P098: Addressing internalised stigma in HIV clinics
A London Fast-Track Cities Initiative (FTCI) project

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Background

Research[a] shows that internalised and anticipated stigma can negatively affect wellbeing and engagement in care. Peer support can help people adjust to an HIV diagnosis and improve engagement with care and treatment[b]. FTCI London convened a pan-London voluntary sector community of practice to develop a framework to address internalised stigma and commissioned six 1-year Empowerment Programmes, to be delivered by eight organisations.

Methods

Positively UK developed six peer-delivered workshops covering the following topics: external perceptions of HIV; understanding treatment and transmission; identifying intersecting stigmas; building self-esteem, self-advocacy skills and resilience; talking to others about HIV; connecting with peers and support services.

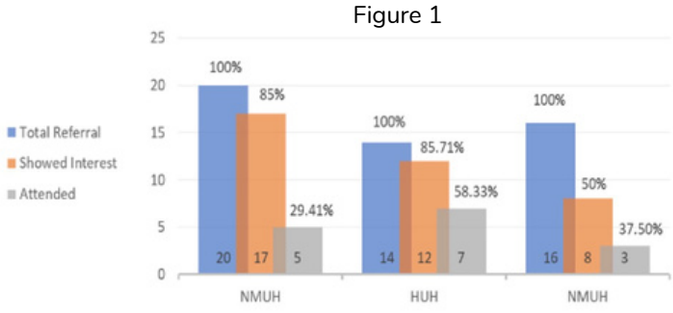
We collaborated with the HIV clinics at North Middlesex University Hospital (NMUH) and Homerton University Hospital (HUH) to deliver in-clinic evening workshops for three cohorts of patients identified as having past or current challenges in engaging in care and being unlikely to access external HIV support. NMUH recruited via the medical team, HUH via their peer navigator team. Our training coordinator contacted all those referred to explain the workshops and register people. We undertook pre- and post-training evaluations, using a 4-point Likert scale.

Results

Shift work and childcare negatively impacted evening attendance (Fig.1), with 15 attending across the three cohorts.

None of NMUH's attendees had ever spoken to another person with HIV or accessed voluntary sector support. By the end of the workshops, all had registered with Positively UK for additional support and services. Though all had been told about U=U by their medical team, none had a clear understanding or confidence in applying it to their lives and relationships.

Figure 1



HUH recruited via their Peer Navigator team, so all participants had accessed clinic-based peer support, but none had accessed external support. All bar one registered with Positively UK.

Demographics across both clinics were varied in relation to age, gender, sexuality and length of diagnosis (from 3 months to 36 years). However, aside from one British-born male (of Black African heritage) all attendees were migrants, with a majority of Black African origin.

Participants reported an average full point increase in agreement to the following statements:

- My HIV status does not limit my life on a day-to-day basis
- I have enough knowledge about U=U
- I have enough knowledge around living well with HIV

Conclusions

Meeting others living with HIV in the clinic environment showed clear benefits for those who attended. However, groupwork itself can be a barrier for those experiencing HIV stigma. Initial access to one-to-one in-clinic peer support provided a crucial foundation in reducing internalised and perceived stigma, resulting in significantly higher engagement in our workshops. As a result of the workshops, NMUH sourced additional funding to provide in-house peer support for their young people's services.

References
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[a] Positive Voices: The national survey of people living with HIV: https://assets.publishing.service.gov.uk/media/5e1dfbede5274a4e9d7dc720/PHE_positive_voices_report_2019.pdf
[b] Berg RC, Page S, Øgård-Repål A (2021) The effectiveness of peer-support for people living with HIV: A systematic review and meta-analysis. PLoS ONE 16(6): e0252623. https://doi.org/10.1371/journal.pone.0252623

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