

# ENHANCING QUALITY OF LIFE FOR YOUNG PEOPLE LIVING WITH HIV: A DIFFERENTIATED CARE MODEL WITH PSYCHOSOCIAL SUPPORT.

"ALL I CAN SAY IS THANK YOU FOR ALWAYS BEING THERE AND FOR ME AND FOR ALWAYS CHECKING UP ON ME" (YP SUPPORTED AT CLINIC BY CHIVA STAFF)

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## INTRODUCTION

Chiva and an NHS trust providing a dedicated youth HIV clinic have worked together to develop a tailored support service, delivered from within the clinic setting, to meet the unique needs of young people (YP) living with HIV. The primary objective is addressing critical psychosocial support needs, (actions that address both psychological and social needs), and improving quality of life, thereby supporting young people who may have significant risks to health and maintaining engagement in care, often stemming from complex childhood experiences and more complicated medical histories.

### Related information:

Understanding ACEs with Dr. Nadine Burke Harris



## METHODOLOGY

- All YP living with HIV and registered to the clinic at the end of 2023 were included.
- Data collection included a review of clinical records and key health related indicators including viral load, CD4 count, incidence of psychosis.
- Chiva case notes / case work reports were reviewed & casework discussion held to define the key needs identified through the service and outcomes from the additional professional support addressing psychosocial needs available in this extended model of care.

## RESULTS - CLINIC DEMOGRAPHICS

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The clinic cohort comprises **212** YP of whom 119 (56%) females, and 180 (85%) of black ethnicity with a median age of 27.1 years (IQR 24.2 -30.7)

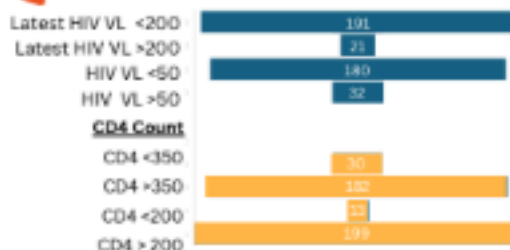
All YP in the cohort have been offered ART. The majority have achieved virological suppression, with 90% having an HIV VL <200 & high percentage (85%) having an HIV VL <50

Despite significant achievements in treatment and care, challenges such as attendance and mental health issues persist for some. Seven have not attended for at least 8 months. Sixteen have had 1 or more episode of psychosis.

### Key Demographic Information



### HIV viral load and CD4 Count



## RESULTS - PSYCHOSOCIAL INTERVENTIONS

During 2023, 33 (16% of clinic total) YP were referred to the Chiva specialist support officer working within the clinic multidisciplinary team (MDT). Following referral a needs assessment is completed & person-centred interventions developed based on individually assessed needs.

### Outcomes included:

- Increased multi-agency involvement** - addressing identified needs including mental health support, social care engagement, welfare rights & advocacy services.
- Financial & food relief plus support with transport costs to clinic** - via Chiva hardship support fund.
- 3 support groups delivered for new mothers** (who had grown up with HIV).
- New befriending and community support role identified** to address the acute social isolation many of the YP experience.
- Supporting acute mental health needs**, 3 YP new attending clinic who had significant difficulty leaving their homes due to mental health.
- Establishing relationships with YP** who have found it hard to engage, through regular checking in & demonstrating care and concern resulting in improved engagement. Keeping in touch & having wider needs understood and responded to is what YP have valued.

## KEY FINDINGS

### Predominant psychosocial issues identified requiring support:

- Housing needs** - advocacy support to navigate housing options & challenge when there is lack of suitable provision.
- Welfare rights** - support to access eligible benefits.
- Poverty related effects** - including food hardship and help with transport costs to clinic plus need for basic household items.
- Acute social isolation** - difficulty maintaining any connectivity with more social relationships in community & with professionals.
- Mental health** - especially connected to early years trauma (loss, bereavement, abuse, lack of consistent adult nurturing relationships during childhood).
- Support for new parents** - mothers who have grown up with HIV requiring parenting and practical support.
- Adverse childhood experiences (ACEs)** - significant among a proportion of YP.
- Support needed to access to educational opportunities.**

## CONCLUSION

- Despite significant achievements in treatment and care, challenges such as attendance difficulties and mental health issues persist for more vulnerable YP and require ongoing attention and support.
- Provision of psychosocial support via the clinic team allows for wider challenges to be identified and addressed. Building resilience and providing stabilising support can address difficulties sustaining engagement in care.
- A number of young adults are extremely affected ongoing by their early life traumas and the lack of stable and consistent adult support when younger is revealed in their difficulty managing early adulthood when former structures of support such as education are no longer available.
- Engagement of wider services, practical support, advocacy & establishing secure trusting relationships can be critical to protect the health and wellbeing of more vulnerable YP and maintain engagement in care whilst improving quality of life.