

PEER WARMLINES

A Peer Warmline is a non-emergency helpline staffed by individuals with mental health or substance use lived experience. Its purpose is to provide empathetic listening, support, and information to callers who may be experiencing distress, loneliness, or seeking someone who understands their struggles, offering a confidential and non-judgmental space for connection.



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PEER WARMLINES

Peer Support Warmlines play a role in the broader mental health support landscape offering an additional resource for individuals who may not be in crisis but could benefit from a listening ear and understanding support. Hotlines are for individuals who are in a crisis situation (as defined by the individual) and who may require crisis intervention techniques, resources, referrals, -and support for urgent situations.

WARMLINES VERSUS HOTLINES

Warmlines and hotlines are separate services, although they may be housed in the same location and/or accessible through the same number. Peer Specialists can be available as part of both services.

HOTLINE (REGIONAL CRISIS CALL CENTER)

A regional, 24/7, clinically staffed crisis call center that provides crisis intervention capabilities (telephonic, text, and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time.

WARMLINE

A phone line individuals can call to receive services that are less intensive than what one would receive when calling a hot line, like opportunities for talking, support, and referrals to other services.

ADDITIONAL STAFF REQUIREMENT FOR WARMLINES

Warmlines can be operated exclusively by Peer Specialists and can be operated as stand-alone services or in conjunction with Hotlines or Regional Crisis Call Centers.

Hotlines require clinicians as staff to oversee clinical triage and provide supervision to other trained team members responding to calls received. Clinicians take on the role of assessing for risk of suicide, meeting NSPL standards and assessing for any danger to others within each call.

The role of Peer Specialist staff is closely aligned in both Warmline and Hotline settings and most elements listed below apply equally to both settings

“More sentences should end with a question mark rather than a period. Meaning, curiosity about the person’s situation and their solutions are critical to ensuring that a peer [specialist] is not advising a person on what they should do, [which would result in] removing their voice, choice, and personal power.”

-Cherene Caraco

PEER WARMLINE TASKS



Peer specialists may opt to work full or part-time hours.



May work from home using phone technology.



May provide follow-up, checking in with previous callers within a few days.



Provide information about available and accessible community services.



Assist anonymous callers, respecting their choice to share limited details.



May assist in development of Psychiatric Advance Directives as requested by the caller.



Cultivate rapport, mutual understanding through attentive listening, and validating support for the caller.



Collaborate with the caller to explore possible solutions, prioritizing autonomy and choice in referral options.



“...Most people are happy to know someone understands 'where they are.' Peer [Specialists] can share honestly about the options that are ahead should the [caller] have challenges resolving their crisis in the community. [Peer Specialists] often can speak of times in their life when they needed higher services or they were able to resolve a crisis in a less life-altering manner than hospitalization.”
- Lisa St. George

PEER WARMLINE SKILLS

Empathetic listening and holding space with compassion.

Validating injustice and hurt that contributed to the crisis.

Finding a point of commonality as a way of rapid engagement.

Sharing personal stories when appropriate.

Asking open-ended questions.

Modeling recovery/providing hope.

Engaging in ways that are culturally relevant.

Peer Specialists ideally share intersectional identities with the region served.

APPROPRIATE USE OF WARMLINE PEER SPECIALISTS

Understand the concept of trauma and deliver healing-centered support.

Focus on strengths and skills.

Represent demographics of the area, including both language and culture.

Connect with callers that describe intense experiences that the Peer Specialist may or may not have lived experience with, including suicidality, hearing and seeing things others don't, etc.

Hold space for the caller without interruption.

Allow the individual to define what constitutes a crisis.

INAPPROPRIATE USE OF WARMLINE PEER SPECIALISTS

Perform clinical duties such as assessments and diagnose.

Misrepresent themselves as a clinician.

Tell the person what to do or attempt to “fix” problems for the caller.

Perform duties outside of the role of Peer Specialist.

Participate in decisions or activities leading to involuntary hospitalizations or jail.

Accept gifts or money from callers.

Provide directives on medication adherence.

Share personal contact information and address with the caller.

“It is very hard to find people who have a psychiatric history or similar, are willing to routinely talk about their history and all their most painful moments, are willing to go to places that may have previously harmed them as a part of their job, and are actually good at the job... The job must pay well to retain folks who meet all those requirements and also so as to not fall into a discriminatory trap where roles of this nature are undervalued because the requirement is life experience rather than educational.”

-Sera Davidow



SUCCESSFUL WARMLINE PEER SPECIALISTS

Clear roles and duties consistent with peer support practice guidelines and ethics.

Regular supervision by someone who understands peer support, ideally an experienced Peer Specialist.

Non-Peer Specialist team members and co-workers who understand the peer role.

Support in implementing and upholding boundaries.

Opportunities for career advancement.

Training that includes ongoing staff development about peer roles, ethics, boundaries, and job duties, including working with people in crisis for all staff.

Formal structure and role clarity that differentiates Peer Specialists from other providers, ideally in a way that separates them from any potential for coercion.

Center the caller as the expert on themselves in all situations.

Equitable pay - A warm line study showed most pay is \$15 to \$20/hr (Daglin et al, 2021). The livable wage for 2024 is \$22.10/hr (Ybarra, 2024).



