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## Racialised exclusions in digital healthcare: combining insights from narrative interviews and human computer interaction

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health, being affected by trauma, and being judged by health-care professionals. Aspects of the podcast process that we considered: scaffolding conversations and use of commentary; level of editing and sound design; consent and involvement of participants in editing.

**Conclusion** Podcasting is a powerful way to hear the voices of YP who are rarely heard. Transparency in decision-making, reflective practice, and collaboration are central to both the research and podcasting process.

### 23 RACIALISED EXCLUSIONS IN DIGITAL HEALTHCARE: COMBINING INSIGHTS FROM NARRATIVE INTERVIEWS AND HUMAN COMPUTER INTERACTION

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Racialised exclusions pertaining to accessing and using healthcare services are systemic, consistent and prevalent within the contemporary landscape of health inequalities in UK cities (Wadhawan et al., 2023). Further, there is a concern that the rapid digital transformation of health services may exacerbate racialised exclusions for minoritised ethnic (ME) communities as a result of the digital divide, language barriers and digital literacy-related difficulties embedded in ethno-cultural differences (Topol, 2019). At present, there is limited understanding of the extent to which ME communities encounter systemic exclusions from digital healthcare services that require English language skills, literacy skills, accessibility to a device (e.g. a computer or smartphone) and mobile data and the skills and confidence to navigate digital platforms. Driven by a critical realist intersectional approach, our multidisciplinary research investigates the socio-technical challenges in accessing digitalised healthcare by exploring ME communities' lived experiences. By deploying a two-tier qualitative methodology combining 100 in-depth narrative interviews with follow-up audio-visual interviews which draw on human computer interaction (HCI) methodologies, we explore how digitalised health services intersect with ethnicity and other ethnocultural dimensions to contribute to digital exclusion from healthcare services. The in-depth narrative interviews indicated how participants' ethnicity interacted with multiple dimensions of identity as well as language, (digital) literacy, levels of informal support and income to influence access and use of digitalised primary care services. The follow-up HCI-influenced audio-visual interviews, meanwhile, enabled us to produce a more nuanced understanding of the barriers ME communities face in accessing digital healthcare, in particular, by enabling us to better explore the intersection of language barriers, digital literacy barriers and interface design. We also reflect on the challenges associated with conducting interdisciplinary research to explore the socio-technical barriers faced by different intersections of ME communities, which are often under-researched due to the linguistic or cultural diversity of ME communities.

### 24 NO DECISION ABOUT ME WITHOUT ME: AN EXPLORATION OF SHARED DECISION MAKING PRINCIPLES IN RELATION TO MEDICATION MANAGEMENT IN EARLY INTERVENTION FOR PSYCHOSIS SERVICES

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Medication (primarily antipsychotics) is a mainstay of treatment for psychotic disorders such as schizophrenia. Recent NICE guidelines explicitly recommend that Shared Decision Making (when a health care provider and a user work together to make a treatment decision that is best for the service user) in everyday practice across all healthcare contexts. However, mental health, especially psychiatric medication, has lagged behind other areas of medicine. Much of the literature on SDM and medication management in psychiatric care has revealed a paradox in which service users and clinicians alike advocate for it, but service users widely report they are not involved in decisions about their care. Early Intervention in Psychosis (EIP) services provide specialist community-based care for people experiencing a first episode of psychosis (usually in early adulthood). They often have a therapeutic culture oriented towards recovery and optimizing service engagement, and therefore provide fertile ground for SDM relating to medication in first service contacts and early medication use. This study aimed to evaluate how psychiatric medication is managed in relation to SDM using ethnographic techniques in EIP services within a London based service, I observed multidisciplinary staff meetings, clinical consultations and other interactions in which medication was discussed. Observations were recorded as handwritten notes, which were then typed up and analysed using thematic analysis. Findings will focus on strategies used by staff and service users to facilitate SDM, as well as organizational barriers and facilitators to SDM in psychiatric medication management, with an emphasis on risk and power dynamics. Findings will also map the medication journey for service users in EIP services, noting key decision points, types of decision making, and different actors and their roles in the process. This work can inform healthcare improvement and create organisational change models that will be fed back to service providers.

### 25 COMMUNITY RESEARCH THROUGH CREATIVE METHODOLOGIES AS A TOOL TO EXPLORE HEALTH INEQUALITIES WITHIN THE URBAN LOCALE

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**Background** Research over the last few years conducted by Centric in South London, supported by Impact on Urban Health, has revealed that there is limited trust in healthcare institutions. For some communities, resentment and cynicism