Yes, epistemic injustice is a **significant factor** in the mental health of marginalized communities, contributing to **inequities in care, increased stigma, and poorer mental health outcomes**.

1. Introduction

Epistemic injustice—when individuals or groups are wronged specifically in their capacity as knowers—has emerged as a critical framework for understanding mental health disparities among marginalized communities. Research shows that marginalized groups (including racial and ethnic minorities, LGBTQ+ individuals, people with disabilities, and those with lower socioeconomic status) frequently experience both testimonial injustice (being disbelieved or dismissed) and hermeneutical injustice (lacking the interpretive resources to make sense of their experiences) within mental health systems (Bansal et al., 2022; Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Spencer, 2024; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017). These injustices are perpetuated by structural racism, monocultural models of care, and the privileging of clinical or biomedical knowledge over lived experience (Shim, 2021; Bansal et al., 2022; Okoroji et al., 2023; Hui et al., 2021; Spencer, 2024; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017). The result is a cycle of mistrust, disengagement from services, and exacerbation of mental health inequities. Addressing epistemic injustice is increasingly recognized as essential for achieving mental health equity and improving outcomes for marginalized populations (Bansal et al., 2022; Okoroji et al., 2023; Hui et al., 2021; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017).

2. Methods

A comprehensive Deep Search was conducted across over 170 million research papers in Consensus, including Semantic Scholar, PubMed, and other databases. The search strategy targeted foundational concepts, mechanisms, case studies, critiques, and interdisciplinary perspectives on epistemic injustice and mental health in marginalized communities. In total, 1000 papers were identified, 491 were screened, 345 were deemed eligible, and the top 50 most relevant papers were included in this review.

Search Strategy

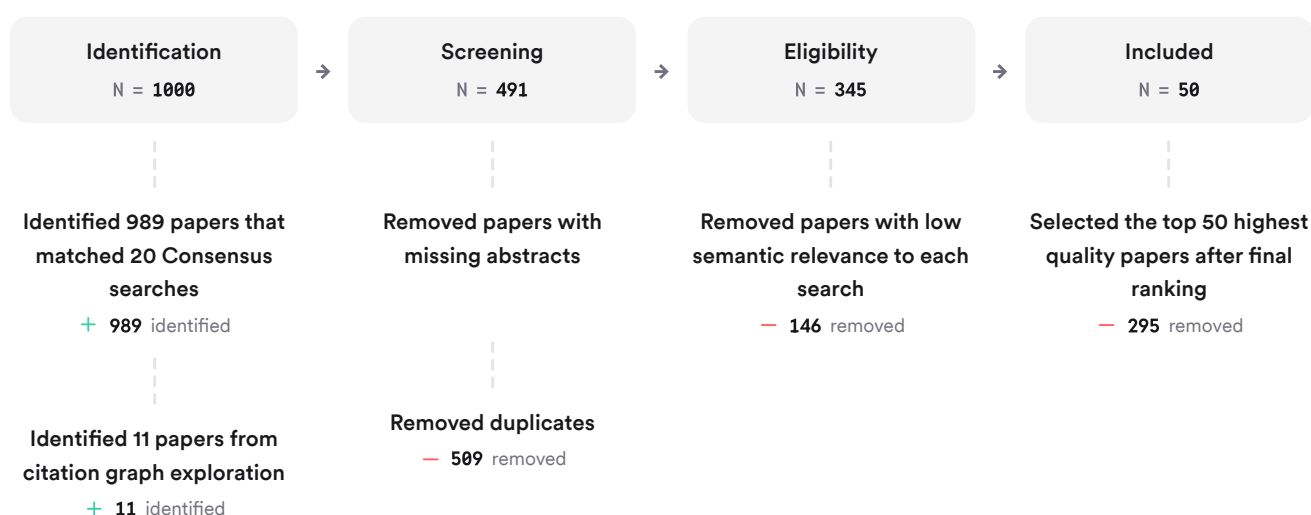| Identification N = 1000	→	Screening N = 491	→	Eligibility N = 345	→	Included N = 50
Identified 989 papers that matched 20 Consensus searches		Removed papers with missing abstracts		Removed papers with low semantic relevance to each search		Selected the top 50 highest quality papers after final ranking
+ 989 identified				— 146 removed		— 295 removed
Identified 11 papers from citation graph exploration		Removed duplicates				
+ 11 identified		— 509 removed				

FIGURE 1   Flow of papers through the search and selection process.

Eight unique search groups were used, spanning foundational, mechanistic, clinical, and interdisciplinary perspectives.

3. Results

3.1 Forms and Mechanisms of Epistemic Injustice

Marginalized individuals experience testimonial injustice when their accounts of distress are doubted or dismissed due to prejudice, stigma, or negative stereotypes (Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017). Hermeneutical injustice occurs when dominant frameworks fail to recognize or interpret the unique experiences of marginalized groups, leading to gaps in understanding and care (Bansal et al., 2022; Okoroji et al., 2023; Hui et al., 2021; Spencer, 2024; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017). Institutional and structural factors, such as monocultural models of care and lack of cultural competence, further entrench these injustices (Shim, 2021; Bansal et al., 2022; Hui et al., 2021; Spencer, 2024; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017).

