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# Background

•Young adolescent patients with HIV are a vulnerable group who can experience problems with adherence to HIV medication and low levels of engagement with HIV services  $[\underline{1}, \underline{2}]$ .

## Methods

Peer Mentors were introduced to the young adult outpatient cohort between May and November 2011.
Following their introduction patients were asked to complete a questionnaire which covered their opinions on

•These issues often arise at a time of huge transition in these how the session with the mentor had affected their feelings individuals' lives when they are facing change in their about their HIV diagnosis and care.

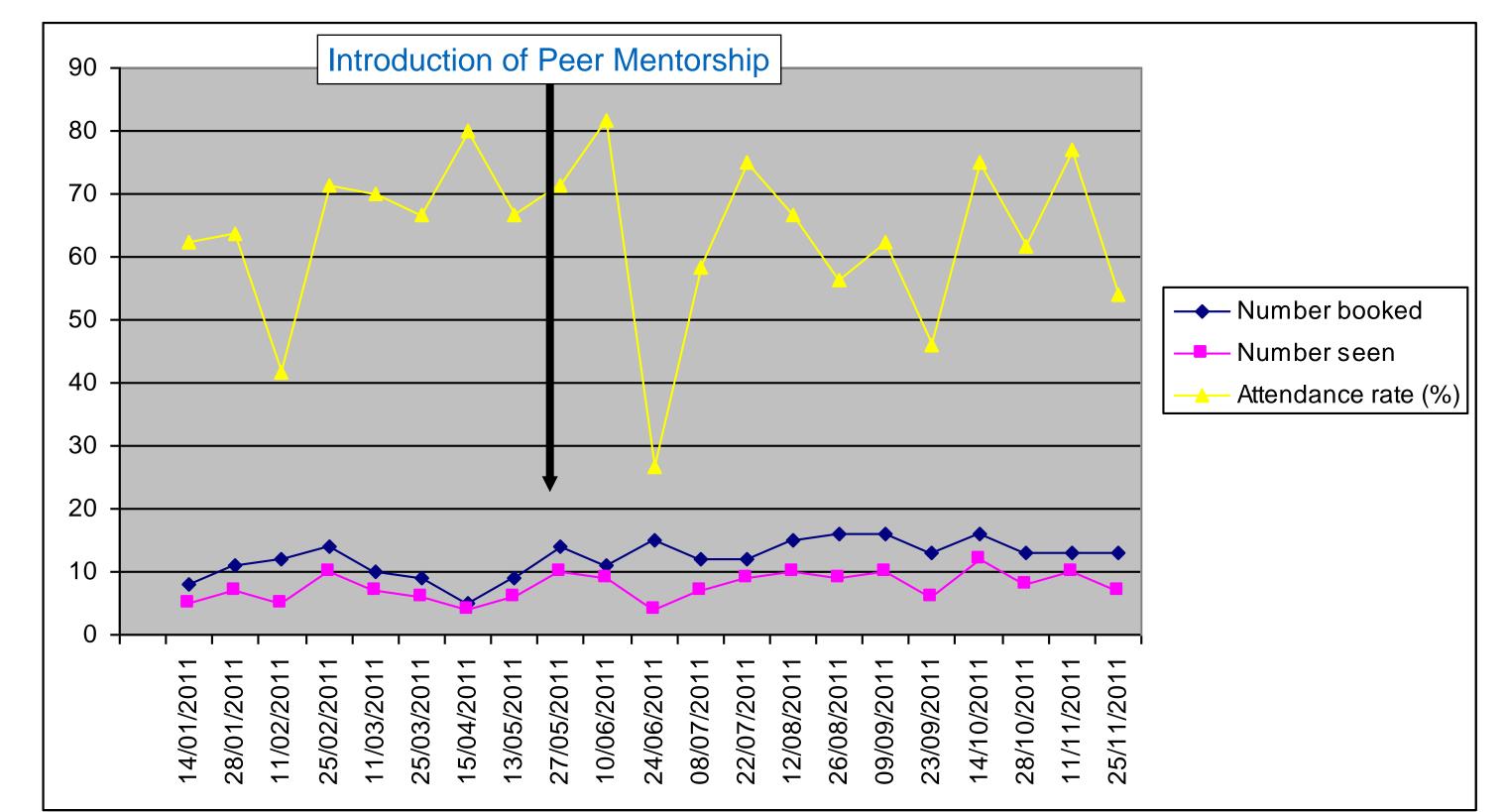
education, relationships and social situations.

•Previous attempts have been made to find effective interventions and strategies to prevent short and long term damage to these patients' health[<u>3</u>].

•One such intervention is the use of Peer Mentors [4, 5] whereby other young adult patients with HIV actively engage and support these individuals using a one to one tailored approach to their HIV care.

•Our intention was to introduce Peer Mentorship to our young adult HIV outpatient cohort to improve their health and wellbeing with particular focus on engagement with HIV care, thereby improving long term prognosis.

•Attendance rates in clinic were compared pre and post the introduction of the Peer Mentors.



### Figure 1 Attendance rates of young adults with HIV pre and post introduction of peer mentorship

## Results

•14 questionnaires were completed.

- •When asked "After you saw the Peer Mentor how would you rate how HIV affects your life on a scale of one to ten? (one being the worst and ten being the best)" the median score out of ten was 7 (range 4 to 10).
- •When asked *"Have you noticed a change in your thoughts and / or feelings since you saw the Peer Mentor?"* a score between 1 and 10 was given, where 1 represented *"a lot of change for the worse"* and 10 represented *"a lot of change for the better"*. The median score for this question was 8 (range 4 to 10).

•Attendance rates did not change following the introduction of peer mentorship to this young adult cohort (Figure 1)

•When asked for qualitative feedback on the peer mentorship, verbatim quotes included "She is down to earth and easily understandable and has great insight into psychological effects of living with HIV and ART" and "I think this is a great service to offer to people with recent diagnosis or people with questions about living with HIV"

## Discussion

•This evaluation of a pilot peer mentorship programme has demonstrated that the service was well received by its users

- and had a positive impact on their sense of well-being.
- •Evaluation of the impact of Peer Mentorship on individual patients was not possible as the questionnaires completed were anonymised to encourage honest feedback.
- The service did not however, influence the clinic attendance rates during the initial phase after its introduction.
  As more individuals have the opportunity to meet with the peer mentors, further evaluation of this service may show more of an impact on attendance rates in clinic.

### References

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