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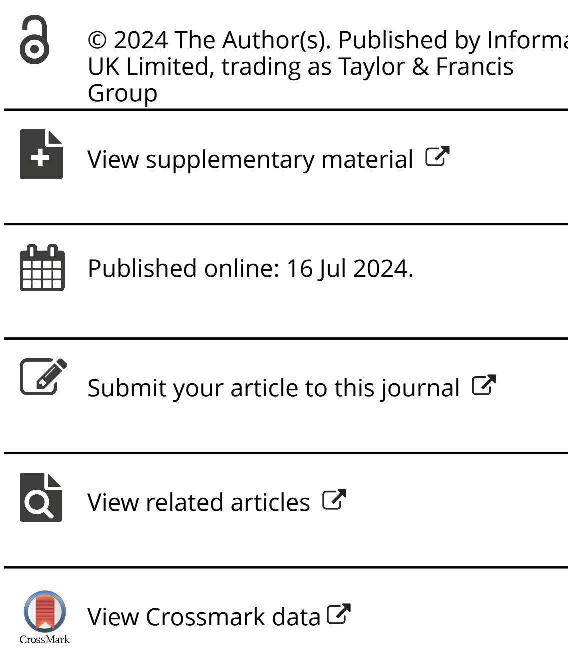

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REVIEW ARTICLE

OPEN ACCESS

Healing Houses systematic review: design, sustainability, opportunities and barriers facing Soteria and peer respite development

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ABSTRACT

Background: Soteria houses and peer respites, collectively called Healing Houses, are alternatives to psychiatric hospitalisation.
Aims: The aim of this research is to review Healing Houses in relation to design characteristics (architectural and service), sustainability and development opportunities and barriers.
Methods: This systematic review followed a PROSPERO protocol (CRD42022378089). Articles were identified from journal database searches, hand searching websites, Google Scholar searches, expert consultation and backwards and forward citation searches.
Results: Eight hundred and forty-nine documents were screened in three languages (English, German and Hebrew) and 45 documents were included from seven countries. The review highlights 11 architectural design characteristics (atmosphere, size, soft room, history, location, outdoor space, cleanliness, interior design, facilities, staff only areas and accessibility), six service design characteristics (guiding principles, living and working together, consensual treatment, staff, supporting personal meaning making and power), five opportunities (outcomes, human rights, economics, hospitalization and underserved) and four types of barriers (clinical, economic and regulatory, societal and ideological). The primary sustainability issue was long-term funding.
Conclusion: Future research should focus on operationalizing a "home-like" atmosphere and the impact of design features such as green spaces on wellbeing of staff and service users. Future research could also produce design guidelines for Healing Houses.

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psychosis; hospitalisation; Soteria houses; peer respites

Introduction

Acute services for mental health use a great amount of resources and are often unpopular and sometimes include forced treatment against the will of the service user (Johnson et al., 2022). Many service users have described their hospitalisation experiences to be frightening and distressing (Akther et al., 2019). One study suggested that as many as 80% of individuals with psychotic episodes considered their first hospitalization to be traumatic (Tarrier et al., 2007). Some describe instances as abusive, especially in relation to forced medication experiences, which also negatively impact the wellbeing and morale of staff involved in physical restraint interventions (Bonner et al., 2002; Cusack et al., 2018; Sequeira & Halstead, 2004). Psychiatric patients demand and deserve that their human rights be respected. The coercive options and rigorous demands of institutionalization can result in violation of such rights as the ability to partake in treatment decisions or to be treated in the least restrictive environment possible. The stigma of seeking help in a psychiatric hospital can itself become a barrier to treatment (Schnyder et al., 2017). Hospitalization can also have profound negative impacts on family members (Smith, 2019).

Community-based residential crisis services may provide a feasible and better alternative to hospital admission for some people diagnosed with schizophrenia or psychosis (Lloyd-Evans et al., 2009). There are non-coercive alternatives to hospitalization across the world such as long-/short-term recovery or crisis houses. Some crisis houses are run by peers (people with lived experience of mental health service use) such as peer respites, which are mainly in the USA and offer short-term care (usually less than a week) (Ostrow & Croft, 2015).

Peer respites offer a place for people to go instead of hospital when they are experiencing difficulties. They see

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crisis as a learning opportunity (Davidow, 2017). They are a non-clinical alternative focused on peer-to-peer supports and provide an opportunity to address issues related to social justice and marginalization (Davidow, 2017).

Soteria houses are a second type of alternative to traditional psychiatric in-patient wards. Soteria (Greek for deliverance) houses are a psychiatric hospital alternative that offer a person-centred, rights-based, recovery approach to mental health care and are showcased by the World Health Organisation in their Good Practice guidance (World Health Organization, 2021a). The Soteria method can be characterized as the 24-hour a day application of interpersonal interventions by staff, often without the use of medication, in the context of a small, homelike, quiet, supportive, protective, and tolerant environment (Mosher, 1999a). Whilst peer respites do not specify that their users have a particular mental disorder the original Soteria house was for those newly diagnosed as having schizophrenia and deemed in need of hospitalization (Mosher, 1999a). A systematic review suggested that Soteria houses produce equal, and in certain specific areas (e.g. more cost effective), better results in the treatment of people diagnosed with first- or second-episode schizophrenia spectrum disorders when compared with conventional, medication-based approaches (Calton et al., 2008).

