

Youth Participation and Epistemic Authority in Digital Mental Health Design and Governance

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ABSTRACT

Digital mental health technologies targeting young people have expanded rapidly amid growing concern about youth mental distress and the normalization of digital care. Yet despite being the primary users of such systems, young people have limited influence over how digital mental health is conceptualised, designed and governed. The paper examines digital youth mental health as a sociotechnical field and situates debates on youth agency, expertise and digital governance within contemporary concerns about participation and legitimacy. Drawing on a qualitative documentary analysis of policy frameworks, academic and professional literature, and youth advocacy and civil society materials (n = 86), the study investigates how authority, legitimacy and participation are attributed and contested across institutional domains. The analysis identifies three dominant framings of participation normative rhetoric, managed consultation and emerging epistemic authority and demonstrates how youth involvement is simultaneously invoked, constrained and instrumentalised. These dynamics reflect deeper tensions between safeguarding and autonomy, user engagement and democratic governance, and clinical expertise and lived experience. The paper argues that meaningful participation requires recognising young people as knowledge-holders and redistributing decision-making power within digital mental health design and governance processes. In doing so, the study contributes to sociological understandings of youth agency, digital governance and the politics of mental health care and highlights the need for participatory infrastructures capable of supporting youth co-governance in digital mental health.

Keywords: Digital mental health, Youth engagement, Youth co-design, Datafication, Mental health interventions

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INTRODUCTION

Mental health has in recent decades become an increasingly salient domain of public concern and policy intervention in Europe and globally. International bodies have underscored that “there is no health without mental health” (World Health Organization, 2014), and comparative epidemiological research identifies mental disorders as major contributors to global morbidity and disability (Kessler et al., 2005). Within the European Union, the estimated economic burden of mental-health exceeds 4% of GDP (OECD & European Union, 2020), yet large proportions of those experiencing psychological distress do not access appropriate support. These dynamics highlight a persistent gap between need and provision, shaped by structural inequalities, service fragmentation and uneven distribution of resources across and within European states. Young people occupy a central position within this emergent landscape. Epidemiological evidence indicates that the onset of the majority of mental disorders occurs before the age of 25 (Kessler et al., 2005).

Recent cross-national surveys suggest that almost half of Europeans aged 15–24 report unmet mental health needs (OECD & European Union, 2020), while policy discourse reflects growing apprehension regarding “a worsening of the mental health of the younger generations” (European Commission, 2023). Mental health difficulties among young people are not evenly distributed, but are patterned along lines of class, gender, race/ethnicity, sexuality, disability and migration status (Unwin et al., 2020), illustrating the entanglement of mental health with broader social inequalities and forms of stratification.

Youth mental health thus emerges not only as a public health matter, but also as a domain through which social reproduction, inequality and citizenship are negotiated. Parallel to these developments, young people’s everyday lives are increasingly mediated through digital infrastructures. Digital platforms, mobile media and algorithmic systems shape social relations, identity formation and information practices, as well as forms of care, visibility and surveillance. Within this environment, “digital mental health” has emerged as a heterogeneous field encompassing mobile applications, online self-help programs, conversational agents (Vaidyam et al., 2019), augmented and virtual reality interventions (Baños et al., 2022), digital phenotyping and machine-learning-based assessment (Chekroud et al., 2021), and newly available generative AI systems applied to therapeutic contexts (Carlbring et al., 2023).

These technologies are often presented as scalable, accessible and personalised solutions capable of supplementing overstretched or unevenly distributed mental health services (Bond et al., 2023). Yet sociological and interdisciplinary work has also documented the limitations and ambivalences of such solutions. Commercial digital mental health products frequently lack robust evidence, and those with clinical grounding often struggle with adherence and engagement (Baumel et al., 2019). AI-based systems pose questions concerning epistemic validity, algorithmic bias, privacy, datafication, inequity and responsibility. Moreover, despite rapid growth in digital mental health research for adults, youth-specific research remains comparatively fragmented (Lehtimäki et al., 2021; Liverpool et al., 2020), despite distinct developmental, social and digital contexts shaping how young people seek help, make sense of mental distress and engage with care technologies.

