

Indigenous Peer Mentorship Model of Care

Danita Wahpoosewyan,¹ Trisha Campbell,^{1,2} Cara Spence,^{1,2,3} Susanne Nicolay,¹ Michelle Doman,^{1,2} Stuart Skinner^{1,2}

¹Wellness Wheel Medical Outreach Clinic, ²University of Saskatchewan, ³McGill University



Background

The province of Saskatchewan (SK) has had the highest HIV rates in Canada for over a decade. Despite being only 12.9% of the population in SK, Indigenous people represent 79% of HIV diagnoses. The HIV and HCV epidemic is further fueled by a co-epidemic of drug toxicity events. The trends of intravenous drug use (IVDU), infections and fatal drug overdose indicate limited access to services such as harm reduction supplies, reliable healthcare and community-supported, culturally responsive care in SK. The current situation calls for alternative approaches to wellness and care provision.

Peer mentorship is a pragmatic, relational, and culturally appropriate way to support People Living With HIV (PLWH) and is widely regarded as a critical support service and harm reduction strategy.



Description of Model of Care

Peer mentorship networks provide peer-to-peer support for PLWH in acute care settings, as well as in urban and Indigenous communities across Saskatchewan. The need for cultural support, including traditional and land-based approaches, is an important part of the healing journey for this PLWH population. Peer mentors provide access to critical cultural connections and traditional ceremonies. The Peer Mentors support care providers and PLWH access to treatment and receive needed clinical, social, and cultural care.

As an interventional approach, sharing circles are held weekly and are well attended. The sharing circles are Indigenous-led and offer participants a chance to share food and stories and smudge together. Reducing the rates of new infections and treating HIV/HCV requires a continuum of care with coordinated services and strength-based support.



Effectiveness

This work directly responds to the Canadian Commission on the Truth and Reconciliation (TRC) Calls to Action by promoting culturally responsive and trauma-informed care. The sharing circles are an important connection between those needing supportive care for IVDU, HIV/HCV and Peer Mentors, who provide culturally responsive care and link to the health system.

The Peer Mentors report the impact of supporting PLWH: [*“This work is so rewarding... patients have said that if it wasn’t for me helping them, they wouldn’t have anyone”*].

To connect for support [*“That’s why we come together like this ceremony, listening to each other, being their supports. Think back to our traditional ways, our communal living. That’s the way I follow”*].

To nurture healing practices within the community [*“I see our people helping one another to build healthy communities. We are the medicine”*].

A participant in a sharing circle recalls, [*“I used to think that I could handle everything myself. But now – you can’t. You need to open up. You need to start sharing with each other.”*]

A peer mentor encourages others to reach out when they need help, [*“Don’t be shy to ask for help... we understand a lot of the issues,,, we are not judgement. A lot of us have been on the same path.”*]

Peers also participated in land-based learning. One peer reflects: [*“As Indigenous people, we have had a lot of trauma in our lives. People enjoy getting back on the land; you’re connected to mother nature and to everything”*].



Conclusion

Peer mentors are facing a high demand for their services. Recruitment and retention strategies must include recognized training, fair rates of pay, and ongoing support for peer mentors. Sharing circles held by Peer Mentors are demonstrated as a supportive intervention and critical approach to interceding in the epidemic of IVDU and HIV/HCV in Saskatchewan. Recognizing the pivotal role of Peer Mentors will require the certification and full integration of peer mentorship into clinical care teams.

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