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BRIEF REPORT

Sustaining Recovery through the Night: Impact of a Peer-Run Warm Line

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Objective: This exploratory study describes the impact of a peer-run warm line on the lives of individuals with psychiatric disabilities. *Methods:* Phone surveys were completed with 480 warm line callers over four years. *Results:* Warm line callers reported a reduction in the use of crisis services and a reduction of feelings of isolation. *Conclusions and Implications for Practice:* The results indicate that peer-run warm lines can fill an important void in the lives of individuals living with mental illnesses. Although warm lines at any time of day are helpful, keeping warm lines running after 5pm and throughout the night provides support services not typically available after office hours and can assist with loneliness, symptom management, and the process of recovery. Warm lines staffed with appropriately trained, clinically supervised, compensated peer specialists can help round out mental health services in rural and urban communities. Future research should focus on the various implementation and funding options of this unique peer support service.

Keywords: peer-run services, warm lines, isolation, crisis services

Psychiatric rehabilitation principals have inspired innovative approaches designed to address some of the shortcomings inherent in existing community mental health service systems. An example of this is peer services which have now become a part of many mental health programs across the country. Peer delivered services have been defined as "services provided by individuals who identify themselves as having a mental illness and are receiving or have received mental health services and are delivering a service with the primary purpose of helping others with mental illness" (Solomon, 2004, p. 393). Peer delivered services have been found to benefit the receiver and the provider, as well as the mental health delivery system itself (Davidson et al., 1999; Solomon, 2004; Solomon & Draine, 2001). More and more often, peer support programs are offering cutting edge solutions within the recovery process (Mead & Hilton, 2003).

Peer-run warm lines are a comparatively new pre-crisis service designed to provide social support to adults with mental health issues (Pudlinski, 2001). A peer-run warm line is a phone line typically operating after business hours when other providers are not available (i.e. therapists,

counselors, peer support center, etc.). A "warm line" is designed as an alternative to traditional "hot line" crisis services, used by callers who are not actually in crisis but are seeking support. Generally, warm lines are operated by trained peer specialists, who can offer hope, strength, and knowledge gained from their own personal experience of the recovery process. Peer specialists are trained in active, empathic listening, disclosure, providing possible ideas for coping strategies and how to bridge to crisis services should it be necessary.

Many states (e.g. Arizona, Indiana, Maine, Pennsylvania, Oregon) now have warm lines available; some are toll-free statewide lines, while others are only available locally depending on funding sources. Additionally, there are several different models of operation (on-site call center, beeper system, call-forwarding system) and some have paid peer employees while others run on a volunteer basis (Pudlinski, 2004). Due to lack of literature on this peer provided service, this study was designed to capture the impact of a peer-run warm line on the recovery process, including reported use of crisis services, development of new coping strategies, and increased sense of well-being and personal empowerment.

Method

The statewide peer-run Warm Line (WL) described in this manuscript is located in a primarily rural state in the Northeastern United States and was open from 5:00 pm to 8:00 am, seven nights a week. There are 2-4 peer specialists assigned to work at one time, with more peer specialists available at higher volume times. Peer specialists work from 15 to 40 hours a week. During 2008, there was an average of 2,300 calls per month with each call averaging 20 minutes.

Peer specialists earn an hourly wage comparable to regional crisis workers (currently $10-12.50/hour). Each peer specialist attends 16 hours of warm line training and receives weekly individual and group supervision. Access to an on-call supervisor is available during all shifts. Peer specialists are also trained to know how to bridge calls to the state crisis hotline (less than 1% of monthly calls).

Participants for annual program evaluation surveys were recruited by peer specialists at the end of each call. Callers were then contacted by an intern from the Peer Support Center where the WL is located. Survey data was gathered from the first 120 callers each year who agreed to participate. Data was collected in the Spring of 2006, 2007, 2008, and 2009. The survey contained 29 questions which included the opportunity for open ended comments.

Results

Data reported are averages from the four sets of survey data with 120 participants in each set. Callers surveyed came from all counties in the state and were on average 65.5% female. Age ranged from 16 to 86 with an average of 47 years old.

Reported Impact on Crisis Service Use

When WL participants were asked if they thought using the WL reduced their need for crisis services, most respondents (79%) stated that it was *"very likely"* or *"somewhat likely"* (Table 1).

Table 1—Perceived Reduction in Crisis Services Based on Warm Line Usage

Does using the Warm Line reduce your need for Crisis Services?	2006 *n*=120	2007 *n*=120	2008 *n*=108	2009 *N*=120
Very Likely	48.4%	50.0%	52.5%	42.2%
Somewhat Likely	25.4%	33.3%	34.2%	28.9%
Very Unlikely	1.6%	1.7%	0.8%	2.3%
Don't Know	21.4%	14.2%	2.5%	15.6%

A number of respondents commented:

- I used to use crisis almost every night now hardly ever
- Haven't called crisis, use it less and less
- Would turn to WL before crisis

WL caller participants were asked what types of crisis support services they had used in the past 90 days. The reported use of listed crises services shows a decrease since the introduction of the WL service in 2006 (Table 2).