The first Soteria house ran from 1971 to 1983 in California, USA (Lawson, 2018). It was closed due to lack of funding. Other Soteria houses have opened and closed in the USA, e.g. Soteria Alaska. Therefore, there is an open question as to how to make Soteria houses sustainable. In 2023, there is a Soteria house running in Vermont in the USA, where the nightly costs per individual are $547 compared to $1862 at the Vermont Psychiatric Care Hospital (Pathways Vermoint, 2021). Soteria houses have also been set up in other countries, such as Switzerland where Soteria Berne has been running since 1984 (Ciompi, 2017). The Soteria method has also been applied in hospital settings, such as in St. Hedwig Hospital in Berlin, Germany. Israel set up their first Soteria house in 2016 (Lichtenberg, 2017) and the Soteria model was recognized by the Israeli Ministry of Health in September 2017 under the name "Balancing House" (Katz et al., 2019).

The Soteria Fidelity Scale (Ciompi, 2017) – developed by Soteria Berne – scores Soteria houses and classifies sites as either a clinic ward, station with Soteria elements or Soteria. Low scores are given based on, for example, spatial setting (if it is based in a hospital ward instead of in a house in the middle of a community), atmosphere (if it corresponds to that of a hospital ward), the existence of a ward room (i.e. staff room which is patient inaccessible) and if there is any forced treatment. However, there are no binding design guidelines to what constitutes a Soteria house or peer respite, and they differ from each other in many other ways such as use of medications, average length of stay and number of residents in the home. Peer respites are run by people with lived experience of mental distress whereas only some Soteria houses have workers with lived experience. In addition, the architectural design features (e.g. form, lighting, green spaces and indoor environmental quality), impacts on health and wellbeing of Soteria or peer respites and sustainability have not been researched.

Both Soteria houses and peer respites have an orientation towards supporting healing, wellbeing and growth, rather than simply managing acute relapse. In this review, Soteria houses and peer respites are collectively called Healing Houses, to indicate this shared orientation. The aim of this research is to review Healing Houses in relation to their design characteristics (architectural and service), sustainability (environmental, economic and social), opportunities and barriers to their development. The systematic review will inform a planned programme of research around Healing Houses as alternatives to psychiatric hospitalisation for people in extreme mental distress. This work seeks to enable the greater integration of Healing Houses into health systems, and the dimensions of design characteristics and sustainability were selected as being of critical importance to creating functioning replicable and expandable Healing Houses.

Materials and methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance on systematic reviews was followed (Moher et al., 2009; Page et al., 2021) with the exception of risk of bias. The review protocol was pre-registered with the International Prospective Register of Systematic Reviews PROSPERO 2022: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022378089.

Inclusion criteria

Inclusion criteria for documents:

1. Includes Soteria houses or peer respites;
2. Presents evidence about the sustainability and/or design and/or opportunities and/or barriers to the development of Soteria houses or peer respites;
3. Full text is accessible;
4. Entire article is available in English, German, or Hebrew.

Search strategy

Database searches

Journal databases were searched for includable documents. The following databases were searched using English search terms; Applied and Complementary Medicine Database (AMED) accessed via OVID; Applied Social Science Index and Abstracts (ASSIA); Cumulative Index of Nursing and Applied Health Literature (CINAHL) via EBESCO; MEDLINE; PsycINFO; Scopus via Elsevier; Arts and Humanities Citation Index and Social Science Citation Index, both via Web of Science. All databases were searched from inception to 7 December 2022.

The following database search strategy was developed for PsycInfo:

Soteria OR Peer respite

AND

Sustainability OR design OR opportunity OR opportunities OR enabler OR barrier OR problem

It was specialised to each database defined in the PROSPERO protocol.

Hand searching of websites

All online issues of *Asylum Magazine* for the past 10 years were hand-searched. *Asylum Magazine* is a psychiatric survivor publication which contains articles about psychiatric hospitalisation and its alternatives.

Google Scholar searches

Google Scholar was searched for articles. The following search terms were used: Soteria and/or peer respite. It was searched until three pages in a row resulted in no further relevant paper.

Expert consultation

Once a list of included documents was assembled, four experts (one psychiatrist, one survivor and two mental health researchers) were asked for missing publications.

Backwards and forwards citation

Reference lists of all included documents were hand-searched for includable documents. Forwards citation tracking was conducted using Google Scholar for all included documents.

Filtering of documents

References generated by the searches were exported from databases. Identified citations were collated and uploaded to EndNote, and duplicates were removed.

A pilot screening of 200 documents was conducted by the lead researcher and a second researcher, to establish adequate concordance. Pilot documents were screened for title, abstract and full text. Acceptable concordance was found at ≥90% for title and abstract, and 100% for full text.

The lead researcher then screened all documents identified from databases. Ten percent of all records were double screened by a second researcher and concordance on title, abstract and full text will be recorded as ≥90% for title and abstract, and 100% for full text. Once a final set of includable documents had been identified, then other search strategies were enacted.

Data abstraction

A data abstraction table and data abstraction guidance were designed and piloted using a convenience sample of 10 documents, and the design was refined. The final data abstraction table was piloted with a different 10 documents. The data abstraction table included:

- Citation information: author, year, title, journal, country of lead author, country where the research was conducted.
- Design characteristics, sustainability issues, opportunities, enablers and barriers facing Soteria house and peer respites development globally.

Quotations were copied from source documents into the data abstraction table. The data abstraction table can be found in Appendix 1.

Quality assessment

No quality assessment was undertaken because this is a conceptual review to map out the design, sustainability, opportunities and barriers of Soteria house and peer respite development.

