

Using technology to support vulnerable PLWHIV at the time of coronavirus

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Introduction/Summary

In times of social and health crises, the gap between those moving forward and those at a standstill broadens. Considering this period, defined by the SARS-CoV-2 pandemic, to be particularly challenging for vulnerable subjects, our Association, with the unconditioned help of Gilead Science, set up a project titled: NOT TO BE LEFT BEHIND Supporting vulnerable PLWHIV at the time of coronavirus.

Methods

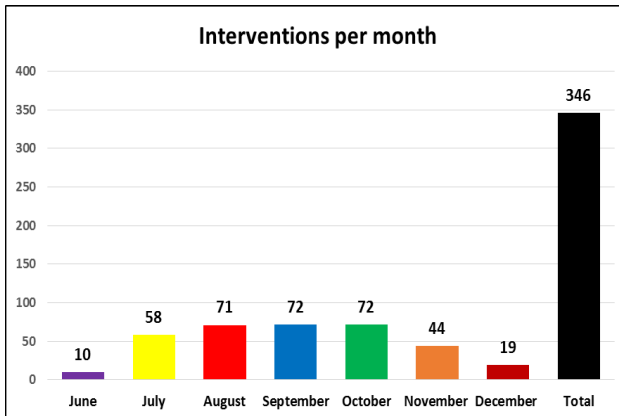
- The project's target population were vulnerable PLWHIV in the Turin metropolitan area, on whose lives the pandemic had had an especially negative impact, increasing difficulties in handling daily routines and causing a drop in the quality of life.
- The project provided individuals with support on various levels: health, psychological, social and economic.
- In order to meet these different needs, a multidisciplinary team was created comprising an infectious diseases specialist, a nurse, two psychologists, three counsellors (one a peer counsellor), a computer expert, a coordinator, and a volunteer.
- Interventions were coordinated in online meetings with either the whole group or with specific members of the group, and decisions were taken regarding the best way forward for each individual case.
- The people were taken into care in one of two ways: either doctors at the Amedeo di Savoia hospital (Turin) indicated to the counsellors those people in particularly vulnerable situations who required help and support; or the request for help and support reached the Association through its helpline (a mobile phone was always active) or by email.
- Due to the epidemic, technological devices (smartphones, tablets, Zoom) were used to contact and support individuals. When necessary, the computer expert was on hand to deal with technical difficulties.

Results (1)

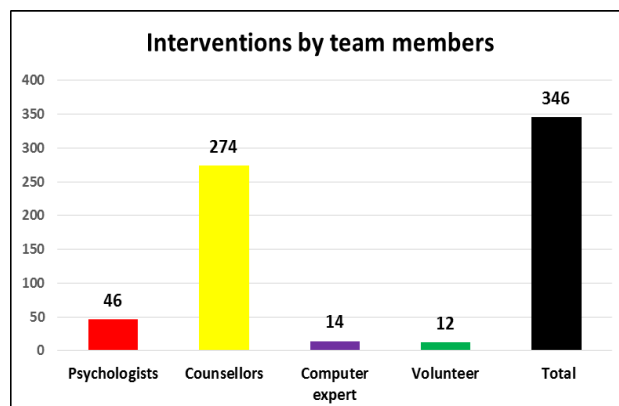
- Between 18 June and 15 December 2020, a total of 30 people were taken into care, 16 upon indication of the doctors of the Amedeo di Savoia hospital and 14 through the Association's helpline (4 of whom were already part of the Association's network of help and support).
- 16 were males and 14 females aged between 23 and 82 (the 50 to 69 age group was the most widely represented).
- 22 were heterosexuals and 8 homosexuals (MSM).
- 26 were Italians, while 4 were extra-European citizens (2 men from Latin America; 2 women, one from Africa one from Latin America).
- 27 were PLWHIV, and 3 were non-HIV+ but in a meaningful relationship with a PLWHIV in care.

Results (2)

- 346 interventions of help, support and counselling were carried out with the people in care.



- The psychologists performed 46 interventions (vocal telephone and video calls, mobile messaging); 274 were carried out by the 3 counsellors (vocal telephone and video calls, mobile messaging), 82 of which by the peer counsellor; 14 were performed by the computer expert; 12 were carried out by a volunteer who delivered shopping vouchers or assisted in bureaucratic procedures.



- The means used for the interventions were above all mobile phones and in some cases a tablet. In most cases, they were telephone calls: 200, sometimes preceded or followed by an exchange of messages. There were numerous exchanges using WhatsApp for both vocal and written messages: 65. There were missed calls: 39, 29 of which were followed by an exchange of messages. In 3 instances, the Zoom application was used for interviews. There were also 12 in-person appointments for the delivery of shopping vouchers or assistance with bureaucratic procedures.

Results (3)

- Telephone and video interviews, as well as vocal and written messages, helped not only to make the people contacted feel less alone and less isolated, but they also made it possible to build trust based on listening, allowing individuals to talk about themselves and bring to our attention any critical points that might be dealt with thanks to the help of our counsellors and psychologists.
- Counsellors identified 6 cases for referral to the psychologists; in 4 cases they identified economic difficulties, resulting in a volunteer delivering shopping vouchers on a monthly basis and where necessary in paying utility bills. 2 people entered the Association's self-help group and joined socializing activities (*Un Té Positivo*) which took place online using Zoom. 2 women were invited to join the Association's support group for HIV+ women also held online using Zoom.

Common and transversal aspects identified by the psychologists	
Loneliness	Due to the limitations on physical contacts, but with traces of a pre-existing sense of loneliness linked to the non-disclosure of the HIV+ condition. Paradoxically self-fuelled loneliness, due to uncertainties about technology and the effort to adapt to using new ways of communicating.
Dejection and fear	Surrounding one's own health and that of loved ones and due to a renewed sense of being judged as the source of infection, common to both HIV and SARS-CoV-2.
Frustration	Not knowing who to turn to, for example, in instances of cancelled medical appointments or collecting anti-retroviral drugs.

Conclusions

- Despite the use of such uncommon means of contact, the individuals supported made their appreciation apparent.
- Networking and strong bonds with the doctors and nurses of the Amedeo di Savoia hospital proved to be winning elements in the project.
- The presence of an HIV+ counsellor, a self-help group, socializing events and a women's group supported by a psychologist, all accessible on Zoom represented further resources at the Association's disposal.
- The fact that the team could meet and share online and that the activities were coordinated by a volunteer of the Association meant that, throughout the project, it was possible to identify the interventions necessary and to assess their effectiveness.

Reference

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