

Peer Respite as an Alternative to Hospitalization

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BACKGROUND

Patients experiencing a mental or behavioral health crisis account for one in eight emergency department visits in the United States, with approximately 40 percent of those visits resulting in inpatient hospital admission. These hospital admissions can involve involuntary evaluations, restraints, and forced medication. Peer respites offer a more effective, humane, and less costly approach to treating a mental health crisis.

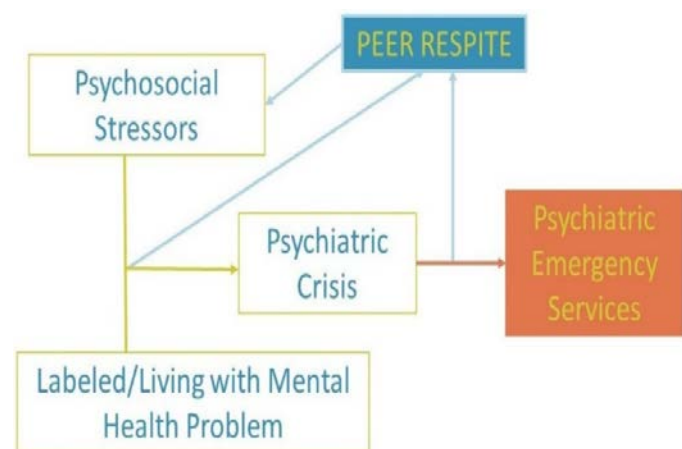
Peer respites, in some form, have been around since 1993, but their numbers are still few. As of 2018, only 14 states had at least one peer respite within their borders, and there were only 31 peer respites across the country, with respites in California, Georgia, and New York accounting for almost half of that total.

WHAT IS A PEER RESPITE?

A peer respite is a voluntary, short-term, program, usually overnight, that provides community-based, non-clinical support to individuals experiencing, or at risk of experiencing, a psychiatric crisis. Peer respites are staffed and operated by people with lived experience of mental health issues. Peer respites must meet three criteria in order to be deemed a peer respite: (1) the respite must be 100 percent staffed by people with lived experience of extreme states and/or the behavioral health system; (2) all leaders in the peer respite must have lived experience; and (3) the program must be operated by either (a) a peer-run organization or (b) an

advisory group where at least 51 percent of the members have lived experience.

Peer respites are sometimes referred to as “hospital diversion programs” and serve as an alternative to hospitalization. They provide a homelike environment where individuals who are struggling with a mental health issue – whether emotional or psychological – can receive support from their peers. Guests can stay at a peer respite between 0 to 30 days, with most guests staying an average of between five to eight days. According to a 2018 survey conducted by Live & Learn, Inc., peer respites offer many non-clinical services including, but not limited to, various support groups (suicide, alcoholics anonymous, and other self-help groups), participation in meditation and mindfulness exercises, arts and crafts, religious or spiritual services, and participation in WRAP (Wellness Recovery Action Plan)¹ activities. Many respites also connect their guests with additional off-site clinical services at organizations with whom the respite has a partnership.



¹ WRAP is “a self-designed prevention and wellness process” used to: (1) identify wellness tools; (2) develop daily wellness strategies; (3) identify triggers and early warning signs and develop action plans for those situations; (4) create a crisis

plan; and (5) create a post-crisis plan. Mentalhealthrecovery.com. “WRAP®, Wellness Recovery Action Plan: Renewing Your Wellness Your Way.” Accessed Jan. 14, 2021. <https://mentalhealthrecovery.com/wrap-is/>

Most peer respites are founded through a collaboration with a county or state health department. Respites are also formed through community organizing, a government grant, or collaboration with a managed care organization.

Peer respites receive funding from multiple sources, including state and federal grants, though most respites (45 percent according to a 2018 study) receive funding from a county or local behavioral health agency. Respites also receive funding from private foundations and donations, contracts with a managed care organization or Medicaid, and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S Department of Health and Human Services, or other federal agency grant funds.

EFFECTIVENESS OF PEER RESPITES

Due primarily to their scarcity, there is limited research on the effectiveness of peer respites. However, a study published in October 2018 by the journal *Psychiatric Services* looked at whether peer-staffed respite centers in New York reduced emergency department visits, hospitalizations, and Medicaid expenditures. The researchers used Medicaid enrollment and claims data for the period January 2009 through April 2016 and included a study sample of 401 peer respite guests and 1,796 members of the comparison group. The study found that Medicaid expenditures were an average of \$2,138 lower per month, and there were 2.9 fewer hospitalizations for peer respite guests than for the comparison group.

Further evidence of the effectiveness of peer respites comes from an evaluation conducted at the request of Second Story, a peer respite in Santa Cruz County, California. The researchers hired to perform the evaluation found that 70 percent of respite guests were less likely to use emergency or hospital inpatient services than those in the comparison group. They further concluded that peer respites could lead to a reduction in overall service costs as well as decrease the reliance on more coercive modes of treatment.

PEER RESPITES ACROSS THE COUNTRY

Community Access Crisis Respite Center, New York

The first peer respite in New York, the Crisis Respite Center, offers 24-hour support from peers, self-advocacy education, self-help training, and group and one-on-one activities. Individuals must be 18 years or older and experiencing, or anticipating, a mental health crisis to be eligible to stay at the Center. Stays can last for up to seven days. Guests can continue their regular activities, such as work and outside appointments, and can have visitors. Before being accepted into the Center, potential guests must contact the Center, complete a pre-registration “interview,” and complete an online self-referral form. The Crisis Respite Center requires information from a licensed mental health provider and offers referrals if needed.

“Sometimes when you’re suicidal, you need someone to listen to you, someone to understand you. It’s a cry for help – not necessarily a cry to be bound up inside the four walls of a hospital room.”
– Tamar Lopez, Respite Center Guest

Peer Support, Wellness and Respite Centers, Georgia

There are four Peer Support, Wellness and Respite Centers across the state of Georgia, each with three rooms for individuals in need, free of charge. Individuals can stay in one of the rooms for up to seven nights, every 30 days. To qualify for admission to a Center, individuals must have a Proactive Interview on file and must be at least 18 years of age. They must also self-identify as a consumer of mental health services.

A Proactive Interview is a dialogue between respite staff and a potential guest, conducted prior to admission when the individual is feeling well, and used to determine the support needed by the guest. Interviews are conducted during the week at specific times or by appointment, and during operating hours on the weekends.

After admission, guests can take part in a range of activities while staying in any of the four respite centers, including, but not limited to: wellness walks, support groups, WRAP planning, and activities related to the arts.

Second Story, California

Second Story opened as the first peer respite in California in 2011 with funding from a five-year SAMHSA Mental Health Transformation Grant. It is a six-bed house that allows individuals to work through their mental health crises in an environment that is safe and welcoming. Second Story limits stays to 13 days; however, telephone support is available to every guest after he or she leaves, and guests are welcome to visit the others still in the house at any time. Referrals are made through the Santa Cruz Behavioral Health office.

“I really like that we [guests and staff] can have a real serious conversation between each other and exchange information from each other. It is not like one-way talking ... it is a two-way relationship and communication, and it’s really genuine ... It’s like a friendship instead of a very closed, cold-hearted professional support ... There’s real connection at Second Story.” – Guest at Second Story

CONCLUSION

With an increased focus on patient-centered health and wellness practices, peer respites are a good alternative to hospitalization for individuals experiencing or about to experience a mental or behavioral health crisis.

RESOURCES

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