Synthesis

Narrative synthesis following established guidance (Popay et al., 2006). Frameworks of issues related to architectural design, service design, opportunities and barriers of Soteria house and peer respite development was inductively generated. These were discussed, critically reflected upon and refined by the research team. The lead researcher observed relationships within and across included studies in relation to the initial frameworks. The preliminary synthesis was refined through a process of continuous discussion, critical reflection and feedback within the research team. The lead researcher synthesised the findings into over-arching frameworks.

Research team

The research team was made up of people from different academic and clinical backgrounds including survivor research, mental health research, architecture, urban design, nursing and clinical psychology. Some authors identify with having lived experience of mental distress. Researchers with lived experience had leadership roles in the research team.

Results

The PRISMA flow diagram for the systematic review is shown in Figure 1.

The 45 documents were from seven high resource countries: USA (n = 20), Switzerland (n = 7), UK (n = 7), Germany (n = 4), Israel (n = 4), Poland (n = 2), and Netherlands (n = 1). Thirty-one documents were about Soteria houses and 14 were about peer respites. There were no documents considered to be about both. Results included quantitative and qualitative studies. A full list of included documents can be found in Appendix 2.

Architectural design characteristics

Table 1 illustrates the design characteristics of Healing Houses.

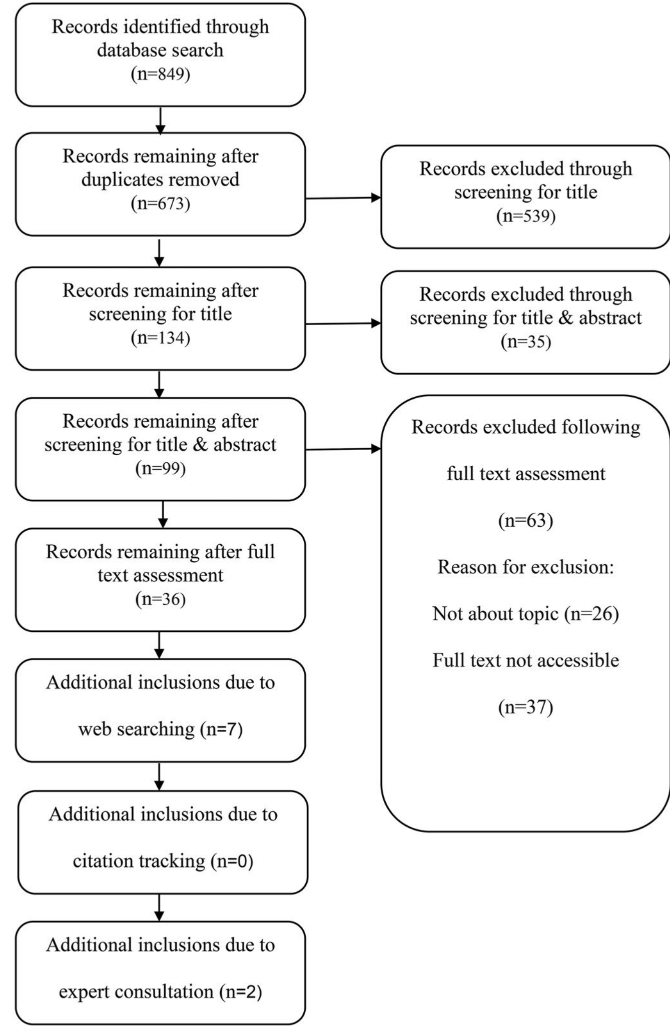

Figure 1. PRISMA flow diagram.

Table 1. Architectural design characteristics of Healing Houses.

Theme	Theme is found in documents related to Soteria	Theme is found in documents related to peer respites
1. Atmosphere	Yes	Yes
2. Size	Yes	Yes
3. Soft room	Yes	No
4. History	Yes	No
5. Location	Yes	Yes
6. Outdoor space	Yes	Yes
7. Cleanliness	Yes	Yes
8. Interior design	Yes	Yes
9. Facilities	No	Yes
10. Staff only areas	Yes	Yes
11. Accessibility	No	Yes

Atmosphere

Both Soteria houses and peer respites described the atmosphere of the house to be "home-like" (Croft et al., 2021; Lichtenberg, 2017; Mosher, 1999b) and comfortable (Croft et al., 2021; Soteria Bradford, 2016) with peer respites contrasting this with sterile hospital environments (Croft et al., 2021). The Soteria in Bern, Switzerland stated the importance of a warm space (Ciompi, 1994). Soteria Berne and Soteria Vermont USA state the house should be quiet (Ciompi & Hoffmann, 2004; Young, 2022). In the Soteria in Berlin, the environment does not smell like a typical hospital (disinfectant, waxed linoleum) but rather like coffee and cake (Voss & Danziger, 2017).

Size

Soteria and peer respites are small in size compared to hospital wards with Soteria housing 6–8 residents (Ciompi et al., 1992; Jacobs, 2019; Lichtenberg, 2017) and peer respites housing between 2 (Russo & von Peter, 2022) and 9 (Fletcher & Barroso, 2019).

Soft room

The Soteria house in Bern, Switzerland has a "soft room", which is a stimulus-protected room available for those according to one article in "florid acute psychosis" (Ciompi, 2017). It is a large and pleasant room on the ground floor where there are only cushions and mattresses to avoid any sort of danger or over-stimulation (Ciompi et al., 1992). In the Berlin Soteria house, there is a soft room, which is a light room designed to minimise sensory stimulation (Voss & Danziger, 2017).