Alongside clinical and technical debates, a set of sociological questions emerges concerning participation, expertise and authority. Although young people are positioned as the intended users or beneficiaries of digital mental health technologies, they often have limited influence over how such tools are conceptualised, designed or governed. Participation in mental health decision-making is recognised in international rights frameworks, including Article 12 of the UN Convention on the Rights of the Child, which affirms young people’s right to participate in decisions that affect them in both



offline and digital environments. Calls for youth co-design and lived-experience expertise challenge adultist assumptions that construct young people primarily as passive patients, vulnerable subjects or objects of intervention. These debates foreground issues of epistemic authority, specifically whose knowledge counts in defining mental health problems, acceptable risks and desirable outcomes, and invite attention to the institutional logics through which digital mental health is legitimised.

This paper examines digital mental health for young people as an emerging sociotechnical field situated at the intersection of public health governance, technological innovation and the politics of youth participation. Rather than assessing the clinical efficacy of particular tools, the aim is to analyse how digital mental health is discursively and institutionally constituted, and how young people are positioned within this field. In this regard, the aim of the paper is to critically examine how digital mental health for young people is framed as a domain of intervention, care and innovation, and to analyse how young people are positioned in relation to expertise, participation and governance.

Guided by this aim, the analysis addresses the following questions: How are young people constructed and positioned within discourses on digital mental health? What forms of expertise and authority are mobilised in shaping digital mental health for young people? How is youth participation conceptualised and legitimised, and what tensions arise in its enactment? What broader social, ethical and governance issues emerge when mental health intervention is mediated through digital technologies for young people?

Together, these questions enable a contextual analysis of digital youth mental health not merely as a collection of technological artefacts, but as a sociotechnical field shaped by competing institutional logics, normative claims and imaginaries concerning youth, mental health and the role of digital technology.

LITERATURE REVIEW

Understanding Youth Mental Health: A Sociological Perspective

While mental health research has historically been anchored in clinical psychology and psychiatry, sociologists have long examined the social determinants, meanings and institutional arrangements surrounding mental distress. Scholars have highlighted how mental health inequalities are patterned by structural factors such as socio-economic position, gender, race/ethnicity, sexuality and migration, reflecting broader processes of stratification and exclusion (Prior, 1999; Pescosolido, 2011). Youth mental health is shaped not only by biological or developmental factors but also by social transitions, educational pressures, precarious labour markets, digital publics and shifting cultural norms around identity and emotional expression (Wyn & White, 1997). Young people navigate these transitions in contexts of heightened visibility, uncertainty and self-responsibility, rendering mental health a central axis of contemporary youth governance (Kelly, 2001).

Sociological work has also interrogated how mental health becomes a domain through which citizenship is articulated. Scholars argue that mental health is increasingly tied to discourses of productivity, autonomy and self-management, through which young people are encouraged to become responsible, resilient and self-monitoring subjects (Rose, 2007). This aligns with broader neoliberal forms of governance that model individuals as entrepreneurs of the self, responsible for managing risk and optimizing well-being (Foucault, 2008; Gill & Orgad, 2018).

Within this context, youth mental health difficulties can be framed as failures of self-regulation, thereby moralising distress and obscuring structural conditions.



Digital Mental Health and the Datafication of Care

Digital mental health technologies sit squarely within these sociopolitical transformations. Their emergence aligns with what Lupton (2016) terms the “digitisation of health,” wherein datafication, self-tracking and algorithmic systems reshape how health and illness are perceived, monitored and intervened upon. These technologies promise to make mental health care more accessible, personalised and scalable, but they also intensify forms of surveillance, quantification and responsabilisation (Lupton, 2016; Crawford et al., 2015). Within youth contexts, digital platforms extend the temporal and spatial boundaries of intervention, enabling care to occur beyond clinics—within bedrooms, schools, social media platforms and smartphones. Digital mental health tools thus participate in shifting the locus of mental health governance from professional domains toward hybrid assemblages involving platforms, apps, AI systems, educators, peers and families. These assemblages complicate traditional distinctions between clinical and non-clinical care, and between public and private infrastructures. Scholars in science and technology studies (STS) argue that such technologies should not be understood as neutral artefacts but as sociotechnical systems embedded with values, cultural assumptions and institutional priorities (Latour, 1993; Oudshoorn & Pinch, 2003).

