

Peer Respite Centers: An Alternative to Hospitalization

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What is a crisis?



- ▶ Crisis is a natural phenomenon that anyone may experience throughout their life.
- ▶ It's defined by feelings of heightened anxiety and distress which can impact someone emotionally, physically, mentally and spiritually.
- ▶ This time can be a crucial moment of change with the appropriate supports, hence the Chinese symbols that represent crisis being "Danger" and "Opportunity"

Crisis Hospitalizations

- ▶ Involuntary or voluntary hospitalization is often the only resource or support service available to individuals experiencing acute psychiatric symptoms or crisis

(Agar–Jacomb & Reed, 2009)

Hospitalization

- ▶ Targets treatment for psychiatric symptoms without necessarily addressing the underlying cause of the crisis
- ▶ Autonomy and coping skills are not typically fostered, as the focus is on abating the symptoms and stabilization
- ▶ Patients report experiences of being re-traumatized by the hospital experience as their power can feel “stripped away.”
- ▶ Short-term hospitalization does not offer an environment to learn the tools and skills necessary to cope, which results in future crises (SAMHSA–HRSA, 2011)
- ▶ Isolation at a time when a person most needs to be surrounded by supportive people
- ▶ Disempowerment, as individuals often feel controlled and alone, seeing doctors with whom they have no established rapport or relationship and being prescribed medications they may not want

Testimonial

- ▶ Anonymous peer staff shares her experience...

“My experience with being hospitalized started with running out of my medication. As often happens without my medication, my mental stability quickly went out of control. When I reached out for help I was first placed in a room with others who were deemed a danger to themselves. We were observed by security guards and once a day someone would come in and speak with us for a few minutes. I was left in this room for three days.

Eventually I was moved to an inpatient psychiatric unit at [OMITTED]. I was at last seen by a psychiatrist. I explained to him the medications I had previously been on, that they worked well for me and that running out of medications had led to my being hospitalized after decompensating. He then prescribed all new medications for me. I attempted to question this and was met by a dismissive insistence that I not “play doctor”.

It quickly became apparent that this was not a therapeutic environment. Asking questions, expressing thoughts or opinions was not encouraged. It was considered “causing a problem” and resulted in medication being increased and/or being held for a longer time. Though I am sure it was not the intention, communication regarding my status seemed to be met with punitive action rather than encouragement. For me personally this fed my personality disorder symptoms and I became very distrustful of the staff.

The feelings of powerlessness, the fear of reprisal, the feelings of de-personalization on top of the constant chaotic noise and lack of anything productive to do to keep myself “out of my sickness” was extremely stressful. Added to that was witnessing people being ignored when they asked for help or being isolated when they were upset or even sent to [OMITTED STATE PSYCHIATRIC HOSPITAL]. And it was all just a matter of business for the nurses and doctors. I was even privy to hearing employees making fun of a patient.

My solution was to shut down completely and simply start telling anyone who asked that “everything is fine, I feel much better.” I would smile, nod my head and stuff my thoughts and feelings away, just as I had done my whole life. It was no different than being out in the world, having to put on a mask and not let anyone know what was **REALLY** going on. The result being my release from the hospital with a prescription for medications that were not working, a referral to an IOP with instructions that I contact them and 2nd degree burns from nicotine patches.

Eventually I did manage to get the medications that I was seeking when I went to the hospital and I’m on the same ones 6 years later. From this experience, and the stories I have heard from others who have been hospitalized, the feelings of helplessness, humiliation, de-humanization, and fear are common. When vulnerable people are met with trigger after trigger when they reach out for help, when they are at their most vulnerable, is it any surprise that they often get caught in a revolving cycle of hospitalization, discharge to the very environments that challenged them originally and then back to the hospital weeks later, and as a result, hesitate to reach out again?”

Who is a Peer?

A person who can inspire hope by openly sharing their experiences of recovery from extreme emotional distress, a psychiatric diagnosis and their social role disruption that lasted at least three to six months.

(National Empowerment Center, 2009)



What is a Peer Respite Center?

- ▶ Peer crisis respite centers are an evolving community based practice that aims to support wellness and recovery during a crisis
- ▶ This model exists currently in at least 9 states, with New Jersey opening it's first 3 in 2014
 1. Crosswinds–Legacy Treatment Services (Ocean County)
 2. Middlesex County Respite Services (CSP)
 3. Passaic County Respite Services (CSP)
 - There are 20 total currently open and operating peer respite centers in the country and 4 more scheduled to be opened in the near future
- ▶ Peer Respites offer an alternative to traditional psychiatric crisis care and utilize trained mental health consumers (peers)

Principles of Peer Support

1. Safety and acceptance through connection
2. Hold hope for others when they cannot hold it for themselves
3. Use everyday language to describe one's experience
4. Self care and personal responsibility
5. Encourage mastery and power over one's own life

