



Issue Brief

Peer-Run Crisis Respite: Peer Support in Times of Crisis



Second Story Respite House, Santa Cruz, CA

What are Peer Respite

“Peer respite are voluntary, short-term, overnight programs. They provide community-based, trauma-informed, and person-centered crisis support and prevention 24 hours a day in homelike settings. Peer respite are staffed and operated by people with lived experience of the mental health system.”ⁱ Although people with lived experience (also referred to as mental health consumers) have provided crisis support to each other for decades, funded and formalized peer respite programs have only opened in the United States in the last five to ten years.

The Importance of Peer Respite

Peer Respite are divergence programs from hospitals and coercive treatment. They enable mental health consumers to get support when they need it, not wait until a crisis grows and ends with involuntary treatment. In addition, Peer Respite provide an alternative to involuntary treatment in hospitals. Coercive treatment often creates trauma in addition to the mental health challenge and, for many who have experienced it, an unwillingness to engage in future mental health services.ⁱⁱ

The California Association of Mental Health Peer Run Organizations (CAMHPRO) believes that “Laws that allow the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment should be viewed as inherently suspect, because they are incompatible with the principle



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of self-determination. Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy.”ⁱⁱⁱ Peer Respite are a way “to move in the direction of a total voluntary community-based mental health system”.

Support Provided in Peer Respites

Peer support is the core manner of providing services in Peer Respites. Peer support is a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination and the services provided are evidence-based, nontraditional, therapeutic interactions between people who have a shared lived experience of a behavioral health challenge.

Peer Support is about understanding another’s situation empathically, as a person with lived experience. When people find affiliation with another whom they feel is “like” them, they feel a connection. This non-pathologizing connection or affiliation is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of the traditional expert/patient.^{iv}

In Peer Respite models, peers administer, staff and operate the center at all levels. In one model, at least 51 % of the Board members identify as peers; in another “hybrid” model, the Respite’s Director and staff identify as peers, although the program may be attached to a traditional provider organization. ^v

Characteristics of Peer Respites

The 2016 Peer Respite Essential Features Survey found that the ten most common organized activities provided in Peer Respites are artistic pursuits, exercise, Wellness Recovery Action Planning, Meditation/Mindfulness, 12 Step Group, other Mutual Support, Hearing Voices Network, Suicide Related support, Physical Wellness, Social/Recreational. Almost all of the Peer Respites surveyed offered these and other activities, but did not require them. The survey found that staff also support guests to find activities in the community if they are not offered in the house. The average amount of guests who stay at a Peer Respite is 4.1 and the average length of stay (days) is 5.5 with the maximum stay



Hacienda of Hope, Long Beach, CA



being 8.4 days. The two most common staff trainings are Certified Peer Specialist Training and Intentional Peer Support. ^{vi}



The Benefits of Peer Respite

Although there are not many studies on Peer Respite, those that exist show clear benefits.

- Respite guests were 70% less likely to use inpatient or emergency services. ^{vii}
- Respite days were associated with significantly fewer inpatient and emergency service hours. ^{viii}
- There was statistically significant improvement in healing, empowerment, and satisfaction. ^{ix}

SHARE! Recovery Retreat , Los Angeles, CA

Peer Respite in California

Based on the latest information, there are 35 Peer Run Crisis Respite in the United States, as listed in www.peerrespite.net website. There are six (6) Peer Respite in California: 2nd Story Respite House in Santa Cruz; Hacienda of Hope in Los Angeles; SHARE! Recovery Retreat in Los Angeles, Cedar House in Trinity County, Blackbird House in Santa Clara County, and Sally’s Place in Alameda County.

For on-going information on this model, see www.peerrespite.net, the source for most of this Issue Brief, and www.power2u.org under Crisis Alternatives.

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ⁱ Ostrow, Laysha; Croft, Bevin. (2016). **Results from the 2016 Peer Respite Essential Features Survey.** http://www.peerrespite.net/s/PREF-Report-050516_FINAL.pdf .

ⁱⁱ Campbell, Jean, Schraiber, Ron. (1989). **The Well-Being Project: Mental Health Clients Speak for Themselves.** California Network of Mental Health Clients, California Department of Mental Health.

ⁱⁱⁱ National Council on Disabilities. (January, 2000). **From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves.** <http://www.ncd.gov/publications/2000/Jan202000#exe> .

^{iv} Working Well Together, Training and Technical Assistance Center. (June 2014). **Peer Support Specialists Certification Information Brief.**

^v The National Mental Health Consumers’ Self-Help Clearinghouse, The Key Assistance Report. **Focus on Peer Run Crisis Respite Services,** <http://static1.1.sqspcdn.com/static/f/784909/22454626/1366039444990/KAR+Focus+on+Peer-Run+Crisis+Respite+1.pdf?token=wy88FXE7K76WORh4wstl8u9MZrk%3D>

^{vi} To learn more about certified peer specialist training and Intentional peer support go to: <https://inaops.org> and <http://www.intentionalpeersupport.org>



^{vii} Croft, B., & Isvan, N. (2015). **Impact of the 2nd Story Peer Respite Program and Use of Inpatient and Emergency Services.** *Psychiatric Services*, 66(6), 632-637.

^{viii} Ibid.

^{ix} Greenfield, T., Stoneking, B., Humphreys, K., Sundby, E., & Bod, 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), 135-144.