

Strengthening referrals to HIV peer support programs in HIV clinical care: A qualitative study

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Background:

HIV peer support services improve treatment uptake and adherence, support retention in care, and enhance quality of life for people living with HIV. This project investigated strategies to improve referrals to HIV peer support programs in NSW.

Methods:

Between November 2023 and August 2024, semi-structured interviews were conducted with key stakeholders in the New South Wales HIV sector. Interviews explored knowledge of HIV peer support and referral practices in clinical care. Interviews were analysed thematically.

Results:

Of 20 participants, 11 provided HIV clinical support, six HIV peer support, and three were HIV policy experts. Most clinicians valued peer support, believing it improved quality of life for people living with HIV. Clinicians identified key barriers to embedding referrals to peer support into routine HIV clinical care, including unfamiliarity with all services offered by peer organisations. Clinicians also described that some clients expressed concerns about confidentiality and that by engaging with peer organisations, their HIV status and/or sexuality would become public. Clinicians recognised that individuals differed in their readiness to engage with peer services, although most only made referrals at the time of, or soon after, delivering an HIV diagnosis. Referrals were rarely incorporated into routine and ongoing HIV care, despite clinicians recognising that some individuals may not be ready to engage with peer support services at or soon after diagnosis and recognising that incorporating referrals into ongoing care may be beneficial.

Conclusion:

To better integrate referrals to HIV peer support into routine clinical care, clinicians need easily accessible and updated resources to remind them of the various range services of HIV peer support organisations. Emphasising confidentiality should be a

priority during the peer referral process. Further, peer referrals should be considered throughout routine HIV clinical care by regularly engaging conversations with clients, not just limited to crisis points according to clinicians' judgements.

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