



Testimony by Daniel B. Fisher, MD, PhD, President, NCMHR

Chairperson Gelsler, and members of Senate Committee on MH and Recovery. I am writing in support of Senate Bill 680 for funding three peer-run respites.

I am a board-certified psychiatrist with over 40 years of experience providing community mental health and inpatient services. I am also a person who recovered from schizophrenia, prior to becoming a psychiatrist. I am testifying today on behalf of the National Coalition for Mental Health Recovery, of which I am president. Oregon Mental Health Consumer/Survivor Coalition, a Statewide Organization is a member of NCMHR.

I and a team of peers, advocated for a peer-run respite to be developed in Massachusetts. That respite, Afiya House, has been funded through general funds by the state DMH since 2011. It has been very successful in achieving its goals: it has created a viable, voluntary alternative to psychiatric hospitalization, at reduced cost. The respite's three guest accommodations are almost always filled. It runs at a cost of \$350,000 a year. This represents a cost of \$320 per guest a day. This is a 73% savings over the cost of hospitalization which usually costs \$1200 per guest per day. Add to that the cost of ambulance services, ER, and police involvement and the difference in price is even greater. In addition, because peer-run respites are voluntary, they are much less traumatic than hospitalization, which is involuntary. Hospitalization is additionally traumatic because the consumer loses their rights, and often their clothing, as well as their dignity. It happened to me and took years to recover from the trauma of psychiatric hospitalization. In these times, with the isolation and helplessness due to the pandemic, there is now a pandemic of fear. These respites will greatly

help reduce this fear and assist in healing. We also recommend training staff in Emotional CPR, an evidence-based practice for overcoming emotional distress.

One of the Senators asked about reimbursing peer-run respites by private or public insurance. Our Coalition recommends the state use general funds until the insurance can be modified to be more recovery-based rather than medically-based.

You can learn more about the 32 peer-run respites across the country by visiting our website, www.power2u.org. Any further questions, feel free to contact me, 617-504-0832.