

April 5,2023

Good afternoon, Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Karen Evans. I am from Portland, and I am testifying in favor of-LD 540 - **“An Act to Establish Peer Respite Services for Adults with Mental Health Challenges in Maine.”**

My testimony will reflect how useful peer respite has been to individuals who use this service

Both conventional therapeutic and peer respite modality approaches support people through emotional crises *Many times people in clinical roles get set up with the impossible expectation that you have control over people and if they don't do well it is their fault.* The goal of the conventional approach is to reduce or eliminate symptoms, making the person easier to manage and conform to dominant cultural norms. A peer respite program does not replace traditional clinical services, rather it provides an alternative and a different choice for individuals.

The conventional approach can be very fear-based. A review of over 100 studies worldwide concluded, “The immediate post-discharge period is a time of marked risk, but rates of suicide remain high for many years after discharge.” Another study concluded “Suicide risk increased during the entire admission and post-discharge period, but peaked in the first week of admission and the first week post-discharge.”

When I was in a local psychiatric facility hospital staff wanted me regulated and stable which to me means numb and dumb.

In contrast, a peer-run respite approach is *power with*, where decisions are guided by the person in crisis, whose knowledge of themselves and their situation is honored. The focus is on creating a safe space by listening, exploring the person's experience and perspective, and supporting them in thinking and feeling their way through the crisis, even if it means going into the unknown and tolerating uncertainty.

Data for peer respite shows improvements in self-esteem, empowerment, social activity, and self-rated mental health symptoms; cost savings; 70% reduction in use of inpatient or emergency services; and more.

Peer respites reduce usage of the emergency room and crisis stabilization unit visits while allowing peers to stay in their community.

In closing, peer respites offer a unique alternative to traditional crisis services while being very cost effective. So I urge this committee to vote "ought to pass" on LD 540.

<https://www.madinamerica.com/2023/03/peer-run-respite-soberia-house-approach/>

Sincerely
Karen Evans
Portland