Youth, Participation and Epistemic Politics

Despite young people being central users of digital mental health tools, they often remain marginal in shaping their design or governance. Sociology and childhood studies have long challenged adultist assumptions that render children and youth as passive, incomplete or pre-political subjects (James, Jenks, & Prout, 1998; Wyn & Woodman, 2006). Within mental health contexts, these assumptions manifest through diagnostic authority, safeguarding practices and expert-driven intervention models that privilege adult professional epistemologies.

Recent scholarship has introduced concepts such as epistemic injustice (Fricker, 2007) and epistemic authority (Brossard, 2017) to examine how certain groups are excluded from contributing valid knowledge. In digital mental health, young people are often positioned as vulnerable recipients who require protection, rather than as knowledge-holders who can articulate their own mental health needs, digital practices or technological imaginaries. Participation when invited, frequently takes the form of tokenistic consultation rather than shared decision-making or co-production, aligning with what Arnstein (1969) famously described as the lower rungs of the participation ladder. Conversely, lived experience movements and youth advocacy groups have argued for recognition of young people as legitimate stakeholders, producing alternative epistemologies grounded in experience rather than clinical authority. This shift aligns with broader trends in mental health activism challenging paternalistic care models and advocating for rights-based and user-led approaches (Rose, 2018).

Digital Platforms as Infrastructures for Help-Seeking

Help-seeking among young people increasingly begins online, with platforms such as YouTube, TikTok, Discord, Reddit and Instagram functioning as informal mental health spaces where young people seek information, share experiences, test identities and negotiate stigma. Such platforms blur boundaries between peer support, experiential knowledge, misinformation, self-diagnosis and therapeutic discourse (Gibson & Cartwright, 2014). While online spaces can offer anonymity, solidarity and immediacy, they can also expose users to harmful content, algorithmic amplification of distress-related material or commercial exploitation.

Sociologists have noted that digital platforms organise visibility, credibility and affect through algorithmic logics rather than clinical ones (Bishop, 2019). This creates a parallel mental health ecosystem in which credibility is negotiated through peer validation and platform metrics, not



professional accreditation. Rather than viewing this as merely risky or pathological, scholars argue for recognising online mental health practices as forms of vernacular expertise and collective sense-making (Noorani, 2013).

Inequality, Surveillance and Digital Mental Health Governance

Digital mental health technologies are not only tools for intervention but instruments of governance that organise how mental distress is rendered visible, knowable and actionable. Scholars in STS and critical data studies have argued that digital infrastructures increasingly operate through modalities of surveillance, data extraction, and predictive classification (Lyon, 2018; Zuboff, 2019). Within mental health contexts, practices such as digital phenotyping, passive sensing and algorithmic risk assessment extend clinical observation into everyday environments, generating new forms of continuous monitoring. While proponents emphasise the potential of real-time detection and personalised support (Chekroud et al., 2021), critics highlight concerns around privacy, consent, profiling and the redistribution of power over psychological knowledge.

For young people, these arrangements intersect with existing regimes of child protection, school discipline, family oversight, and platform governance. Youth have historically been positioned as subjects to be supervised and safeguarded (Best, 2017; Maira & Soep, 2005), and digital mental health technologies may intensify these dynamics by embedding surveillance into intimate domains of life, often without equivalent mechanisms of accountability or contestation. The line between support and control becomes blurred when mental health risks are operationalised as algorithmic variables and managed through preventative interventions, nudging or behavioural prompts. These forms of governance are not distributed evenly.

Digital health technologies are taken up unevenly across socio-economic groups, with those already advantaged more likely to have access to devices, connectivity, digital literacy and supportive infrastructures (Lupton, 2016). Meanwhile, marginalised young people such as migrants, racialised youth, LGBTQ+ youth or those in precarious housing may face intensified scrutiny or datafication through welfare, education and criminal justice systems. Scholars have warned that algorithmic classification may reproduce or amplify existing inequalities by encoding assumptions from biased datasets or institutional logics (Eubanks, 2018; Benjamin, 2019). In parallel, commercial platforms play a significant role in shaping digital mental health landscapes.

Many digital mental health tools are developed outside clinical systems by technology companies whose incentives may not align with public health or ethical priorities. Zuboff (2019) characterises such corporate practices as part of “surveillance capitalism,” in which data extraction is central to business models.