3.2 Impact on Mental Health Outcomes

Epistemic injustice contributes to mistrust, disengagement from mental health services, and poorer mental health outcomes among marginalized groups (Bansal et al., 2022; Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Spencer, 2024; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017). It exacerbates the effects of discrimination, racism, and social exclusion, compounding the psychological burden and increasing vulnerability to mental health problems (Shim, 2021; Bansal et al., 2022; Schmitz et al., 2020; Chin et al., 2020; Abu-Ras et al., 2021; Wallace et al., 2016; Nazroo et al., 2019; Ricci et al., 2023; Alvarez et al., 2022; Kapadia, 2023; Slaughter-Acey et al., 2023; Swann et al., 2020; Choi et al., 2013; Schouler-Ocak & Moran, 2022; Hoy-Ellis, 2021).

3.3 Intersectionality and Compounded Injustice

The effects of epistemic injustice are magnified at the intersections of multiple marginalized identities (e.g., race, gender, sexuality, disability, class), leading to compounded disadvantage and unique barriers to care (Shim, 2021; Bansal et al., 2022; Yates et al., 2023; Hui et al., 2021; Schmitz et al., 2020; Chin et al., 2020; Abu-Ras et al., 2021; Wallace et al., 2016; Nazroo et al., 2019; Ricci et al., 2023; Alvarez et al., 2022; Kapadia, 2023; Slaughter-Acey et al., 2023; Swann et al., 2020; Choi et al., 2013; Schouler-Ocak & Moran, 2022; Hoy-Ellis, 2021). Intersectional stigma and discrimination further limit access to appropriate, person-centered mental health support (Bansal et al., 2022; Yates et al., 2023; Hui et al., 2021; Schmitz et al., 2020; Chin et al., 2020; Abu-Ras et al., 2021; Wallace et al., 2016; Nazroo et al., 2019; Ricci et al., 2023; Alvarez et al., 2022; Kapadia, 2023; Slaughter-Acey et al., 2023; Swann et al., 2020; Choi et al., 2013; Schouler-Ocak & Moran, 2022; Hoy-Ellis, 2021).

3.4 Strategies for Addressing Epistemic Injustice

Emerging research highlights the importance of co-production, lived experience leadership, cultural competence, and structural reform to address epistemic injustice in mental health care and research (Okoroji et al., 2023; Hui et al., 2021; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017; Groot et al., 2020). Participatory action research and advocacy are identified as promising approaches for promoting epistemic justice and improving outcomes (Okoroji et al., 2023; Hui et al., 2021; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017; Groot et al., 2020).

Key Papers

Paper	Methodology	Focus/Population	Key Results
(Bansal et al., 2022)	Meta-ethnography	Ethnic minorities, UK	Epistemic injustice in monocultural care models; need for anti-racist, person-centered care
(Okoroji et al., 2023)	Conceptual/pragmatic	Lived experience, research	Lived experience leadership as remedy for epistemic injustice in mental health research
(Hui et al., 2021)	Qualitative interviews	Marginalized groups, UK	Institutional injustice, not being believed, and disengagement from services
(Newbigging & Ridley, 2018)	Empirical, advocacy	Service users, UK	Advocacy can mitigate testimonial injustice but struggles with hermeneutical injustice
(Crichton et al., 2017)	Editorial	Psychiatric patients	Mental illness increases vulnerability to epistemic injustice; need for clinician awareness

FIGURE 2 Comparison of key studies on epistemic injustice and mental health in marginalized communities.

Top Contributors

Type	Name	Papers
Author	I. Kidd	(Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017)
Author	H. Carel	(Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017)
Author	K. Bhui	(Nazroo et al., 2019; Mooney et al., 2023)
Journal	*Frontiers in Psychiatry*	(Okoroji et al., 2023; Smith et al., 2023; Hultman & Hultman, 2023; Levin, 2022)
Journal	*Sociology of Health & Illness*	(Yates et al., 2023; Nazroo et al., 2019; Kapadia, 2023; Samra, 2025)
Journal	*PLoS ONE*	(Hui et al., 2021)

FIGURE 3 Authors & journals that appeared most frequently in the included papers.

4. Discussion

The evidence robustly supports epistemic injustice as a significant and pervasive factor in the mental health of marginalized communities. Testimonial and hermeneutical injustices are embedded in mental health systems, leading to the silencing, discrediting, and exclusion of marginalized voices (Bansal et al., 2022; Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Spencer, 2024; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017). These injustices are not only interpersonal but also institutional and structural, perpetuated by monocultural models of care, lack of cultural competence, and the privileging of biomedical knowledge (Shim, 2021; Bansal et al., 2022; Hui et al., 2021; Spencer, 2024; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017). The resulting mistrust and disengagement from services contribute to persistent mental health inequities.

