doi.org/10.1111/japp.12172

Kidd, I., & Carel, H. (2019). Pathocentric epistemic injustice and conceptions of health. In B. Sherman & S. Goguin (Eds.), *Overcoming epistemic injustice: Social and psychological perspectives* (pp. 153–168). Rowman and Littlefield.

Larson, J., & Corrigan, P. (2008). The stigma or families with mental illness. *Academic Psychiatry*, *32*(2), 87–91. https://doi.org/10.1176/appi.ap.32.2.87

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Health equity in England: The Marmot review 10 years on*. Institute of Health Equity.

McGlynn, A. (2021). Epistemic objectification as the primary harm of testimonial injustice. *Episteme*, *18*(2), 160–176. https://doi.org/10.1017/epi.2019.9

Mlandelov, T., & Dimitrova, I. (2022). Epistemic injustice as a bridge between medical sociology and disability studies. *Sociology of Health & Illness*, *45*(6), 1146–1163. https://doi.org/10.1111/1467-9566.13479

Peirce, C. S. (1934). *Collected papers of Charles Sanders Peirce*. Harvard University Press.

Pohlhaus, G. (2014). Discerning the primary epistemic harm in cases of testimonial injustice. *Social Epistemology*, *28*(2), 99–114. https://doi.org/10.1080/02691728.2013.782581

Price-Robertson, R., Obradovic, A., & Morgan, B. (2016). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, *15*(2), 108–120. https://doi.org/10.1080/18387357.2016.1243014

Reupert, A., Bee, P., Hosman, C., van Doesum, K., Drost, L. M., Falkov, A., Foster, K., Gatsou, L., Gladstone, B., Goodyear, M., Grant, A., Grove, C., Isobel, S., Kowalenko, N., Lauritzen, C., Maybery, D., Mordoch, E., Nicholson, J., Reedtz, C., … Ruud, T. (2021). Prato research collaborative for change in parent and child mental health: Principles and recommendations for working with children and parents living with parental mental illness. *Journal of Child Psychology and Psychiatry*, *63*(3), 350–353. https://doi.org/10.1111/jcpp.13521

Sayer, A. (2005). *The moral significance of class*. Cambridge University Press.

Shaw, R., Hiles, D., West, K., Holland, C., & Gwyther, H. (2018). From mixing methods to the logic(s) of inquiry: Taking a fresh look at developing mixed design studies. *Health Psychology and Behavioral Medicine*, *6*(1), 226–244. https://doi.org/10.1080/21642850.2018.1515016

Spencer, L. (2023). Hermeneutical injustice and unworlding in psychopathology. *Philosophical Psychology*, *36*(7), 1300–1325. https://doi.org/10.1080/09515089.2023.2166821

Tavory, I., & Timmermans, S. (2014). *Abductive analysis: Theorizing qualitative research*. University of Chicago Press.

Tmmermans, S., & Tavory, I. (2012). Theory construction in qualitative research: From grounded theory to abductive analysis. *Sociological Theory*, *30*(3), 167–186. https://doi.org/10.1177/0735275112457914

Van Doesum, K., Mala, T., Pereira, C., Loureiro, M., Marau, J., Toscano, L., Lauritzen, C., & Reedtz, C. (2019). The impact of the "SEMENTE" program on the family-focused practice of mental health professionals in Portugal. *Frontiers in Psychiatry*, *10*, 305. https://doi.org/10.3389/fpsyt.2019.00305

Varvantakis, C., & Nolas, S. M. (2021). Picturing what really matters: How photo-story research makes the personal, visible [Online]. *The Sociological Review*. https://doi.org/10.51428/tsr.mtsg8567

Yates, S., & Gatsou, L. (2020). Undertaking family-focused interventions when a parent has a mental illness – Possibilities and challenges. *Practice*, *33*(2), 103–118. https://doi.org/10.1080/09503153.2020.1760814

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