Within this framing, mental health data become valuable commodities, raising questions about ownership, consent and exploitation. For adolescents, whose data are often considered particularly sensitive, these arrangements introduce complex governance challenges that straddle health policy, data protection and children’s rights (Livingstone et al., 2018). Finally, digital mental health intersects with contemporary debates on responsibility and the individualisation of social problems. As Crawford et al. (2015) argue, digital health platforms frequently translate structural determinants of well-being into matters of individual self-care and self-management. Mental health difficulties rooted in socio-economic precarity, discrimination or insecurity may thus be reframed as personal deficits or failures of resilience, reinforcing neoliberal logics of responsabilisation (Gill & Orgad, 2018).

For young people, these dynamics are particularly salient, as adolescence is a period in which social and structural constraints are often masked by discourses of choice and self-fashioning. Taken



together, sociological scholarship suggests that digital mental health cannot be understood solely in terms of therapeutic efficacy or technological innovation. Instead, it emerges as a field in which risk, care, participation and inequality are negotiated within broader political, economic and cultural transformations.

Synthesis and Gaps in the Literature

The literature reviewed above suggests that digital mental health for young people sits at the crossroads of multiple sociological concerns, including the governance of youth, the datafication of health, and the politics of participation and expertise. Young people's mental health has become a prominent site of public anxiety, policy intervention and academic inquiry, reflecting broader transformations in how well-being, citizenship and risk are conceptualised in late modernity. Digital technologies further complicate this terrain by redistributing where and how mental health care occurs, who is authorised to provide it, and what forms of evidence and knowledge are recognised. Across these bodies of work, three broad themes emerge.

First, digital mental health extends existing logics of responsabilisation and self-management, situating young people as active subjects tasked with monitoring, improving and optimising their mental health while leaving structural determinants of distress comparatively unaddressed. Second, digital infrastructures facilitate the expansion of surveillance, assessment and intervention into everyday environments, generating new forms of visibility and accountability that reshape relations between young people, families, schools, health systems and commercial platforms. Third, participation is increasingly invoked as a normative principle, yet actual practices of co-design, consultation and governance often reproduce adultist hierarchies and epistemic asymmetries, positioning young people as users rather than co-authors of the systems that affect them.

Despite growing interdisciplinary interest, several gaps remain evident. Much of the existing research on digital mental health remains rooted in clinical or technological paradigms focused on efficacy, usability or behavioural outcomes, with comparatively limited attention to the sociopolitical contexts in which digital interventions are imagined, developed and deployed. Youth-specific scholarship is still fragmented, and while young people's digital practices have been extensively examined in fields such as media studies, childhood studies and youth studies, these insights have not been systematically integrated into digital mental health research.

As a result, the assumptions informing digital mental health design often derive from adult understandings of risk, care and technology, rather than from the lived experiences and epistemologies of young people themselves. Furthermore, while policy discourse increasingly emphasises participation, rights and empowerment, there is insufficient analytical scrutiny of how these concepts are operationalised. Participation may function rhetorically to legitimise innovation without necessarily transforming decision-making structures or redistributing authority.

From a sociological perspective, this raises questions about tokenism, epistemic injustice and the limits of participatory governance within technoscientific fields. Similarly, although digital mental health infrastructures are implicated in reproducing or mitigating inequalities, issues of class, race, gender, disability and precarity remain under-examined within empirical studies. These gaps suggest the need for research that treats digital mental health not merely as a technological solution to a clinical problem but as a sociotechnical field shaped by competing institutional logics, normative imaginaries and power relations.

By foregrounding young people's positioning within this field, and by interrogating how participation, expertise and governance are constructed, the present paper aims to contribute to a more



nuanced sociological understanding of digital mental health and to challenge dominant framings that naturalise or depoliticise technological responses to youth distress.

MATERIALS & METHODS

The paper adopts a qualitative documentary research design situated within sociological and science and technology studies (STS) approaches to knowledge production. Rather than treating documents as neutral sources of information about digital mental health, the analysis approaches them as discursive and institutional artefacts through which meanings, categories and problem framings are constructed, negotiated and stabilised. This orientation treats digital mental health not as a purely technical field but as a sociotechnical formation in which multiple actors articulate and contest visions of youth, risk, participation and care. The methodology therefore privileges interpretation, contextualisation and critique over measurement, prediction or evaluation of clinical efficacy.

