



**KEEP THE PROMISE
COALITION**
Advocacy and action for Connecticut's mental health

Public Health Committee Hearing
March 13th, 2024

Testimony of Jordan Fairchild,
Executive Director,
Keep The Promise Coalition

In Support of SB 370

Senator Anwar, Representative McCarthy Vahey, and distinguished members of the Public Health Committee,

My name is Jordan Fairchild and I am the Executive Director of Keep The Promise Coalition, a grassroots coalition of advocates with lived experience of mental distress, life-altering trauma, and psychiatric system involvement. Keep The Promise Coalition builds community power for human rights, self-determination, and racial and social justice in Connecticut's mental health system.

I'm writing in support of SB 370, An Act Concerning Peer-Run Respite Centers For Persons Experiencing A Mental Health Crisis.

When calling 988 or talking to a provider about suicide, people expect someone to listen, guide them through their crisis experience, and connect them to community resources.

Instead, people in crisis are often met with police at their door and forced hospitalization—for many, this is incredibly traumatizing and can add to the factors contributing to their crisis. Whether someone arrives at the hospital voluntarily or not, there are a number of involuntary measures that can occur when people are hospitalized for a mental health crisis: they will have their cell phone taken away from them, and very often have their clothes and other personal belongings taken as well. They are placed in a locked psychiatric ward, meaning they cannot leave to go to work, seek community support, or address any material issues that contributed to their distress in the first place. For this reason, people often lose their jobs, education, and housing while hospitalized in inpatient psychiatric settings. **This system does not help most people.** In fact, people being discharged from hospitalization for mental health crises are statistically almost 100x more likely than average to die by suicide. For many people who are aware of these risks, this means avoiding seeking help entirely.

This bill would establish 8 peer run respites around Connecticut as an alternative to this system—including three for the purpose of addressing mental health disparities in Black and Indigenous people of color (BIPOC); the transgender, queer or questioning, intersex, plus community (TQI+); and Spanish speaking community—in addition to establishing a peer-led technical assistance program for the purpose of supporting peer run respite program implementation and sustainability.

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Peer run respites are a community-based alternative to inpatient psychiatric and emergency hospitalization for people experiencing thoughts of suicide, self-injury, and mental health crises. They are staffed by peer support specialists who have similar lived experiences to the people utilizing the respite's services, and provide 24/7 mental health support. Importantly, **these programs are completely voluntary and are operated in home-like environments**, meaning that peer respites provide comfortable, trusted mental health support without the many traumatic rights removals that occur in inpatient hospital settings.

Importantly, peer run respites are considered a harm reduction approach to mental health, as peers working at the respite **will not use force** when someone talks about suicide, self-injury, voice hearing, or other marginalized mental health experiences.

All of this adds up to more successful recovery from mental health crises. Contrary to common belief, allowing for open discussion of these experiences likely [decreases the risk of suicide overall](#). For example, a study of Second Story peer respite in California found that people who stayed at the respite were [70% less likely to utilize inpatient psychiatric services](#) in the future, while guests who stayed at Afiya peer respite in Massachusetts reported [better emotional health and greater satisfaction with their coping skills](#) upon follow-up.

This keeps people out of the hospital and reduces crises long-term, while saving costs by preventing recurrent hospitalization. DPH reports that the median cost for inpatient psychiatric hospitalization in Connecticut is [\\$40,611](#), 10x greater than the cost of a peer respite stay—typically \$3,000-4,000.

By providing compassionate, mutual services, peer respites can save lives and reach people who would normally avoid clinical mental health services. **Therefore, we are asking you to please pass SB 370, and establish 8 peer respites in Connecticut, including three focused on addressing disparities for the BIPOC, TQI+, and Spanish speaking communities.**

Finally, regarding the need for a TQI+ respite, I want to share a personal experience of mine:

I am a trans woman of color. Like many trans people, I've wanted to kill myself many times in my life. Last summer, I nearly did.

When I came out, all of the pillars of support and safety in my life came crashing down. At a certain point, the trauma and distress I was experiencing just became too much for me to bare. And when it happened, I really had no clue what to do. This is despite the fact that I am the Director of a nonprofit agency that focuses specifically on mental health—you would think that I would have the resources to get through crisis. And yet, I really felt that there was no place I could go for support in that moment.

Instead of choosing to die when this happened, I picked up a pair of scissors and I started cutting myself. In the absence of a voluntary crisis support program, this has become my coping strategy when things feel like too much. And just because it's worked for me, that doesn't mean I think it's ideal. I'd much rather go to a peer respite when I'm feeling this way.

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I will never feel safe in an inpatient setting because of who I am. I have heard too many stories from members of my own community about having their hormone replacement therapy taken away from them, and being deadnamed, mocked, and misgendered while in inpatient psychiatric settings. I've heard stories of people being forced to attend groups alongside people who harassed them on the basis of their gender identity. Recovery is impossible if you don't feel safe. Going to the hospital simply is not an option for me.

And yet, we know that I'm not the only one experiencing this. [40% of trans adults in the U.S. will attempt suicide](#) at least once in their lives, and 81% have thought about it. Connecticut needs to do something.

So, what *would* feel safe to me in those moments of extreme distress and crisis? I would feel safe being supported by my peers in the trans community. **Please support the creation of a peer respite program for transgender, queer or questioning and intersex people, and people of other marginalized gender identities.**

For more information, I have attached our fact sheet about peer run respites to this testimony.

Thank you for the opportunity to testify,

Jordan Fairchild

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