History

Soteria Berne is in a former boarding house which has been converted to a Soteria house (Ciompi, 2017). The Soteria house in Berlin was purpose built within a hospital (Voss & Danziger, 2017). It is unknown from the documents in this review if there are any newly designed and built Soteria houses or peer respites.

Location

Soteria Berne is in a mainstream housing estate near the centre of town (Ciompi, 2017). The first Soteria house in the USA was in a deprived area (Mosher & Menn, 1975), whereas one US peer respite was described as being housed in an affluent neighbourhood lined with old live oak trees and centrally located near a large park, cafes, museums, hospitals, and other social services. This made guests feel "valued" and "worthy" (Fletcher & Barroso, 2020).

Outdoor space

There is a nice garden at Soteria Berne (Ciompi et al., 1992) and in Soteria in Israel they mention having gated outdoor space (Katz et al., 2019). The peer respite handbook questions whether there is a need for parking at the respite (Davidow, 2017).

Cleanliness

Soteria Vermont in the USA is described as clean and organised (Young, 2022) whereas one of the US peer respites describes guests bickering over a lack of cleanliness in the shared bathrooms (Fletcher & Barroso, 2020).

Interior design

An Israeli document describes the Soteria house as having plush carpeting (Lichtenberg, 2017). One of the German documents describes how carpets can reduce the noise in a Soteria house (Mosher & Menn, 1975).

An Israeli document describes the use pastel colours to decorate the Soteria house (Lichtenberg, 2017). The colour design in Soteria may let a room appear "warm" and "relaxing" (Mosher & Menn, 1975). In the Berlin Soteria, a range of different colours were used with chromatic and reflecting colours were applied close to light sources (e.g. light bulbs) for the purpose of indirect illumination. Incoming light rays collect and transmit the surface colour indirectly into the room. Colour sources by natural light sources cause the character of the room to change according to the incidence of light throughout the day. Colour was thus used to provide orientation, balance between stimulation and calming, and create different atmospheres (Voss & Danziger, 2017).

A German document describes the Soteria house as being prototypically furnished with standard equipment that most people are familiar with. Thereby, the furnishings convey a clear sense of their purpose. For instance, the coffee machine "invites" the individual to make coffee. A group of chairs welcomes people to sit down and interact (Nischk & Rusch, 2019). The Berlin Soteria describes how the rooms were kept simple and are more reminiscent of a hostel or student dormitory in character. Beds were custom made of wood (Voss & Danziger, 2017).

The Dutch document describes the Soteria house as being "homely decorated" (Leendertse et al., 2022). In the Berlin Soteria, patient rooms were designed to allow individualisation. Walls were kept simple and free, so patients could add their own pictures to them. Furthermore, each patient is provided with a magnetic board on which they can take notes or hang photos, postcards, etc. (Voss & Danziger, 2017).

A US peer respite was described as open plan with lack of private space for conversations (Croft et al., 2021).

Facilities

The US peer respite was described as having a computer station upstairs, which helped guests with their case management (Fletcher & Barroso, 2020). At the same respite guests and peer staff mentioned feelings of frustration towards the laundry room, given that the machines could not accommodate the massive amount of laundry that needed to be washed and dried (Fletcher & Barroso, 2020). Another US peer respite was described as having an appropriate working kitchen designed for big groups (Siantz et al., 2019). The peer respite handbook raises the question about how much storage is needed in the house (Davidow, 2017).

Staff only areas

The peer respite handbook recommended that "Staff only" areas should be minimized or eliminated altogether (Davidow, 2017). The Berlin Soteria had staff rooms are in a separate "backstage" area which is next to the Soteria (accessible via one door). Therefore, the Soteria only includes community rooms (accessible to everyone) or individual rooms of service users (Voss & Danziger, 2017).

Table 2. Service design characteristics of Healing Houses.

Theme	Subtheme	Theme is found in documents related to Soteria	Theme is found in documents related to peer respite
1. Guiding principles		Yes	Yes
2. Living and working together		Yes	Yes
3. Consensual treatment	3.1. Medication	Yes	Yes
	3.2. Voluntary	Yes	Yes
4. Staff	4.1. Some staff have lived experience	Yes	Yes
	4.2. Staff are given supervision	Yes	Yes
	4.3. Variety of staff backgrounds	Yes	Yes
	4.4. Staff trained in different models of support	No	Yes
5. Supporting personal meaning making		No	Yes
6. Power	6.1. Power dynamics	Yes	Yes
	6.2. Activism	No	Yes

Accessibility

The peer respite handbook asks what requirements and/or goals for making the space accessible by for example ensuring doors are wide enough, having a ramp and wheelchair accessible shower (Davidow, 2017).

Service design characteristics

Table 2 illustrates service design characteristics of Healing Houses.

Guiding principles

The Swiss (Ciompi, 1997) Soteria Berne, Israeli (Friedlander et al., 2022) and Dutch (Leendertse et al., 2022) Soteria houses highlighted the importance of providing warm, calming therapeutic environment for residents. The approach of the original US Soteria house was the normalization of the experience of psychosis (Mosher & Menn, 1975). They had a great tolerance for unusual ("crazy") behavior without anxiety or a need to control it (Mosher & Menn, 1975). A key element about Soteria mentioned by all countries and by the German (Russo & von Peter, 2022) peer respite is the interpersonal approach of "being with" a person experiencing psychosis. This aims to give meaning to a person's subjective experience of psychosis and to come to a shared understanding of symptoms within an individual social context (Leendertse et al., 2022). Staff were trained to "be with" the residents of the community and asked to "put themselves in the situation of the disturbed

person rather than interrupt or disrupt her or his experience" (Lawson, 2018).