The empirical material consists of three broad clusters of documents that together contribute to the discursive constitution of digital youth mental health: (1) policy and institutional materials, including European mental health strategies, youth policy frameworks and digital health initiatives; (2) academic and professional literature, including systematic reviews, conceptual papers and research articles addressing participation, digital intervention and youth governance; and (3) youth advocacy and civil society materials, including manifestos, lived-experience testimonies, position statements and participatory guidelines produced by youth organisations, NGOs and rights-based groups.

Table 1. Overview of Documentary Corpus by Category

Category	Description	Example Types	n
Policy & Institutional	Formal strategies, policy frameworks and digital health initiatives shaping youth mental health agendas	EU mental health strategies, WHO reports, digital health roadmaps	27
Academic & Professional	Peer-reviewed research, systematic reviews and conceptual papers defining digital mental health evidence and design practices	JMIR articles, psychiatry/STS papers, HCI design literature	41
Youth Advocacy & Civil Society	Lived-experience materials, advocacy statements and rights-based guidelines articulating youth perspectives and demands	NGO position papers, manifestos, participatory guidelines	18
Total			86



Sampling followed a purposive and theoretically informed strategy designed to capture divergent institutional positions and epistemic claims rather than to produce representativeness in a statistical sense. Documents were included on the basis of their relevance to ongoing struggles over how digital mental health is framed and by whom, and their capacity to articulate claims regarding who is authorised to define needs, design solutions and set priorities for young people. In total, 86 documents were included in the corpus, comprising 27 policy and institutional documents, 41 academic and professional publications and 18 advocacy and civil society materials (Table 1).

Inclusion criteria required that documents (a) addressed mental health or well-being in relation to young people (broadly defined as under 30), (b) addressed digital technologies, platforms or AI as sites of intervention or care, and (c) articulated claims relating to participation, expertise, rights, governance or design. Documents were excluded if they centred exclusively on adult populations, offered purely clinical framings with no digital or sociotechnical dimension, or consisted primarily of promotional content. Documents were identified across academic databases, policy portals, organisational archives, grey literature repositories and snowball sampling. Screening was conducted in three stages (title review, summary review and full-text assessment). For transparency, the process can be summarised as follows: records identified (n = 241); duplicates removed (n = 213); screened (n = 213); excluded after screening (n = 97); assessed for eligibility (n = 116); excluded after full-text review (n = 30); documents included in the final corpus (n = 86). This procedure was not intended to approximate the logic of evidence synthesis but to establish a coherent discursive field for analysis.

Analysis drew on thematic documentary analysis informed by sociological discourse and policy studies. The analytic process involved three iterative stages. First, documents were mapped and catalogued, enabling the recognition of institutional clusters and discursive alignments. Second, documents were coded to identify recurring framings, metaphors and institutional logics relating to youth, mental health, technology and participation, with particular attention to how claims to expertise and legitimate knowledge were made. Third, coded materials were situated within broader sociological debates concerning governance, epistemic authority, responsabilisation and digital care. Rather than treating policy, academic and advocacy domains as internally coherent, the analysis sought to trace tensions, contradictions and absences—including where participation was invoked rhetorically without institutional mechanisms to enact it, or where safeguarding logics displaced participatory ones.

Documents were coded using MAXQDA (version 2022), which supported the organisation and retrieval of material and provided a traceable analytic process, while interpretive judgement remained central. Software acted as an infrastructural aid rather than a methodological substitute for critical reading.

Reflexivity formed an ongoing element of the research process. The author is situated within sociology and youth studies, fields that foreground relations of power, institutional authority and epistemic inequality in shaping young people's lives. This positionality likely sensitised the analysis to struggles over expertise, recognition and participation in digital mental health, and to the ways institutional framings can obscure structural conditions of distress. Reflexive memo-writing and revisiting of coding decisions were used to maintain awareness of these influences and to avoid premature closure of interpretive possibilities.

Finally, as with all documentary research, the material examined reflects particular institutional, linguistic and geographical contexts and privileges formalised articulations of digital mental health rather than vernacular or informal mental health practices within digital publics. The aim is not to evaluate the effectiveness of digital interventions nor measure individual behavioural outcomes, but to interrogate the sociopolitical and epistemic conditions under which digital youth mental health is

imagined, justified and governed. Despite these limitations, documentary analysis is well suited for examining how digital technologies become implicated in the governance of youth mental health and how such processes shape the possibilities for participation, agency and authority.

