

A short summary of research findings from the Human Services Research Institute

Can peer respites reduce the need for more traditional (and costly) psychiatric emergency services?

Peer respites are emerging as an alternative model of support for people at risk for or experiencing a mental health crisis. They offer a safe, temporary stay at a residence staffed by specially trained peers—people who have lived through similar crises of their own and have previously received services through the mental health system. But what type of impact will peer respites have on the behavioral health system in general, particularly inpatient and emergency services? The evaluation of Second Story, one of the nation's first peer respites, yields some initial data.

Second Story is located in Santa Cruz, California. It's financed through the combination of a Mental Health Transformation Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and funding from the behavioral health department of Santa Cruz County. All Second Story staff identify as peers who have previously received services through the mental health system. Staff are trained in Intentional Peer Support, a service delivery program that emphasizes mutuality, reciprocity, and growth through the development of peer-to-peer relationships.

The Study. We looked at the data on 139 people who were guests at Second Story between May 2011 and June 2013, and we compared their data to a group of people with similar characteristics who hadn't used peer respite services. That is to say, we used propensity score matching to establish a comparison group of 139 individuals who did not use the respite but had similar clinical, demographic, and behavioral health service use characteristics. The similarities between the two groups allow us to draw some conclusions about Second Story's effect on the use of emergency psychiatric services.

First, we examined the likelihood of using inpatient or emergency services after the respite start date. Next, we looked at total hours of inpatient and emergency service use for the 98 individuals who used any of those services. In all of our analyses, we took individuals' clinical, demographic, and behavioral health service use histories into account.

Results. The probability of using any inpatient or emergency services after the respite start date was about 70% lower among respite users than non-respite users. For those who used any inpatient or emergency services during the study period, a longer stay in respite was associated with fewer hours of inpatient and emergency service use.

KEY DATA POINTS

- *Respite guests were **70% less likely to use inpatient or emergency services***
- *Respite days were associated with **significantly fewer inpatient and emergency service hours***

However, a closer look at the results suggests a complex relationship between respite and inpatient & emergency service use. Respite guests with longer stays at Second Story had a higher likelihood of using inpatient or emergency services than guests with shorter stays. Similarly, the longer the stay, the more hours of inpatient and emergency services that guests were likely to use. In fact, those who stayed at Second Story for about two weeks or more used inpatient and emergency services at approximately the same rate as those in the comparison group—that is, those who had not used peer respite services. These dynamics may be a reflection of pre-existing factors that we could not capture in our study. We expect that our future analyses—including work that uses recovery surveys and in-depth interviews with guests and staff—will help us to understand more about these findings.

Conclusions. Peer respites may be a viable and person-centered alternative for people in crisis. Programs like Second Story may decrease the behavioral health system’s reliance on costly inpatient or emergency services. Future research should focus on understanding peer respites’ impact on other important outcomes, such as quality of life and community integration. Future research can build on our findings to guide peer respites in making important program design and implementation decisions.

For more information. See “Impact of the 2nd Story Peer Respite Program on use of Inpatient and Emergency Services” in the June 2015 issue of *Psychiatric Services* and available online at <http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400266>.

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