The original US Soteria house highlighted the importance of flexibility of roles, relationships, and responses in the approach of working with residents (Mosher & Menn, 1975). They provided sufficient time in residence for imitation and identification with staff to occur (Mosher & Menn, 1975). The concept of recovery is an integral part of the Soteria Berne approach (Ciompi, 2017).

The US peer respite state that they promote safety and acceptance through connection with peer staff (Ostrow & Fisher, 2011). They state that they hold hope for others when they cannot hold it for themselves (Ostrow & Fisher, 2011). According to the peer respite handbook, the peer respite design and approach are rooted in an awareness of the impact of trauma, including trauma experienced due to systemic oppression related to race, gender, sexual orientation, etc., and the practice of creating healing and accessible spaces that do not replicate these issues (Davidow, 2017). At the US peer respites, there is an emphasis on not talking about people without them present, even if releases have been signed which legally enable someone working at the respite to do so (Davidow, 2017).

Soteria Berne highlights the importance of ongoing cooperation with the relevant social network of relatives and other important persons (Ciompi, 2015). Similarly, the Israeli Soteria provides consensual elaboration, with the patient and representatives of the relevant social environment (family, working place, school, etc.) of realistic common goals and expectations for future housing and work (Ciompi, 2017). For peer respites, residents are supported to keep connected or get connected to their chosen family, friends and/or any providers/supporters as they desire (Davidow, 2017). In the Berlin Soteria, the floor plan was modified in a few places to explicitly encourage encounters between patients, family members and staff (Voss & Danziger, 2017).

The original US Soteria house had positive expectations of learning from psychosis (Mosher & Menn, 1975). The US peer respite's philosophy is rooted in the idea that crisis can be a learning opportunity (Davidow, 2017). The US peer respites may enhance the availability of community self-help and learning resources such as the Wellness Recovery Action Plan, suicide or hearing-voices support groups, and wellness-oriented activities (Franklin et al., 2022).

Living and working together

Soteria Berne highlighted the importance of personal and conceptual continuity over the whole period of treatment (Ciompi, 2017). At the original US Soteria, they hired nonprofessional staff who worked 36- to 48-hour shifts so as to create a space where house residents (not patients) could experience a fairly stable relational connection to staff members (Lawson, 2016). At the Israeli Soteria, three companions work 12-hour shifts during the day with two at night (Friedlander et al., 2022). At the US peer respites, the peer staff offer 24 hour support to residents (Bouchery et al., 2018).

Soteria Berne describes its phased treatment in three phases. Phase 1 during the most acute psychotic stage, the patient is never let alone, but round the clock accompanied in a pleasant so-called "soft room". The primary task of the accompanying person is to calm him down, not so much by sophisticated psychotherapeutic techniques but by silent or talking "being with", sometimes also by simple activities such as handicrafts, drawing, playing, soft foot-massages, by walking or jogging together, or by other relaxing activities according to personal intuition. Phase 2 is where eventually, the patient is gradually integrated in the daily life of the therapeutic community, and finally phase 3 is preparation for discharge, after-care and relapse-prevention (Ciompi & Hoffmann, 2004). Soteria in Vermont describe a four phases of support: (1) the virgil, (2) "being with", (3) self empowerment, and (4) transitional support (Young, 2022). Soteria Berne provides part-time or ambulatory aftercare and relapse prevention for at least 2 years, within the available integrative network of services (Ciompi, 2017).

On the other hand, the peer respite handbook states that there is no required schedule of groups, bed/wake times, etc., and individuals staying at the respite take the lead in designing their stay in the way that will be most helpful to them (Davidow, 2017). The peer respite handbook states that routine person-specific paperwork is minimal and, where it exists, led largely by the individual seeking support (Davidow, 2017). There are two models of peer respites: peer-operated and peer-run. Peer-run indicates that the board of directors is at least 51% peers. Peer operated indicates that although the board is not a majority peers, the director and staff are peers (Ostrow & Fisher, 2011).

Peer respites differ in terms of length of stay which can vary from 3 to 29 days (Siantz et al., 2019). Soteria Berne had an average stay of 49 days (Ciompi, 2017). Soteria in Israel had an average stay of 38.6 days.

At Soteria Israel, meals were jointly prepared and shared as a natural space for encouraging spontaneous interpersonal interactions (Friedlander et al., 2022). Preparing and sharing meals are also activities that take place at peer respites (Davidow, 2017).

At Soteria Israel, there is at least one daily house meeting, conducted in an open style, as well as various therapy, activity, and support groups gathering several times a week, served as additional routes for encouraging open discussions. Spontaneous house meetings might also be convened in order to discuss a pressing problem for the community (Friedlander et al., 2022).

Consensual treatment

Medication. The original US Soteria had the idea that individuals in crisis could be understood via an "open and non-judgemental" approach that allowed madness to be rendered intelligible without significant reliance on psychotropic medication (Lawson, 2016). The Israeli Soteria states that medication is de-emphasized (Friedlander et al., 2022). Soteria Berne uses consensual low-dose (or, exceptionally, no dose) neuroleptic medication, in collaboration with the patient and their family, with the

final aim of controlled self-medication (Ciompi, 2017). At the US peer respite, residents self-administer medication (with reminders from the staff, if requested) (Fletcher et al., 2020).