RESULTS

The analysis examined how youth participation in digital mental health is framed and legitimised across policy, academic/professional and advocacy/civil society domains. Coding and cross-document comparison identified three dominant patterns through which participation was rendered meaningful: (1) participation as normative rhetoric, (2) participation as managed consultation, and (3) participation as emerging epistemic authority. These patterns reflect not only different institutional priorities but also different understandings of what counts as legitimate knowledge and who is authorised to contribute it.

Participation as Normative Rhetoric

Policy and institutional documents frequently invoked youth participation as a normative ideal associated with ethical compliance, rights-based discourse and democratic accountability. Participation appeared as evidence of institutional responsiveness to young people's needs, yet was rarely accompanied by mechanisms that would enable young people to shape research priorities, intervention design or governance structures. Participation in this domain operated primarily at the discursive level, functioning as a legitimating device that signalled alignment with child rights frameworks and contemporary policy expectations. While policy materials described young people as "central" or "key stakeholders," their participation was largely framed in instrumental terms—enhancing engagement, acceptance or scalability—rather than redistributing authority or transforming epistemic hierarchies.

Participation as Managed Consultation

In academic and professional literature, participation tended to take the form of managed consultation embedded within existing clinical and design rationalities. Young people were positioned as users whose experiential input could refine usability, adherence or engagement within predetermined technological and clinical parameters. Participation occurred episodically through advisory panels, user-testing sessions and co-design workshops, and was largely restricted to the optimisation of solutions already defined by adult professionals, researchers or designers. Youth perspectives were interpreted through existing psychiatric, technological or health service frameworks, rather than treated as alternative epistemologies of digital practice or mental distress. As a result, participation broadened input without unsettling prevailing assumptions regarding needs, risks, diagnostic categories or desirable outcomes.

Participation as Emerging Epistemic Authority

Advocacy and civil society materials articulated a qualitatively different understanding of participation anchored in lived experience, epistemic authority and rights. In these documents, young people were positioned not merely as end-users but as knowledge-holders with legitimate insight into mental health needs, digital practices and care imaginaries. Participation was framed as a matter of justice, power and recognition, extending beyond design optimisation to domains such as research priority-setting, ethical deliberation, policy formation and platform governance. These materials also foregrounded vernacular and peer-based forms of digital mental health practice, challenging professional monopolies over what constitutes valid mental health knowledge and care. Here, participation was more closely aligned with co-production and collective agency than with consultation.

Cross-Domain Divergence

Taken together, the three patterns reveal clear divergences across institutional domains regarding the purpose and scope of youth participation. Policy materials largely mobilised participation rhetorically; academic and professional materials incorporated youth input as controlled consultation; and advocacy materials asserted participation as epistemic recognition and shared governance. Across all domains, no documents granted young people direct influence over funding decisions, regulatory frameworks or data governance infrastructures. This absence suggests that while participation is increasingly invoked, transformative forms of co-governance remain largely unrealised.

Positioning of Young People

Across the corpus, young people were positioned in three recurring ways: as vulnerable subjects requiring safeguarding, as digitally literate actors whose fluency could be leveraged for optimisation, and as emerging epistemic actors with lived-experience knowledge. These framings reflect broader tensions in contemporary youth governance between paternalistic protection, responsabilised self-management and claims to agency. Rather than being reconciled, these rationalities co-existed within the documents, shaping the conditions under which youth participation is imagined and enacted in digital mental health.

Table 2 Cross-classified framings of youth participation across documentary types

PARTICIPATION MODELS	Policy & Institutional (n=27)	Academic & Professional (n=41)	Advocacy & Civil Society (n=18)
Normative Rhetoric	5 (strong)	2 (weak)	1 (marginal)
Managed Consultation	1 (marginal)	5 (strong)	2 (weak)
Epistemic Authority	0 (absent)	2 (weak)	5 (strong)
POSITIONING OF YOUTH			
Vulnerable Subjects	4 (high)	3 (moderate)	2 (weak)
Digital Natives	3 (moderate)	4 (high)	2 (weak)
Epistemic Actors	0 (absent)	2 (weak)	5 (strong)

Note: Intensities displayed on a 0–5 ordinal scale (0 = absent; 5 = strong). Values reflect interpretive intensity based on thematic documentary analysis conducted with MAXQDA (2024). Scoring is ordinal and non-parametric. Document types reconstructed from corpus design. Total documents: n = 86.

