

Mental Health Peer-Operated Crisis Respite Programs

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www.power2u.org

There are hundreds of non-profit, peer-run organizations that operate on the belief that individuals who have struggled with the challenges and stigma of mental illnesses can and do recover.

Crisis is not defined as a negative experience but as an opportunity for growth, even in the midst of overwhelming situations. People describe crisis as chaotic, scary, a powerless feeling, having nowhere to turn, no one to turn to, not wanting to live, or feeling they are losing their ability to deal with their lives.

In times of crisis, people feel alone with their anxiety, panic, anger, frustrations and depression. One of the goals of peer-run crisis respite is to provide connections and relationships that can lessen the intensity of these feelings. These non-medical alternative programs offer a comfortable, non-judgmental environment in which one might be able to process stresses as well as explore new options. The hope is that these interactions will result in fresh, short-term solutions and a wider array of options for handling future crises.

The peer support process allows and encourages development of mutual and reciprocal relationships between the givers and receivers of support. It is important to note that, in successful peer relationships, both individuals are givers and receivers of support, enabling both parties to feel valued and empowered. When people feel respected and valued, they become empowered and are more able to move toward recovery. It is believed that this helps to eliminate the institutionalization and

potential trauma that frequently result from psychiatric hospitalizations.

As people have an opportunity to stay connected to peers while moving through challenging thoughts, feelings and impulses, the need for external intervention is diminished. This alternative approach to handling crisis teaches people healthier attitudes about themselves and others. With increased skills, individuals can reduce or even eliminate their susceptibilities to the pressures that cause overwhelming emotional distress.

The Turning Point Community Crisis Residential Program in Sacramento, California participated in a research/demonstration project from 1993-1997 that compared cost and outcome to a locked, inpatient psychiatric facility.¹ The study compared the effectiveness of the unlocked, mental health consumer-

¹ Greenfield, TK, Stoneking, BC, Humphreys, K, Sundby, E, and Bond, J (2008) A randomized trial of a mental health consumer managed alternative to civil commitment for acute psychiatric crisis, *American Journal of Community Psychology* 42 (1/2):135-144.

managed, crisis residential program (CRP) to a locked, inpatient psychiatric facility (LIPF) for adults for severe psychiatric problems. Participants in the CRP experienced significantly greater improvement on interviewer-rated and self-reported psychopathology than did participants in the LIPF condition; service satisfaction was dramatically higher in the CRP condition.

There are many different types of peer-run alternatives to psychiatric hospitalization. Successful peer-run respites are currently operating in New Hampshire, Maine, W. Virginia, Ohio, Georgia, Alaska and three locations in New York. In addition, programs are being created in Nebraska, New Mexico, Vermont and Arizona.

STEPPING STONE PEER SUPPORT & CRISIS RESPITE CENTER

108 Pleasant Street, Claremont, New Hampshire 03743, 603-543-1388 or 603-448-6941

Contact: Jude Dolan, www.steppingstonenextstep.org

Cost per person per day is less than \$250.

Funded by NH State General Funds and Federal Block Grant.

Established in 1995, Stepping Stone is an active peer center open 7 hours a day Monday through Saturday with a variety of activities for clients and with two bedrooms for those who choose to stay as respite guests. People who choose to stay as guests stay overnight from one to seven days and are welcome to bring their pets. This is an alternative to psychiatric hospitalization, serving individuals with overwhelming feelings including those who feel so badly that they do not want to continue living. Guests are free to come and go. Some continue to go to work and stay overnight at Stepping Stone. Guests bring and cook their own food and can have 24-hour peer support available to them. Stepping Stone Crisis Respite Program creates an opportunity for people to learn from, and be supported in making the transition from crisis to wellness. Within the context of a mutually responsible relationship, and with the help of consumer staff's experiential knowledge and training, those who sincerely wish to overcome their difficulties can greatly reduce the use of more restrictive hospital settings, including involuntary admissions. All services are free to New Hampshire residents.

SWEETSER PEER SUPPORT & LEARNING & RECOVERY CENTER

174 Mere Point Road, Brunswick, Maine 04011

Contact: Scott Metzger, 207-373-4277; www.sweetser.org/peers

Funded by Maine Department of Health and Human Services, Sweetser Endowment and Mid Coast United Way.

Established in 2002, Peer Crisis Respite services are available to individuals who are experiencing a period of intensified emotional distress. Support is provided in one of three beds at Maine's only Peer Crisis Respite program. Peer Support Specialist utilize the principles of Recovery and Intentional Peer Support to support the guest who is experiencing a mental health crisis to resolve the crisis situation; to assist the individual to view the crisis as an opportunity for growth, change, and transformation; to consider proactive ways for the individual to manage future crises. Volunteers and community participants are also available during the hours the Learning & Recovery Center is open to engage in mutual conversations centered on Recovery and personal growth. Programs offered include recovery focused groups and art groups. Staff are paid Certified Peer Support Specialist with a history as a consumer of mental health services and recovery work, using an Intentional Peer Support model based on the work of Shery Mead, www.mentalhealthpeers.com.

GEORGIA PEER SUPPORT AND WELLNESS CENTER

444 Sycamore Drive, Decatur, Georgia 30030, 404-371-1414

Contact: Jayme Lynch, www.gmhcn.org/wellnesscenter

Warm Line: 888-945-1414, 24 hours a day.

Funded by the Georgia Department of Human Resources Division of Mental Health, Consumer Relations and Recovery Section.