Voluntary. A key element of both Soteria and peer respite is that treatment is consensual (Friedlander et al., 2022) and voluntary (Croft et al., 2021). The peer respite handbook states that avoiding the use of force (calling emergency services or police against someone's will, etc.) is a priority, and there is a process in place for internal review and learning should force ever be used (Davidow, 2017). It also states that there are no restrictions on coming and going freely from the respite, with the exception of limitations on how long someone can be gone from the respite before they lose their spot (Davidow, 2017).

Staff

Some staff have lived experience. Soteria in Israel state that they have staff who have lived experience of acute emotional crises (Friedlander et al., 2022). Soteria houses do not have a requirement that all staff have lived experience, and peer respites do. The peer respite model specifies that all staff have lived experience and some staff are trained as certified peer support specialists (Bouchery et al., 2018). The German peer respite is run by psychiatric survivors (Russo & von Peter, 2022).

Staff are given supervision. The Israeli Soteria highlighted the importance of staff supervision. Staff were provided with intense supervision, including two hours of weekly group supervision, and one hour of individual supervision every other week (Friedlander et al., 2022). The peer respite handbook also states the importance of staff supervision (Davidow, 2017).

Variety of staff backgrounds. The original US Soteria house had six paid nonprofessional therapists, a project director, and a quarter-time project psychiatrist (Matthews et al., 1979). In Israel, the Soteria houses had a half-time psychiatrist who was continuously on call; a psychiatric nurse, at least 10 hours per week; clinical psychologists, social workers, and possibly other mental health care workers such as psycho-dramatists or art therapists, totalling 90 hours a week between them (Friedlander et al., 2022). The Bradford Soteria house had a part-time paid coordinator and two housemates to befriend the person and keep house going. There was also a team of volunteers who covered 2–3 hour shifts (Kilyon, 2020). The Wellness Respite team includes a Program Manager, Senior Coach, Wellness Associates, and a registered nurse (Thieling et al., 2022). Staff roles at Second Story peer respite included a peer house manager and other peer staff (Fletcher et al., 2020).

Staff trained in different models of support. At US peer respites, staff are trained in the need adapted treatment model and intentional peer support (Bouchery et al., 2018). The need-adapted treatment is a "psychotherapeutically oriented approach to psychoses that has been planned and is implemented individually in each case, combining different activities so that they meet the needs of each patient as well as the people making up her or his personal interactional network (usually the family)" (Räkköläinen et al., 1991). Intentional peer support is "a peer-developed, theoretically based, manualized approach that is used in multiple countries" (Penney et al., 2021).

Supporting personal meaning making

The peer respite handbook says that there is no routine focus on psychiatric diagnosis, and it is only discussed when meaningful to a particular person or conversation (Davidow, 2017). It states that "illness" is not assumed and a wide variety of ways of making meaning of distress and various unusual or difficult experiences are welcomed and may be openly discussed (Davidow, 2017). Language used by people working or volunteering in the respite, and on any related paperwork, is non-clinical, everyday language that is inclusive and leaves space for a variety of perspectives (Davidow, 2017).

Power

Power dynamics. Peer respites focus on self-care (Ostrow & Fisher, 2011) and emphasis is placed on values and personal responsibility rather than on assessment and risk (Davidow, 2017). They encourage mastery and power over one's own life (Ostrow & Fisher, 2011). The peer respite handbook states that tasks that are likely to create or enhance power imbalances, such as handling medications or money, are avoided (Davidow, 2017).

The US peer respites also promote service users and members of the support network are full participants in treatment decision making (Bouchery et al., 2018). The original US Soteria house promoted staff sharing decision-making powers and responsibility with residents (Mosher & Menn, 1975).

Activism. At the German peer respite, mutual crisis support is inseparable from political action towards advancing the rights of people with psychiatric experience (Russo & von Peter, 2022). Campaigning and advocacy work take place in parallel to other activities such as self-help groups, open cafés, computer workshop and a meditation group (Russo & von Peter, 2022). There is a critical stance towards psychiatry and the belief in fundamental freedoms and people's right to make their own, informed choices (Russo & von Peter, 2022).

Sustainability

There were few factors relating to sustainability. In relation to economic sustainability, both Soteria houses and peer respites had difficulties maintaining funding where some Soteria houses closed due to lack of funding (Lichtenberg, 2011). The Bradford, UK Soteria house did not accept

Table 3. Opportunities for Healing Houses.

Theme	Subtheme	Theme is found in documents related to Soteria	Theme is found in documents related to peer respite
Outcomes	Equal or better results using less medication	Yes	No
	Improves recovery	Yes	Yes
	Strengthen self-reliance and social connectedness	No	Yes
	Normalizes experiences	No	Yes
	Provides opportunities to develop coping skills	No	Yes
Human rights	Less traumatic and stigmatising experience	Yes	Yes
	Rare violence	Yes	No
	More humane treatment	Yes	Yes
Economics		Yes	Yes
Hospitalization		Yes	Yes
Underserved		No	Yes

statutory funding in order to maintain independence and make it as similar to the original Soteria house as possible. They fundraised £25k and after the funding ran out they closed (Kilyon, 2020). In Israel, the homes are mostly publicly funded by the government-mandated health care insurance funds (Katz et al., 2019). For one peer respite, the program's sustainability was dependent upon maintaining high occupancy rates, which was often at odds with its goal to serve as an alternative to psychiatric hospitalization (Fletcher & Barroso, 2019). There were no factors relating to social or environmental sustainability.

Opportunities

Table 3 illustrates the opportunities for Healing Houses.