The cross-classification of participation framings across policy, academic and advocacy document types reveals a structured differentiation of institutional logics governing youth digital mental health. Rather than constituting a singular field of consensus, the corpus displays a distributed and stratified configuration in which participation operates as a polyvalent category, mobilised toward distinct institutional ends and anchored in divergent understandings of youth, expertise and governance. Within policy and institutional documents, participation functions predominantly as a normative and legitimating construct.



The discourse is characterised by declarative commitments to “empowerment,” “rights,” “co-creation” and “stakeholder involvement,” terms that signal alignment with contemporary expectations of democratic inclusion and procedural fairness. Yet these commitments rarely extend to detailed descriptions of participatory mechanisms, decision-making architectures or resource transfers. Participation is thus articulated as an ethical and compliance-oriented imperative rather than an epistemic or governance practice.

Youth are framed as subjects to be included in order to satisfy normative demands, by international conventions, policy agendas or evaluative frameworks, rather than as actors with standing to shape the very categories or priorities of the field. This results in a mode of participation that is largely symbolic and anticipatory, stabilising institutional claims while deferring substantive reconfiguration of power. Academic and professional documents enact a different logic, in which participation is framed as managed consultation embedded within design, research and evaluation cycles. Here, youth involvement is justified through its instrumental value for improving system performance: enhancing usability, adherence, engagement or fidelity. Participation is thus operationalised as a methodological device rather than a political or epistemic right. Young people are positioned as informants, user proxies or testers, whose experiential knowledge is valued insofar as it can optimise intervention trajectories. Institutional control over problem definition, evidence standards and evaluative criteria remains largely intact.

Participation is episodic, project-bound and time-limited, reflecting the temporalities of research funding, publication cycles and product design. While this model goes beyond symbolic inclusion, it reinforces existing epistemic asymmetries between clinical/professional expertise and youth experience. Advocacy and civil society documents articulate a third model, in which participation is configured as epistemic authority and political claim-making. Here, youth are positioned not as proxies but as knowledge-holders with standing to define needs, articulate harms, and formulate governance demands regarding digital mental health infrastructures.

These texts foreground lived experience, mutual aid, peer support and collective care as legitimate epistemic and organisational practices. Participation is not oriented toward optimisation or legitimacy but toward redistribution of epistemic and institutional power, including agenda-setting, ethics, platform design and regulatory oversight.

This model is closely aligned with rights-based and justice-oriented frameworks, which problematise adultist assumptions embedded in clinical and policy discourses and highlight the politics of recognition within digital mental health. Taken together, the three clusters suggest that participation operates as a floating institutional signifier, whose meaning is contingent on the institutional field through which it is mobilised. The strongest claims for youth epistemic agency and co-governance emerge outside state and professional systems, while the capacity to institutionalise participation at scale remains concentrated within state and expert domains. The resulting configuration is one in which youth agency is recognised rhetorically, activated instrumentally or claimed politically, but only partially realised in governance practice.

DISCUSSION

The findings of this study indicate that participation within digital mental health for young people operates within a field structured by competing institutional logics and asymmetries of epistemic, clinical and technological authority. While participation is widely invoked as a normative ideal across policy, academic and advocacy domains, the analysis shows that the meaning of participation is neither



fixed nor politically neutral. Instead, participation functions as a site of contestation in which questions of expertise, legitimacy and governance are negotiated.

Across institutional and policy documents, participation served primarily as a legitimating practice. The repeated rhetorical emphasis on youth involvement reflects an awareness that digital mental health technologies cannot simply be imposed upon young people without risking rejection, low engagement or public criticism. In this sense, participation operates as what Jasanoff (2003) calls “legitimacy work,” helping to stabilise emerging sociotechnical arrangements by aligning them with prevailing democratic and ethical norms. However, this discursive use of participation largely maintains existing authority structures rather than redistributing power over problem definition, resource allocation or governance. Participation thus becomes a symbolic marker of ethical modernity, signalling that institutions recognise young people as stakeholders while deferring substantive influence.

This dynamic mirrors patterns observed in other areas of youth policy, where participation is promoted as a rights-based imperative yet often results in consultative mechanisms that function to validate institutional agendas rather than transform them (Bishop, 2019; Wyn & Woodman, 2006). In digital mental health, such practices risk instrumentalising participation as a means to increase compliance or uptake, consistent with wider trends in neoliberal health governance that responsabilise individuals for managing their own well-being (Rose, 2007; Gill & Orgad, 2018).