Table 2—Callers' Reported Use of Crisis Services in the Past 90 Days

Reported Use of Support Services in the previous 90 days	2006	2007	2008	2009
Crisis Hot Line	59.5%	25%	22.5%	26.6%
ED/ER	27.0%	15%	14.2%	18.0%
Law Enforcement	13.5%	5%	5.0%	3.9%
Regional Warm Line	7.9%	5%	3.0%	2.3%
No Alternate Services Utilized in past 90 days	24.6%	35%	62.5%	46.1%

Note: Totals are more than 100% due to some respondents reporting use of more than one crisis service in the past 90 days.

Development of New Coping Strategies

The majority (72%) of callers surveyed reported discussing coping strategies with the Peer Specialist. The types of strategies discussed varied by caller but most discussed at least three different ideas with the Peer Specialist (i.e. daily planning, dietary changes, exercise, hobbies, journaling, light exposure, meditation, medication, and sleeping strategies). Although the use of medication and its side-effects are also discussed frequently, the conversation is focused on support and encouragement to contact health care professionals versus clinical recommendations as to medication use. One respondent stated *"going over my coping strategies with the Peer Specialists helps me to remember what I can use or do"* [to feel better].

Impact on Sense of "Well-Being"

The majority (73%) of callers surveyed reported that access to peer support through the WL increased their sense of "well-being" (defined as one's ability to function). Many callers commented that access to the WL provided a sense of security knowing that support is available. Many callers (67%) reported feeling better after the call.

Respondents commented:

- If it were not for them I would be in a psych. hospital all the time
- When I get off the phone I can go to sleep being relaxed

Impact on Sense of Personal Empowerment

When asked if there had been an increase in the respondent's sense of "personal empowerment" (defined as one's ability to make your own choices) many callers (61%) agreed. Many of the respondents commented on how the WL increased their decision making abilities. One respondent stated that WL *"has helped me be more confident"* and another commented the *"Warm Line helped me make choices to go forward with mental health help."*

Impact on Personal Recovery Process

When asked if they felt that using the WL contributes to their own personal recovery process, a majority (73%) said yes. Comments included:

- I've gotten more out of it than over three years in counseling
- It has helped keep me out of the hospital
- I used it heavily after I was hospitalized, it really helped to stabilize me and structure my evenings

Caller Satisfaction

The majority of callers (89.6%) reported being either *very satisfied* or *satisfied* overall with the WL service. Additionally, the majority of survey participants (90.3%) said it was *very likely* or *somewhat likely* they would call again. Only 6.3% said it was *unlikely* they would call again and stated reasons such as that they were doing better and did not think they would need to call. Others mentioned having a bad experience with the particular Peer Specialist on duty, a breech of confidentiality, or not enjoying talking on the phone, rather preferring to get support in person. When callers were asked about what they found *most* helpful regarding the Warm Line service four common themes emerged:

"Someone to talk to" — callers reported needing people available to listen to them during the overnight hours. Callers indicated a sense of aloneness which was often alleviated by using the WL.

"A person who can relate and truly understand" — callers reported satisfaction in having listeners who have been through a similar struggle and were comfortable disclosing some of their own story.

"Peer Support Staff is well trained and quality listeners" — comments reflected

the satisfaction callers felt when finding staff to be non-judgmental, compassionate, and easy to talk to honestly.

"non-clinical/non-provider staff" — these comments reflected the callers wanting to speak to staff who were not clinical providers.

When callers were asked about what they found *least* helpful regarding the Warm Line service two common themes emerged:

"difficult to access" — these comments referred to difficulty callers encountered due to long wait times and feeling rushed through a call due to a waiting list. Requests were also made for the line being open during the late night (after 3am) or even 24 hours.

"unable to connect with Peer Specialist" — these comments referred to callers not feeling connected to the Peer Specialists for a variety of reasons (too young, couldn't relate, not supportive) or that they did not feel respected by the Peer Specialist, the Peer Specialist did too much disclosure or that he/she couldn't provide requested referrals or information.

Conclusion

The principal theme found throughout the data was the influence the WL has had on the feelings of isolation experienced by individuals with mental illness. Although moving out of institutions has had many solid benefits, individuals with psychiatric disabilities have identified social isolation to be a drawback of living in the community (Davidson et al., 1995; Marrone & Golowka, 1999). While there are significant benefits from controlling one's own life, living alone in the community can also involve loneliness which can be exacerbated in rural areas where access to mental health services is often more limited. When asked what they found most helpful about the WL, callers described their need to have "someone to talk to" who understood their struggle and could relate to it from a non-judgmental perspective grounded in personal experience.

In these times of state and federal budget crisis, many mental health programs are experiencing funding cuts which often lead to a decrease in services. Warm lines can be a cost-effective way to help fill the void left by a reduction in the traditional community mental health service menu. Warm lines have a positive impact on mental health recovery for individuals with psychiatric disabilities and can be a lifeline for people who are feeling afraid and alone. This exploratory study provided a baseline of data clearly indicating the need for further inquiry. Future studies should focus on the cost-effectiveness of warm lines as they relate to reduced use of crisis services and hospitalization and the most effective method of operation. Equally important is the impact on the recovery process and reduction of isolation for warm line callers.

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