Outcomes

Equal or better results using less medication. Even though the data are somewhat limited, various controlled studies have suggested that Soteria achieves comparable levels of symptom remission with considerably lower doses of medication (Calton et al., 2008).

Improves recovery. The Dutch study showed that Soteria facilitated personal recovery (Leendertse et al., 2022). The US peer respite service stated improved long-term recovery for service users (Franklin et al., 2022).

Strengthen self-reliance and social connectedness. The US peer respites state that they strengthen self-reliance and social connectedness and offer a viable alternative to traditional crisis services for some people some of the time (Croft et al., 2021).

Normalizes experiences. Research from the US peer respite showed that for many participants, being in an environment with other persons who have mental health problems and peer-staff normalized the experience of having a mental illness and provided inspiration (Siantz et al., 2019).

Provides opportunities to develop coping skills. The US peer respite had a communal environment, which provided opportunities to develop and utilize interpersonal and coping skills (Siantz et al., 2019).

Human rights

Less traumatic and stigmatising experience. According to Soteria Berne on the subjective level of experience, most patients and relatives found treatment at Soteria to be less upsetting and less stigmatising than traditional methods (Ciompi et al., 1992). Consumers generally show a strong preference for Soteria treatment over conventional hospital treatment (Nischk & Rusch, 2019). The peer respite handbook states that a peer respite can promise a "least restrictive" option compared to at times traumatizing hospital treatment (Davidow, 2017).

Rare violence. At Soteria Berne, incidents of serious violence against self or others have been extremely rare (less than 10 cases in 20 years) (Ciompi & Hoffmann, 2004).

More humane treatment. Soteria represents an alternative approach to the treatment of acute psychosis that avoids many of the common problems of conventional inpatient treatment including frequent coercive treatment and physical restraint, a high staff-to-patient ratio, and often noisy and turbulent environment, and an emphasis on medication as the main form of therapy (Nischk & Rusch, 2019). According to the peer respite handbook, "the respite's philosophy is rooted in values such as self-determination, mutuality and the belief that healing and growth are possible for all" (Davidow, 2017).

Economics

Soteria and peer respites have been shown to have lesser cost than the institutional alternatives (Bouchery et al., 2018; Lichtenberg, 2017).

Hospitalisations

A US study showed that peer respite services resulted in lowered rates of Medicaid-funded hospitalizations and health expenditures for participants compared with a comparison group (Bouchery et al., 2018). An Israeli document stated that Soteria homes can be a viable component of publicly funded mental health care systems (Friedlander et al., 2022).

Pelot and Ostrow (2021) also state that peer respites operate 24 h per day in a homelike environment and may divert from hospital-based psychiatric emergency services. By reducing the need for inpatient and emergency services for some individuals, peer respites may increase meaningful choices for recovery (Croft & Isvan, 2015).

Table 4. Barriers for Healing Houses.

Theme	Subtheme	Theme is found in documents related to Soteria	Theme is found in documents related to peer respite
1. Clinical	1.1. Dominance of medical model	Yes	No
	1.2. Evidence	Yes	Yes
	1.3. Safety	Yes	No
	1.4. Staff difficulties	Yes	Yes
2. Economic and regulatory	2.1. Resources	Yes	Yes
	2.2. Insurance	Yes	No
	2.3. Building regulations	Yes	No
3. Societal	3.1. Neighbours	Yes	Yes
	3.2. Approvals	Yes	No
	3.3. Inadequate social support systems	No	Yes
4. Ideological	4.1. Autonomy	No	Yes
	4.2. Fear	Yes	No

Underserved

Peer respites serve underserved individuals because they can offer an alternative to the medical model care and have "the potential to better serve people who have experienced racism and discrimination within traditional mental health care, such as Black, indigenous, people of color and LGBTQIA people" (Franklin et al., 2022).

Barriers

Table 4 illustrates the barriers to Healing Houses.

Clinical

Dominance of medical model. In psychiatry, there are negative prejudices against alternative socio-psychiatric solutions (Ciompi, 2017). Soteria does not fit into the scientific, descriptive, biomedical character of American psychiatry (Mosher, 1999a). There is a dominance of drug-centred neurobiological approaches in psychiatry (Ciompi, 2017).

Evidence. There is a relative rarity of empirical research data on the Soteria approach and the lack of objective large-scale confirmation of its clinical value (Ciompi, 2017). There is a need for standardized evaluation to prove the effectiveness of peer respites. Research can aid quality improvement and program modifications, assist funders in understanding the benefits and costs, and build an evidence base for new and existing programs (Ostrow & Croft, 2015).

Safety. Despite the fact that Soteria Berne stated that violence was very rare, Soteria Israel stated that there was difficulty in the management of acute psychiatric states involving violent behaviours and suicidality (Friedlander et al., 2022).

Staff difficulties. Soteria Bradford found it difficult to find staff and keep the building going. They needed compassionate and practical people (Kilyon, 2020). Some peer respites described that they had leadership challenges, which limited the scope of possibilities for systemic transformation (Fletcher et al., 2020). A study of peer respites showed that a notable minority of guests (i.e. "negative cases") questioned the credibility of peer staff and were sceptical that people who also had mental illness could be trusted to oversee the respite (Siantz et al., 2019).

Economic and regulatory

Resources. There is a lack of funding, according to Soteria Israel, public pay barely covers costs and the burden of setting up a home falls completely on the Soteria and whatever philanthropic aide it can recruit (Katz et al., 2019). Within a context of resource scarcity and a lack of integrated, holistic services, institutional constraints of traditional service providers may limit a peer respite's ability to uphold recovery values, creating a need for organizational restructuring and an investment in infrastructure (Pelot & Ostrow, 2021).

