## Testimony for Health Policy Commission, 3/25/21

Thomas Brown, Certified Peer Specialist (CPS) <a href="mailto:trolbrown1@me.com">trolbrown1@me.com</a>
339-203-5403

I would like to offer testimony today on the financial contrasts between psychiatric hospitalizations and stays in peer-run respites, and additionally compare the quality of stay between these two. Peer-run respites are entirely staffed by individuals who have been given a psychiatric diagnosis and are trained as Certified Peer Specialists. Mental health peer specialists use their own lived experience in the service of helping others with similar lived experience. Peer support is predicated on mutuality, empathy, and strength.

A report titled, *Cost for Mental Illness*, published in 2019 by USC Schaeffer Center for Health Policy and Economics, found that 7 day stays in psychiatric facilities in Massachusetts for an individual range from \$5,000 to \$1,600. An average weeklong stay in *Afiya*, a peer-run respite in Northampton run by Wildflower Alliance (formerly Western Mass Recovery Learning Community) costs around \$3,000. A 2018 paper by Bouchery, et. al, reported that, on average, stays in peer-run respites led to a \$2,138 savings in Medicaid dollars.

There are additional, critical differences between the two environments. I worked for two years on a crisis stabilization unit in Boston. The level of discrimination-based, staff-to-patient aggression I witnessed on the unit was shocking. Although there were some wonderful staff working on the unit, far too often staff tended to assume a *correctional officer* attitude toward individuals attempting to find respite there. Behaviors caused by distress were routinely misinterpreted and judged as 'bad' behavior, justifying staff's aggression toward the person. For example, I witnessed a woman who arrived on the unit following being raped being mocked by a male worker. She crumbled emotionally and physically. This was an act of traumatizing a recently traumatized person. The opposite of help. In these supposedly safe spaces, humiliation and a lack of safety frequently reigns.

This kind of thing simply does not happen in peer-run respites. Peer specialists working in these environments understand what people in crises are going through because they have been there themselves. They understand that what people in crisis need most is to be listened to and understood, or sometimes just to sit silently nearby as the person moves through what they need to go through. Individuals leaving peer-run respites most often leave with a sense of calm and peace. Individuals leaving traditional psychiatric units, frequently leave with additional distress from their stay on the unit.

With the tremendous cost savings of stays in peer-run respites compared to the cost of traditional psychiatric stays, it seems imperative to fund more peer-run respites.