

**Title of Presentation:** Establishing Consumer-Run Warm Lines As An Evidence-Based Practice

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Warm Lines are a promising and effective consumer-run service that can be organized and evaluated as an Evidence-Based Practice. A significant degree of uniformity of training, operation and results permits this widely established, consumer-run service to join other peer-led services as an Evidence-Based Practice. In this presentation, the presenter will speak of initial data that will show how warm lines are a feasible EBP service. The presenter will discuss the challenges acquiring data by telephone with warm line callers. He will identify methods by which warm line operators set target goals for assisting callers.

There is a growing body of evidence that consumer-run programs and services are valuable for persons with psychiatric disabilities. Several consumer-run services have been empirically studied, including case management, drop in centers, consumer-run clubhouses, self-help groups, etc. Warm lines have not been empirically studied even though they have been around for 20 years or so and are widely considered to be a helpful, cost effective and successful consumer-run service.

The presenter will discuss initial data gathered from warm line caller satisfaction surveys and Log Notes of individual calls. This data may not be sufficient for EBP but will initially assess whether warm lines do provide hope, support, reassurance and other benefits to lonely and isolated consumers. The presenter will also discuss two Pilot Data studies: a questionnaire filled out by operators and an outcomes survey completed by “regular callers” i.e. consumers who call every night.

Second, the presenter will discuss the challenges involved when evaluating peer-run services as an Evidence-Based Practices. The presenter will also identify the context, framework and guidelines of this consumer-run service that needs to inform its investigation. He will also propose initial target outcomes for this helpline. Third, the presenter will describe how forming the Connecticut Warm Line Coalition has benefited the eight warm lines in the state. He will identify how the Coalition has strengthened individual warm lines, standardized trainings, assisted in the start up of two new warm lines and had a synergistic impact on individual operators. Additionally, the presenter will argue that organizing networks of peer providers like the Connecticut Warm Line Coalition will strengthen consumer-run services and facilitate their inclusion and integration among traditional mental health services. The Department of Mental

Health and Addiction Services (DMHAS) funds the nine warm lines in Connecticut. Each warm line "markets" the service by way of posted flyers, clubhouse talks, staff memos, refrigerator magnets, word of mouth, etc.

Finally, the presenter will discuss policy implications. Establishing warm line practices from an EBP perspective would further consolidate the place of this and other consumer-run services within the mental health system. It would lead to the expansion of warm lines in number and scope of its operations. It would also raise the credibility of warm line operators and lead to better wages for consumers working on warm lines.

In terms of system transformation, warm lines are a complementary service which provide a continuity of support when agencies are closed and caregivers are unavailable. Warm lines also provide what Winnicott termed a "holding environment." That is, they catch people who may have fallen through the cracks of the system or have not entered the system. Warm lines also provide a training ground for consumers and consumer leaders who may want to work in the system full time. (A transformed system will surely need and employ more consumers in its workforce.)