Insurance. Soteria Bradford found getting insurance to be complicated (Kilyon, 2020).

Building regulations. Building regulations for hospitals in Germany are quite strict and changes to the architectural and interior design required special permit (Voss & Danziger, 2017).

Societal

Neighbours. There can be resistance from neighbours to the setting up of a local Soteria house (Kilyon, 2020). The peer respite handbook states that introducing a new peer respite to a neighbourhood can be one of the trickiest steps in the process of setting up a respite because public reaction can be unpredictable (Davidow, 2017).

Approvals. According to Soteria Israel, gaining government approval takes time (Lichtenberg, 2017).

Inadequate social support systems. One study found that staff identified a lack of public housing and integrated social services as contributing to organizational tensions between dominant structures in the public mental health system and an emergent structure at the peer respite (Fletcher & Barroso, 2019).

Ideological

Autonomy. A peer respite study showed that systemic constraints limited the program's autonomy to uphold peer values. There was a peer staff perception of ideological differences in recovery-oriented practices between "*the County*" and Intentional Peer Support (Fletcher et al., 2020).

Fear. According to Soteria Bradford, people working in the service fear it all going wrong (Kilyon, 2020).

Discussion

The review highlights 11 architectural design characteristics (atmosphere, size, soft room, history, location, outdoor space, cleanliness, interior design, facilities, staff only areas and accessibility), six service design characteristics (guiding principles, living and working together, consensual treatment, staff, supporting personal meaning making and power), five opportunities (outcomes, human rights, economics, hospitalization, and underserved) and four types of barriers (clinical, economic and regulatory, societal and ideological). The primary sustainability issue was long-term funding.

Creating "Home-like" environments

The review has shown one of the key elements of the design of Healing Houses is creating a "home-like" environment. This is a sharp contrast with most institutional/in-patient settings which are designed based on safety/efficiency for staff (Shepley et al., 2016). The Healing Houses "home-like" environment should provide a positive indoor environmental quality. Research has shown that design qualities impact upon patient wellbeing and outcomes (Iyendo et al., 2016). For example, it has been shown that factors of indoor environmental quality; thermal comfort, indoor air quality and ventilation, visual comfort and acoustic comfort have an effect on human health and wellbeing (Mujan et al., 2019). This review has shown key factors of warmth and comfort (thermal comfort) and quiet (acoustic comfort) being very important to the design of Soteria houses and peer respites.

Providing green spaces and biophilia

The review has shown that a factor in the design of Soteria houses is to have a nice garden. Biophilia is the hypothesis that humans have an inherent inclination to affiliate with nature (Grinde & Patil, 2009) and research has shown that nature has a positive effect on health (Grinde & Patil, 2009). Research has also shown that gardening can have a substantial health benefit (Soga et al., 2017).

Incompatibilities between Soteria and peer respite models

There are some incompatibilities between the models of Soteria and peer respite. For example, the "phased treatment" in Soteria is an element that is at odds with the peer respite approach which is explicitly non-treatment oriented, providing a space for healing but not guiding or directing that healing as defined as the "no schedule" element in the results.

An opportunity for more humane and less coercive treatment

Soteria houses and peer respites offer an opportunity for voluntary, more humane and less coercive treatment. The Wildflower Alliance's peer respite Afiya is recognized by the World Health Organization as a rights-based approach (World Health Organization, 2021b). The UN Human Rights Committee on the Rights of Persons with Disabilities have adopted on 11 April 2014 Article 12 which states "historically persons with disabilities have been denied their right to legal capacity in many areas in a discriminatory manner under substitute decision-making regimes such as guardianship, conservatorship and mental health laws that permit forced treatment. These practices must be abolished in order to ensure that full legal capacity is restored to persons with disabilities on an equal basis with others" (United Nations: Committee on the Rights of Persons with Disabilities, 2014). There is an overall movement internationally against detention and compulsory treatment with the Council of Europe voting unanimously in June 2019 to stop psychiatric coercion (Council of Europe, 2019).

Clinical implications

The guiding principles of Healing Houses which include "being with" rather than "doing to" people in extreme distress, tolerating uncertainty, being trauma informed and including social networks could provide better ways for clinicians to work with people experiencing extreme states.

Strengths and limitations

A strength of the review was that the research team was led by people with lived experience of mental distress. Another strength was that the inclusion criteria was broad so a wide variety of documents was included in the review.

A limitation of the review is that it included only publicly available documents where full text was accessible. What is written and published is very limited, and does not give access to experiential knowledge, which is why the next stage of the Healing House programme which will be an international consultation with service users, staff and carers who have used or worked in Soteria houses or peer respites. Another limitation is the lack of quality assessment could be informative to know the current state and quality of the evidence that is available and discussed.

Conclusion

This review has highlighted the key architectural features of Soteria houses and peer respites; however, further research would benefit to understand more about what gives the houses a "home-like" atmosphere and the impact of indoor environmental quality, green spaces and other design features on wellbeing of staff and service users. Limited research was found in this review about sustainability factors relating to social, economic and environmental issues therefore, further research is encouraged in this area. Future research could produce design guidelines for Healing Houses.

Ethical approval

PRISMA/PROSPERO: Researchers have followed PRISMA guidance. The review protocol has been published on PROSPERO (CRD42022378089) on the date 13/12/22.

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