Groundhogs group, Cambridge, MA 3/8/10



Goals of Peer Respite

- ▶ To provide recovery oriented crisis respite services to individuals with acute psychiatric symptoms, including those with co-occurring needs
 - ▶ To decrease the service users' utilization of local hospital emergency services and inpatient psychiatric hospitalization
 - ▶ To provide services and interventions that will promote recovery, community tenure, and enhance quality of life
 - ▶ To either prevent or divert inpatient treatment for someone in crisis in a safe, "homelike" environment, minimizing isolation and avoid trauma that is often associated with hospitalization
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Types of Respite Centers

1. **Peer-Run** indicates that the board of directors is at least 51% comprised of peers
 - All levels of the respite center involve peer staff (operations, staffing, oversight)
 2. **Peer-Operated** indicates that the director and staff are peers, while the board is not a peer majority
 3. **Mixed** have peer staff, that may or may not be in leadership roles, and typically are a program within a more traditional mental health agency (ie Legacy Treatment Services–Crosswinds)
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The Advantage of Peer Respite over Psychiatric Hospitalization

- ▶ Significant cost reduction (up to 75% less expensive)
- ▶ Job opportunities
- ▶ Crisis is viewed as an opportunity for growth
- ▶ Less isolative, enabling continuity of supports within the community and in life
- ▶ More empowering
- ▶ 75% clients more satisfied with peer respite

Greenfield, TK, Stoneking, BC, Humphreys, K, Sundby, E and Bond, JA (2008).
Lora, A., Rivolta, N., & Lanzara, D. (2003).

What to Expect?

Environment

- ▶ **Safe & Inviting**
- ▶ **Warm, clean and home-like**
- ▶ **Resource materials available**
- ▶ **Welcoming, competent and compassionate staff**
- ▶ **Culture of Recovery**
- ▶ **Privacy**

Services

- ▶ **Wellness Recovery Action Planning (WRAP)**
- ▶ **Education**
- ▶ **Opportunities for recreation and exercise**
- ▶ **Case management and support linkages**
- ▶ **24/7 Warm Line support**
- ▶ **Medication monitoring and education**
- ▶ **Skills training for improved coping**
- ▶ **Self-Help supports via Double Trouble and 12-step meetings**

Facts Supporting Peer Respite

- ▶ **Recognized need for crisis alternatives**—As described in the testimonial, current services can be disempowering and unintentionally traumatic. Reliance solely on hospitals taxes not just the emergency rooms and screening centers throughout the state, but also the individual in crisis. Respite centers tend to minimize this, offer more emotional support, eliminate isolation and have been shown to have better outcomes for recovery at a cost savings of up to 70% less (Agar–Jacomb & Read, 2009; Lloyd–Evans, Slade, Jagielska & Johnson, 2009).
- ▶ **Restoring Hope**—What makes for a successful resolution to crisis for many is support and personal connection. Being with others who have gone through similar experiences and recovered can provide this.
- ▶ **Complementary to existing services**—Respite Centers are not simply an alternative, but also a complementary service to hospitals. Additional support after initial stabilization in a hospital setting is now an option, allowing for earlier discharge.
- ▶ **Proven Model**—The respite model has been established as a effective alternative in other states and a survey indicated that people preferred crisis intervention services including phone help lines, peer support services, and crisis respite. (Lyons, Hopley & Horrocks, 2009) to traditional hospital crisis services
- ▶ **Focus on Wellness & Recovery**

Current Respite Centers in New Jersey

Name	Agency	Type	Contact
Crosswinds (Southern Region)	Legacy Treatment Services	Mixed	848-221-3022
Middlesex County Respite Services (Central Region)	Collaborative Support Services	Peer-operated	732-354-4403
Passaic County Respite Services (Northern Region)	Collaborative Support Services	Peer-operated	862-239-9896

References

- Agar–Jacomb, K. & Read, J. (2009). Mental health crisis services: What do service users need when in crisis? *Journal of Mental Health, 18(2)*, 99–110.
- Greenfield, T.K., Stoneking, B.C., Humphreys, K., Sundby, E., & Bond, J.A. (2008). 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.
- Lora, A., Rivolta, N. & Lanzara, D. (2003). Patient Satisfaction with Community Based Psychiatric Services. *International Journal of Mental Health, 32*, 32–48.
- Lyons, C., Hopley, P., Burton, C.R., Horrocks, J. (2009). Mental health crisis and respite services: Service user and career aspirations. *Journal of Psychiatric and Mental Health Nursing, 16(5)*, 424–433.
- National Empowerment Center (2009). NEC’s FAQ for RFI by DMH. Lawrence, MA National Empowerment Center.

Resource Links

- ▶ National Empowerment Center: Crisis Alternatives
<http://www.power2u.org/crisis-alternatives.html>
- ▶ Hospital Diversion Services: A Manual on Assisting in the Development of a Respite/Diversion Service in Your Area <http://www.power2u.org/downloads/OH-Hospital-Diversion-Manual.pdf>
- ▶ Peer Support Wellness Respite Centers, SAMHSA–HRSA Center for Integrated Health Solutions: March 30, 2011
<http://www.integration.samhsa.gov/images/res/PDF,%20PSWRC.pdf>
- ▶ Directory of Peer Run Crisis Support Services
<http://www.power2u.org/peer-run-crisis-services.html>