

Abstract citation ID: ckad160.203**Reproducing differential racialisation: social triage in migrant mental health services in England****Philipa Mladovsky***P. Mladovsky*¹¹Department of International Development, London School of Economics, London, UK

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In England, coverage for treatment of post-traumatic stress disorder (PTSD), a health condition that disproportionately affects forced migrants, is universal, in principle provided free of charge to all. Yet, multiple informal access barriers typically arise and informal systems of social triage may emerge. Using intersectional analysis, this study asks what political and moral rationalities inform social triage in the NHS. It is particularly attentive to how and why a supposedly universal service reproduces differential racialisation, in which multiple and co-existing populations are stratified and ranked as more or less belonging to a nation. Fieldwork was conducted in two waves, in 2015-2016 and in 2019-2021. It included six months of participant observation in an NGO; 21 semi-structured interviews with health professionals across 16 different NHS and NGO service providers, purposively sampled until saturation was reached; six interviews with mental health commissioners and national policymakers; and analysis of grey literature. Transcripts and fieldnotes were analysed inductively to identify themes using NvivoR1. Results were validated by interviewees. Despite being covered, undocumented migrants and asylum seekers were systematically excluded from NHS PTSD services, through social triage. People with refugee status were prioritised. Mental health care providers consciously and subconsciously reproduced differential racialisation, which generated health inequality. This was facilitated by: austerity; omitting immigration status in measurement of health inequality; securitisation of mental health services and minoritised Muslim populations; and bifurcated activism in which the forced migrant sector was disconnected from established struggles to combat racism in mental health care. Policies extending coverage to undocumented migrants and asylum seekers must be accompanied by extra monitoring, as well as financial, political and social support to service providers.

Key messages:

- Health professionals informally, but systematically, reproduce differential racialisation in the rationing of health care through practices such as obfuscation and silencing critique.
- Informal systems of social triage erode universal health coverage. This is exacerbated in contexts of austerity, where health professionals use their discretion to ration limited resources.