ORGANIZATIONAL LEADERSHIP TIPS

Hire Peer Specialists based on their applicable skills, not just having lived experience.

Avoid discrimination in hiring practices, ensuring that no candidate is excluded due to specific diagnoses or lived experiences they may have.

Ensure supervisors truly understand Peer Support as a distinct practice and are skilled in supporting Peer Specialists in developing their relevant skills and knowledge.

Hire enough Peer Specialists to have an impact for their presence to be felt. In other words, hiring one will not make a difference.

Practice consistent expectations of all employees, including leave, attendance, supervisory, and other policies.

The leadership of the agency must demonstrate an understanding of the value of Peer Specialist roles.

Provide education for policy makers, legislators, and elected officials (such as board of supervisors etc.) about peer services, including peer crisis services. Education should include evidence base, types/roles of peer specialists/supporters, funding, etc to ensure that any legislation, policy and or regulations align with the practices and values of peer support.

Include Peer Specialists in program design including policies and procedures, consulting with external Peer Led Organizations if necessary.



ORGANIZATIONAL LEADERSHIP TIPS

- Create formal structure and role clarity guidance that differentiates peer roles from other providers, ideally in a way that separates the peer provider from any exercise of coercion.
- Provide training to Peer Specialists that is peer-led and made for Peer Specialists. This training must reflect Peer values and practice principles. Standard professional crisis response training for general or clinical staff will not fulfill this requirement.
- Ensure any Peer Supervisor position is filled with a Peer Specialist, whenever possible. State requirements may provide more local guidance on Peer Specialist Supervision.
- Including peer to peer groups (without non-peer-providers present) to provide mutual support and co-supervision from a peer specialist perspective.
- Avoid placing emphasis on Peer Specialist positions as cost-saving measures. Emphasis on potential cost savings can lead to chronic under-funding and under-valuing of the nuanced skills of Peer Specialists.
- Provide policies that are well-defined in documentation so they can be referenced by staff when needed. These policies should be reviewed regularly with staff input.
- Orient program protocol away from a risk assessment approach to an approach that centers emotional support, empathy and acceptance.



CONFLICT AND RESOLUTIONS

Like many professional disciplines, there is an ethical code for Peer Specialists. Some routine practices on Hotlines might compromise the ethics and values of Peer Specialist employees. Organizations need to consider these conflicts and design policies in ways that reduce these conflicts for Peer Specialists.

"...I would worry about...promoting such roles...without sufficient consideration of the considerable ethical and client-level risks of coercive peer support or peer support roles in which peer specialists simply support the status quo of often coercive responses (i.e., high reliance on involuntary commitment or police involvement). My question or comment is really just a plea to NOT do this..." -Nev Jones

CONFLICT

Police or other emergency services dispatched without the caller's consent.

Job expectations that do not fall within a Peer Specialist role.

Caller may confide to Peer Specialist that they do not want to take their medication or participate in prescribed treatment.

Taking notes or maintaining documentation about callers without involving them.

RESOLUTION

Policies and procedures that reflect the nature of the peer role and should center peer ethics. Peers are ethically barred from engaging in interventions the caller did not consent to.

Job descriptions must align with Peer Specialist role and National Practice Guidelines for organizational consistency.

Establish a conducive work environment by adjusting supervision, staff, and roles to ensure job responsibilities are met.

Supervisors, preferably former Peer Specialists, offer nuanced support and clarity, crucial for Peer Specialist and staff inquiries on roles.

Peer Specialists support callers discussing concerns/goals in treatment/support programs but shouldn't advise program participation directly.

Peer Specialists may share personal stories as appropriate, including participation in certain programs or medication as part of their treatment.

Peer Specialists can discuss note content with callers as it's written, enabling edits. Some organizations may skip formal documentation.

The content provided in this document is not exhaustive. This document presents information provided by surveyed subject matter experts. Those surveyed include Lived Experience-based researchers, people who have personally provided Peer Specialist Warmline or Hotline Services, or those who have provided those services as organizational leadership.

In the Warm Line or Hotline setting, clinicians would likely assess whether to dispatch emergency services when a caller expresses an intent to harm themselves or others. This could involve restraints or hospitalization of the individual, possibly against their will. Such action is a significant conflict with the ethics of Peer Specialists. There is no clear consensus about how to resolve this conflict best.

All of the subject matter experts surveyed agree that Peer Specialists should not be involved in coercive activities such as forced restraints, medications, and hospitalizations. However, some respondents believe Peer Specialists should not be affiliated at all with programs that allow these activities or with any possibility of force or coercion, such as police presence.

Some subject matter experts discussed “firewalls” within programs that allow Peer Specialists to provide services within programs while staying separated from these sensitive decisions. There has yet to be a consensus among experts regarding how far removed Peer Specialists must be from coercive activities of any type.

When discussing these policies within your agency, consult with local Peer Specialists who are subject matter experts would provide further nuance for your particular situation.

For more information, see Peer Pride’s [Hotline Peer Specialist Integration: Preliminary Considerations for Equity and Sustainability](#), developed for the South Southwest MHTTC.



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