The second mode of participation identified—managed consultation—reflects how participation is operationalised within digital health design. User-centred and co-design approaches acknowledge the value of youth perspectives, yet they remain constrained by existing clinical and technical rationalities. The scope for youth influence is delimited by what professionals consider feasible, safe or scientifically valid. This resonates with scholarship on “boundary-work” in health and technology, in which institutions negotiate who is authorised to contribute knowledge and on what terms (Gieryn, 1983; Oudshoorn & Pinch, 2003). Young people are thus invited to contribute as users, testers or informants, but not as actors who can redefine underlying assumptions about diagnosis, risk or care.

In digital mental health, these assumptions intersect with safeguarding frameworks designed to protect young people from harm, misinformation or liability. The findings suggest that safeguarding logics often override participatory ones: when youth autonomy and institutional risk tolerance conflict, the latter tends to prevail. This dynamic raises important sociological questions about how vulnerability is defined, by whom, and with what consequences.

The third mode—advocacy-led participation—introduces a more radical vision that challenges clinical and technological monopolies over mental health knowledge. Youth advocacy materials emphasise lived experience as a legitimate form of expertise, challenging models in which mental distress is primarily understood through diagnostic criteria or therapeutic outcomes. This aligns with the broader lived-experience movement in mental health, which critiques psychiatric authority and promotes user-led control over mental health systems (Rose, 2018).

Here participation becomes inseparable from power, recognition and epistemic justice (Fricker, 2007): whose accounts of distress are taken seriously, whose digital practices are treated as legitimate forms of help-seeking, and whose perspectives shape definitions of risk, care and success. This reflects broader STS shifts toward distributed epistemic regimes in which expertise is negotiated among heterogeneous actors rather than contained within professional domains (Callon, 1999; Latour, 2005).

Digital mental health technologies intensify these dynamics by extending mental health governance into digital infrastructures characterised by data extraction, algorithmic classification and commercial logics (Lupton, 2016; Zuboff, 2019). The findings show that participation rarely addresses



how data are governed, how algorithmic decisions are made, or how commercial interests shape intervention design. Yet these domains are particularly consequential for young people, given that digital phenotyping, passive sensing and platform analytics introduce new modalities of surveillance, profiling and behavioural nudging.

From the perspective of governmentality (Foucault, 2008; Dean, 2010), participation can thus function as a technology of responsibility through which young people are tasked with monitoring their own mental states while lacking influence over the infrastructures that structure their options. Participation here secures recognition but not redistribution — echoing Fraser’s (1995) distinction between symbolic inclusion and material power.

Finally, the findings highlight that participation is differentially accessible. Young people experiencing marginalisation—whether through socio-economic precarity, migration, race, disability, gender or sexuality—are simultaneously overrepresented in mental health statistics and underrepresented in participatory processes (Unwin et al., 2020). As feminist, disability and decolonial scholars argue, participation without attention to power can legitimise rather than challenge structural injustices (Benjamin, 2019; Eubanks, 2018).

CONCLUSION

This study examined how participation is framed within the emerging field of digital mental health for young people, drawing on documentary analysis of policy frameworks, academic literature and youth advocacy materials. The findings indicate that participation is widely invoked across domains but enacted through divergent models.

Policy and institutional documents predominantly present participation as a normative requirement linked to legitimacy and stakeholder inclusion. Academic and professional documents operationalise participation as managed consultation within design and evaluation processes. Advocacy and youth-led materials articulate participation as a matter of epistemic authority and call for shared governance in decisions affecting young people’s mental health.

Across these configurations, young people are positioned in multiple ways: as subjects requiring safeguarding, as digitally literate users whose experiential perspectives can inform system optimisation, and as knowledge-holders whose lived experience constitutes a legitimate basis for shaping digital mental health infrastructures. These positions are not mutually exclusive and often coexist within the same policy environments.

The analysis suggests that the expansion of digital mental health tools for young people does not automatically generate opportunities for meaningful participation. While participation has become institutionally desirable and rhetorically prominent, its operationalisation remains uneven and limited in scope. In most cases, young people are included at later stages of design and implementation rather than in agenda-setting, governance or data-related decision-making.

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