Achieving Virological Control and Engagement Through Tailored Peer Mentoring: a Collaborative Project Supported by the Fast Track Cities Initiative

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1. Guy’s and St. Thomas’ NHS Foundation Trust
2. METRO charity
3. King’s College Hospital
Incomplete adherence to antiretroviral therapy (ART) and difficulty engaging may result in poor health outcomes.

Addressing barriers i.e. stigma, migration, housing and other complex needs.

Patients with VL greater than 200 copies/ml where eligible.

The project was funded by the FTC initiative.

**PROJECT AIM**

60% of patients who engaged with the peer mentor to achieve a VL <200 copies/ml within 12 months.

Promotional material, first contact script and referral pathway.

Individually tailored support plans in collaboration with client.

The FTC mentor was embedded in two clinics.
### RESULTS

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Total n= 81 (%)</th>
<th>Engaged n=40 (49%)</th>
<th>Non engaged n=41 (51%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median CD4 at time of referral (cls/uL)</td>
<td>189</td>
<td>187</td>
<td>190</td>
<td></td>
</tr>
<tr>
<td>Median HIV-1 VL at time of referral (copies/ml)</td>
<td>87,000</td>
<td><strong>113,000</strong></td>
<td>65,000</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>59/81 (73)</td>
<td>26/40 (65)</td>
<td>33/41 (80)</td>
<td>0.1</td>
</tr>
<tr>
<td>Female</td>
<td>22/81 (27)</td>
<td>14/40 (35)</td>
<td>8/41 (20)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>41 (31, 51)</td>
<td>40 (29, 50)</td>
<td>42 (35, 52)</td>
<td>ns</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>27</td>
<td>14</td>
<td>16</td>
<td>ns</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>18</td>
<td>9</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Black African</td>
<td>26</td>
<td>14</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>36</td>
<td>16</td>
<td>20</td>
<td>ns</td>
</tr>
<tr>
<td>Hetero</td>
<td>32</td>
<td>14</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Sig drug use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30/81 (37)</td>
<td>8 (20)</td>
<td>22/41 (54)</td>
<td><strong>0.03</strong></td>
</tr>
<tr>
<td>No</td>
<td>50/81 (62)</td>
<td>31 (78)</td>
<td>19/41 (46)</td>
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</tr>
<tr>
<td>Sig mental health</td>
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<tr>
<td>Yes</td>
<td>35/81</td>
<td>19/40</td>
<td>16/41</td>
<td>0.5</td>
</tr>
<tr>
<td>No</td>
<td>45/81</td>
<td>20/40</td>
<td>25/41</td>
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</table>
Percentage of patients with an undetectable viral load (<200 copies/ml) over months since referral to FTC mentor cumulative

Figure 1: Percentage of patients with an undetectable viral load (<200 copies/ml) over months since referral to FTC mentor
FAST-TRACK CITIES 2022

TOP TOPICS

- HIV KNOWLEDGE: 21%
- DISCLOSURE: 17%
- MENTAL HEALTH: 16%
- ADHERENCE: 11%
- ACCEPTING DIAGNOSES: 8%
- ALCOHOL/DRUGS: 7%
- NAVIGATING HEALTHCARE: 7%
- HOUSING: 6%
- RELATIONSHIPS & SEX: 4%
- FINANCIAL SUPPORT: 3%

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CASE 01: 25 HETEROSEXUAL CIS FEMALE / BLACK BRITISH / VERTICAL TRANSMISSION. VIROLOGY AT TIME OF REFERRAL: CD4 140 / VL 2,500

BACKGROUND
• Met as inpatient (PEG tube)
• Complex family background link to incomplete adherence (prejudice, abandonment)
• PTSD linked to medication
• Drug resistance
• Temporary accommodation
• Low mood, isolation, gloomy outlook, suicidal
• “Doesn’t want to be pitied”

INTERVENTION
Support Plan:
• HIV Knowledge
• Accepting Diagnoses
• Disclosure
• Mental Health
• Housing
• Navigating Healthcare
• Advocated and liaised for PEG tube removal

Referred to:
• Living Well
• Body & Soul
• METRO Hardship Grant

RESULTS
• Medication “from harm to something helpful”
• Swallowing pills
• Secure accommodation
• PEG tube removal
• On monthly injectables
• Viral suppression VL 24
CASE 02: 48 GAY CIS MALE / LATIN (BOLIVIA) / SEXUALLY ACQUIRED HIV. VIROLOGY AT TIME OF REFERRAL: CD4 317 / VL 176,000

BACKGROUND:
- Met while at YAC
- Homophobia within family led to HIV exposure
- Internalized homophobia
- Stopped ART due to lack of self-esteem
- Migration issues
- Alcohol misuse
- Language barrier
- ARV’s disconnect
- Side-effects as barrier
- Isolation and mental health issues

INTERVENTION:
Support Plan:
- HIV Knowledge
- Faith & Sexuality
- Disclosure
- Mental Health
- Alcohol Misuse
- Migration
- Navigating Healthcare
- Regime change support

Referred to:
- LatinX, IRMO & Aymara

RESULTS:
- Increased awareness of health risks
- Alcohol reduction
- Sex & relationships hopes
- Monkey-pox vaccination
- Engages with Wrap-up
- Ongoing monthly catch-up
- Viral suppression VL<20
CASE 03: 55 R.N.S CIS FEMALE / BLACK-BRITISH / SEXUALLY ACQUIRED HIV. VIROLOGY AT TIME OF REFERRAL: CD4 197 / VL 112,000

BACKGROUND:
- Never achieved viral suppression (diagnosed in 2009)
- Bereavement
- Child-care duties
- Adherence (pill size)
- Claustrophobia, vertigo, agoraphobia, food allergies and dental issues
- Poor self-esteem, self-isolation.

INTERVENTION:
Support Plan:
- HIV Knowledge
- Adherence
- Disclosure
- Mental Health
- Relationships & Sex
- Navigating Healthcare
- Regime change support

Referred to:
- Cruse Bereavement Care
- METRO’s FSG
- Positive Plus One
- Living Well
- GROWS project

RESULTS:
- Personal enterprise
- Disclosure
- Naturally inclined to help others
- Engages with Wrap-up
- Trains to become a mentor
- Ongoing Mentee to Mentor support
- Viral suppression VL 202
WE HAVE SHOWN THAT A PEER MENTOR EMBEDDED WITHIN THE CLINIC CAN ENGAGE WITH THE MOST COMPLEX CLIENTS. WE BELIEVE THAT SHOULD BE THE GOLD STANDARD FOR ALL HIV CLINICS.
"The service that is being offered is invaluable and I’ve learnt a lot that I could possibly pass on to someone in need. My mentor has even made me rethink a lot about my life as I never have before. So thank you!.

"Thanks so much for your support in this journey. You’ve really inspired me to really take my life back & I’ll forever be grateful for that. I know what is to truly smile after being down for so long."

"My mentor was introduced to me when I was feeling really low and I dismissed his help thinking I wasn't worth the bother. The fact that he saw beyond that and persisted was a breakthrough for me and I took his mentorship gladly"
THANKS!