The Peer Support and Wellness Center is a peer-run alternative to traditional mental health day services and psychiatric hospitalization that opened January 30, 2008. A 24-hour warmline for peer support over the phone is available. The Center is open from 9 a.m. to 7:30 p.m. seven days per week for wellness activities that many people attend. The Peer Support and Wellness Center has three respite bedrooms, which can be occupied by participants who need extra support for up to seven days and prefer not to be in a hospital setting. The Peer Support and Wellness Center is a project of the Georgia Mental Health Consumer Network.

ROSE HOUSE HOSPITAL DIVERSION PROGRAM by PEOPLE Inc.

Poughkeepsie, New York, 845-452-2728 or 845-795-2346

Contact: Steve Miccio or Vanessa Turner, www.charityadvantage.com/people/RoseHouse.asp

Cost per day: \$657 for 1-5 people; \$132 per person per day if house is at full occupancy.

Rose House is an innovative and unique “hospital diversion” model whereby persons seeking temporary residential care/respite care can stay from one to five nights in a warm, friendly, safe and supportive home-like environment where they are taught to use new recovery and relapse prevention skills. Rose House’s services are designed to help ‘at risk’ individuals to break the cycle of learned helplessness and recidivism and to move away from what are often long histories of cycling from home to crisis to hospital, year after year. This is achieved through twenty-four hour peer support, self-advocacy education, self-help training and mutual understanding. In addition to the Rose House, PEOPLE, Inc. has developed a continuum of peer-operated services that are collaboratively integrated with the community mental health service delivery system; these include peer emergency room services, peer-run crisis support warmline, and an in-home companion program. All services are free to recipients.

ESSEX COUNTY CRISIS ALTERNATIVES PROGRAM

Mental Health Association (MHA), 6096 Route 9N, Westport, Essex County, NY 12883, 800-440-8074

Director: Darlene Trout, www.behaviorhealthnet.org/memberProfile.cfm?ProviderID=37

Funded by the NY State Department of Mental Hygiene and United Way.

This MHA sponsored consumer-run program has been serving consumers for 10 years with a peer-run warm line and crisis response service that has received considerable recognition and acclaim. The program is entirely voluntary. This program is part of the services offered by a Mental Health Association with a full range of non-clinical services such as supported housing, employment, self help, supported education, case management, etc. The Crisis Alternatives Program operates a respite apartment for people who would rather not stay at home but do not want to access hospital sources. These interventions generally last 2-3 days but have lasted as long as three weeks. A peer counselor stays with the principal. Services also include telephone companionship and in-home companionship. The goal is to be present with the individual until the immediate crisis has passed and the principal is able to articulate what should happen next.

FOUNDATIONS: A PLACE FOR EDUCATION AND RECOVERY

1707 Cleveland Ave., NW, Canton, OH, 330-454-2888

Contact: Val Greenlief, Coordinator

Funded by the county mental health board, the Foundations program includes educational and support groups, trainings, and opportunities for volunteers to be part of the organization. People are referred to the program by their service provider and usually stay 1-3 days. Three respite bedrooms are available; guests in the respite choose what they need to do for their own support and recovery. Many people become volunteer peer workers after being released. Suicidal people are referred to a crisis center. This is a clinically oriented respite program, overseen by the community mental health center and staffed by consumers.

NEW BEGINNINGS 2

WV MH Consumers' Association, 910 Quarrier St., Charleston, WV 25301, 304-345-7312

Contact: Kimberly Murphy, Director of Community Supports

Funded by the West Virginia State Bureau and the state legislature. New Beginnings 2 is a transitional house for people who need intensive peer case management. Some of the bedrooms are reserved as respite. The program offers a continuum of support and wraparound services. The program philosophy is that "with a roof over your head, food on your table and some change in your pocket and you can start your recovery." People are referred to the program from homeless shelters and hospitals in the catchment area. People are encouraged to find employment, volunteer, or seek addiction services if needed.

VOICES OF THE HEART, INC.

Glens Falls Hospital, Warren County, NY. Voices of the Heart, Inc, 508-747-8404,

www.voicesoftheheart.net, Respite Program/Hospital Diversion/Crisis Alternative Program

Available to individuals in the initial phase of emotional distress, the Respite Program provides a community-based alternative for managing stress outside of a hospital psychiatric setting. Trained Respite Workers provide one-on-one guidance in a safe and supportive environment. Workers also provide referral as needed if a different care setting is required. Respite is available to people 18 or older who live in Warren or Washington Co. and receive, or have received, mental health services.

SOTERIA-ALASKA

406 G Street, Suite 206 Anchorage, Alaska 99501, 907-333-4343, www.soteria-alaska.com

Soteria-Alaska was established to provide an alternative to psychiatric hospitalization under the [principles](#) established by the beloved, late Dr. Loren Mosher in his [Soteria-House project](#). The small, community based facility has 2 staff and rooms for up to 10 guests. LENGTH OF STAY: sufficient time for relationships to develop that allow precipitating events to be acknowledged, usually disavowed, painful emotions to be experienced and expressed and put into perspective by fitting them into the continuity of a person's life

Relationships are central to the program's work

- a. facilitated by staff being ideologically uncommitted (i.e. to approach psychosis with an open mind)
- b. convey positive expectations of recovery
- c. validate the psychotic person's subjective experience of psychosis as real by developing an understanding of it by "being with" and "doing with" the clients
- d. no psychiatric jargon is used in interactions with these clients