Intersectionality is crucial: individuals with multiple marginalized identities face compounded epistemic injustice and unique barriers to care (Shim, 2021; Bansal et al., 2022; Yates et al., 2023; Hui et al., 2021; Schmitz et al., 2020; Chin et al., 2020; Abu-Ras et al., 2021; Wallace et al., 2016; Nazroo et al., 2019; Ricci et al., 2023; Alvarez et al., 2022; Kapadia, 2023; Slaughter-Acey et al., 2023; Swann et al., 2020; Choi et al., 2013; Schouler-Ocak & Moran, 2022; Hoy-Ellis, 2021). Addressing epistemic injustice requires systemic change, including co-production, lived experience leadership, and culturally competent, anti-racist models of care (Okoroji et al., 2023; Hui et al., 2021; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017; Groot et al., 2020). While some critiques question the sufficiency of the epistemic injustice framework for all contexts, the overwhelming consensus is that it is a powerful tool for understanding and addressing mental health inequities (Harcourt, 2021; Degerman, 2023; Lores & Aguilar, 2023).

Claims and Evidence Table

Claim	Evidence Strength	Reasoning	Papers
Epistemic injustice is a significant factor in mental health inequities for marginalized groups	Strong	Consistent findings across qualitative, conceptual, and empirical studies	(Bansal et al., 2022; Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Spencer, 2024; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017)
Testimonial and hermeneutical injustices are pervasive in mental health care	Strong	Documented in service user narratives, institutional analyses	(Bansal et al., 2022; Okoroji et al., 2023; Yates et al., 2023; Hui et al., 2021; Spencer, 2024; Scrutton, 2017; Newbigging & Ridley, 2018; Fisher, 2023; Kurs & Grinshpoon, 2018; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Hultman & Hultman, 2023; Crichton et al., 2017)
Intersectionality compounds epistemic injustice and mental health risk	Strong	Studies on multiple marginalized identities, intersectional stigma	(Shim, 2021; Bansal et al., 2022; Yates et al., 2023; Hui et al., 2021; Schmitz et al., 2020; Chin et al., 2020; Abu-Ras et al., 2021; Wallace et al., 2016; Nazroo et al., 2019; Ricci et al., 2023; Alvarez et al., 2022; Kapadia, 2023; Slaughter-Acey et al., 2023; Swann et al., 2020; Choi et al., 2013; Schouler-Ocak & Moran, 2022; Hoy-Ellis, 2021)
Structural and institutional factors perpetuate epistemic injustice	Strong	Monocultural care, lack of cultural competence, policy analysis	(Shim, 2021; Bansal et al., 2022; Hui et al., 2021; Spencer, 2024; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017)
Co-production and lived experience leadership can address epistemic injustice	Moderate	Participatory research, advocacy, policy recommendations	(Okoroji et al., 2023; Hui et al., 2021; Newbigging & Ridley, 2018; Smith et al., 2023; Mooney et al., 2023; Kidd et al., 2022; Kidd & Carel, 2016; Crichton et al., 2017; Groot et al., 2020)
Some critiques question the limits of the epistemic injustice framework	Moderate	Theoretical and contextual critiques	(Harcourt, 2021; Degerman, 2023; Lores & Aguilar, 2023)

FIGURE   Key claims and support evidence identified in these papers.

5. Conclusion

Epistemic injustice is a significant and well-documented factor in the mental health of marginalized communities, contributing to inequities in care, increased stigma, and poorer outcomes. Addressing these injustices is essential for achieving mental health equity.

5.1 Research Gaps

Key gaps include the need for more research on epistemic injustice in non-Western contexts, among children and youth, and in relation to specific intersecting identities.

Research Gaps Matrix

Topic/Attribute	Testimonial Injustice	Hermeneutical Injustice	Intersectionality	Institutional/Structural	Lived Experience/Co-production
Racial/Ethnic Minorities	12	10	8	9	7
LGBTQ+ Communities	8	7	6	6	5
Disability	6	5	4	4	3
Youth/Children	4	3	2	2	2

FIGURE   Distribution of research across forms of epistemic injustice, populations, and approaches, highlighting underexplored areas.

5.2 Open Research Questions

Future research should explore epistemic injustice in diverse global contexts, develop interventions for specific populations, and evaluate the impact of co-production and lived experience leadership.

Question	Why
How does epistemic injustice manifest in non-Western and low-resource mental health systems?	Understanding this will inform global mental health equity efforts.
What are the most effective strategies for addressing epistemic injustice among youth and intersectional identities?	Targeted interventions are needed for vulnerable and under-researched groups.
How does co-production and lived experience leadership impact mental health outcomes in marginalized communities?	Evaluating these approaches will guide policy and practice for equity.

FIGURE   Key open questions for advancing research on epistemic injustice and mental health in marginalized communities.

In summary, epistemic injustice is a significant and pervasive factor in the mental health of marginalized communities, and addressing it is essential for achieving equitable mental health care and outcomes.

These papers were sourced and synthesized using Consensus, an AI-powered search engine for research. Try it at *https://consensus.app*

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