

# 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



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**NO8DO**

AYUNTAMIENTO DE SEVILLA

**IATAC**  
INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE



**FAST-TRACK CITIES**  
INSTITUTE



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

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

## RESULTS

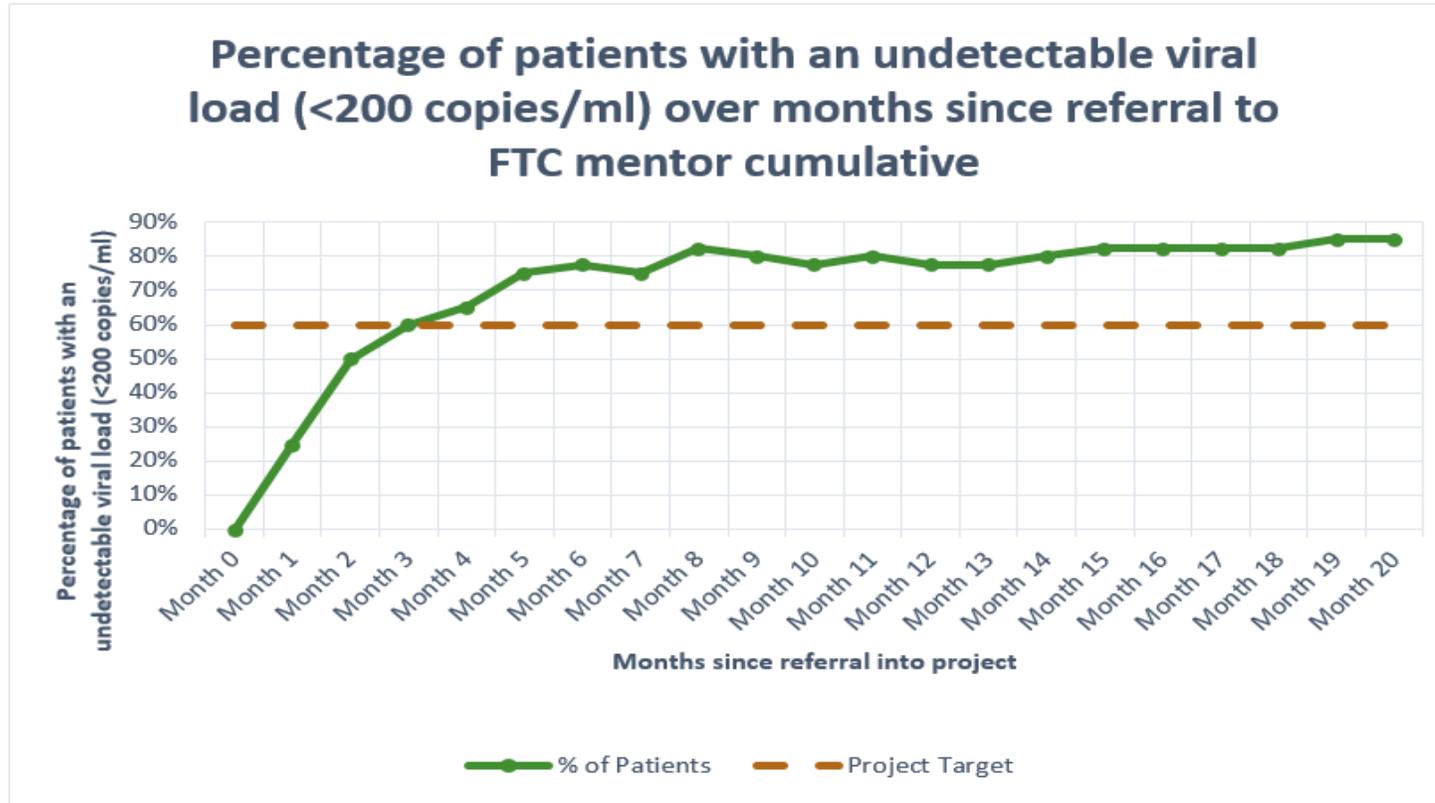
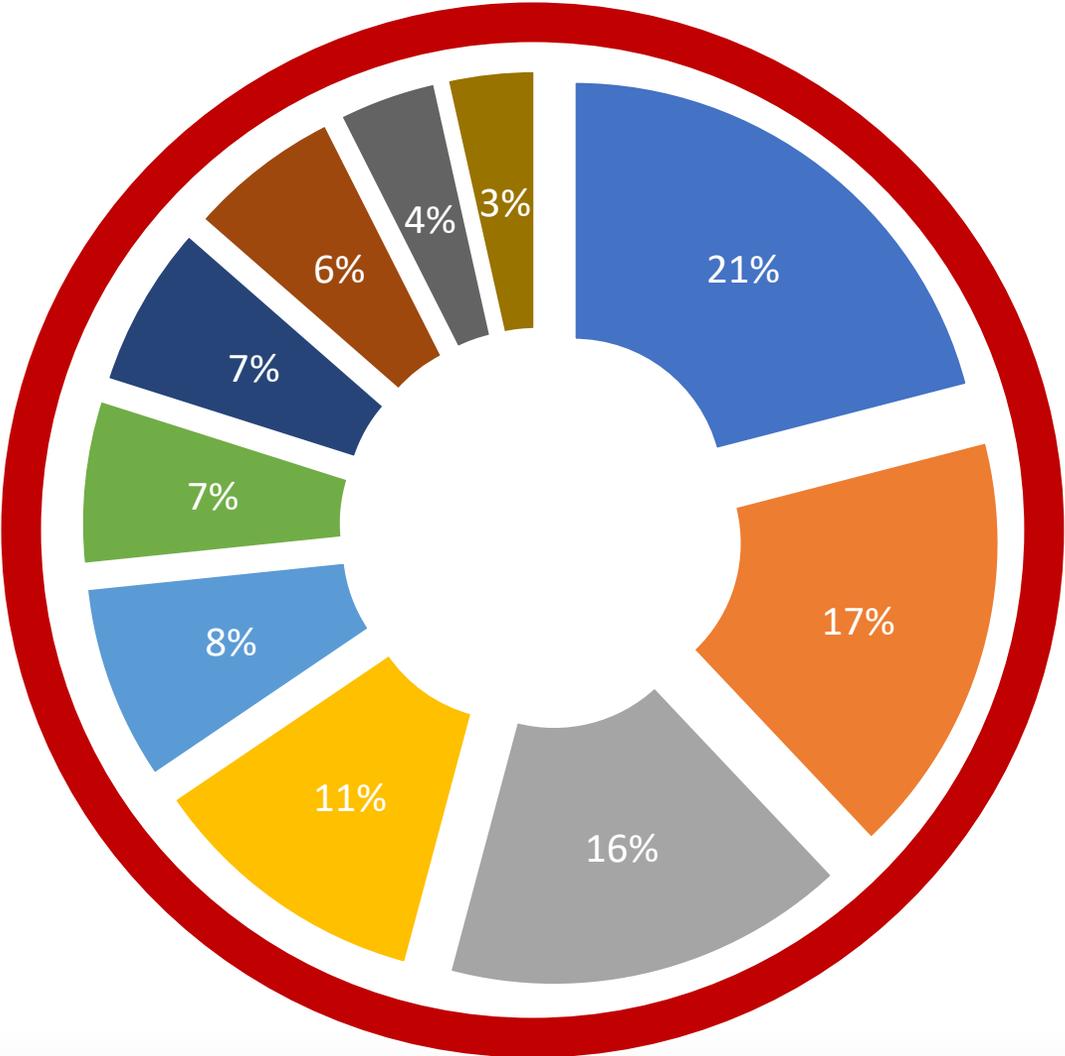


Figure 1: Percentage of patients with an undetectable viral load (<200 copies/ml) over months since referral to FTC mentor

TOP TOPICS



- HIV KNOWLEDGE
- DISCLOSURE
- MENTAL HEALTH
- ADHERENCE
- ACCEPTING DIAGNOSES
- ALCOHOL/DRUGS
- NAVIGATING HEALTHCARE
- HOUSING
- RELATIONSHIPS & SEX
- FINANCIAL SUPPORT

## 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

## KEY ELEMENTS

- SIMPLIFYING INFORMATION: AT WAR WITH HIV
- EMPOWERING PATIENTS
- MENTORING WRAP UP / MONTHLY CHECK-UP / BOUNDARIES
- MENTEE TO MENTOR CYCLE
- PATIENT PRIORITIES
- CLINICAL SUPERVISION FOR MENTOR

## CONCLUSION

**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.**

**CD4**



**VL**



**ARV**





"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!