

## What difference does Daybreak make, and how does it do this?

Rebecca Hardwick, PhD researcher, University of Exeter. R.j.l.hardwick@exeter.ac.uk  
November 2016

### About Daybreak

Daybreak is a building, a service and a community made up of and for people who have experience of mental health problems who are learning and helping others to learn how to develop self-management skills. There are two paid members of staff, Jane, who coordinates the learning centre and Gemma who is a Senior Support Worker. Other than that, the staff are volunteer Peer Trainers, people whose lived experience of mental health problems is the necessary qualification to train others. Peer Trainers provide informal support to one another, and provide training to people from the local community that come along to the courses to learn self-management skills. They also host three opportunities every week for people with lived experience, or their families and supporters, or for members of the general public to come along and talk about and learn more about mental health (Pop-up Cafés, Common Room). Peer Trainers also provide support and training at other services that are provided by St Loye's and CCT, such as Granvue, a crisis house in Torbay.

Daybreak exists to promote and support better mental health, and it achieves this for people who come in three ways: through the people there, the culture and through the self-management courses, where people learn about their mental health and ways to manage it better.

### About this study

The purpose of this short study was to gather views on how Daybreak has made a difference in the lives of the individuals that are Peer Trainers. All current Peer Trainers were invited to interview and all accepted the offer. Interviews typically lasted 25 minutes, and were held in a quiet room at Daybreak. Participants were talked through the purpose of the study, what would happen to what they said and were made aware of what to do if they didn't want their data included, or wanted the interview to stop, or needed support or a debrief. A topic guide was not used, as the main purpose of the interview was straightforward. All interviews were digitally recorded, transcribed by the researcher, and then deleted. Personally identifying information was removed from transcripts. Transcripts were imported into NVIVO for analysis. Transcripts were read and re-read and sections of them were coded inductively. Codes were then analysed thematically and written up. This work is part of an ethnographic study within a PhD that was granted ethical approval by the University of Exeter Medical School Research Ethics Committee, Reference: Jun16/B/073.

## Findings

### Who Daybreak helps?

Daybreak is for people who have experience of mental health problems, their friends, families and supporters. Those problems cover a wide range of experiences which are commonly classed as 'severe and enduring mental illness', and tend to include people being part of secondary care services, having a Consultant Psychiatrist and being on the caseload of a Community Mental Health Team. I spoke to people who had diagnoses of depression, anxiety, obsessive compulsive disorder, bipolar disorder, and post-traumatic stress disorder. They varied in their previous and current use of mental health services; some had been long term recipients of counselling, or of intensive residential and hospital based support, others had been largely trying to manage on their own, or had received support from the psychological therapies services, in particular working with a CBT therapist.

All of the Peer Trainers that I spoke to had been living with their mental health concerns for many years, some had used mainstream mental health care services provided by the NHS, or had approached other charities for support, but for various reasons at the point they came to Daybreak, most had reached the end of the road of support that was on offer to them elsewhere, or felt that the support from elsewhere was not what they needed.

People do not need to have a diagnosis or a referral to access Daybreak, unless they're attending a series of taster sessions, being run as a pilot for one local GP practice, and those I spoke to had come to know about what was on offer via word of mouth from friends, fellow residents, other statutory services (Job Centre) or seeing a poster in their local surgery.

People are motivated to come to Daybreak, and then to become Peer Trainers for a range of reasons: initial motivation to attend Daybreak included wanting to attend a course and learn self-management skills; to receive 121 support; to volunteer and find purpose and meaning. A recurring motivation to be a Peer Trainer for all those I spoke to was wanting to 'give back' to Daybreak because they feel they have received so much.

I was very much of the generation that still, even with my tender years, [laughter], that, you know, depression anxiety was weakness, not illness, so for years you, ignored it, or suppressed it as best you could, and you know, I look back over my life and I think of what I learnt over the last two years. [...] you know you've got to come to a point where you've got to do something, you've got to change, so if I can help one person it's got to be worth it.

## Outcomes

*Oh I feel like I've climbed a mountain, from what I was then to what I am now.*

I asked participants to tell me about the difference that Daybreak had made to their lives, what they were learning, how they had changed, or how their circumstances had changed since being part of Daybreak.

Participants talked about their own personal outcomes, in terms of improved mental health and wellbeing, as well as the learning outcomes from the courses. The mental health and wellbeing outcomes were due partly to what people were learning on the self-management courses, and partly due to being part of the Daybreak community. Where a participant specifically attributed an outcome as being a consequence of being on a course, it is highlighted "LO" (learning outcome).

### Mental health and wellbeing outcomes

The mental health and wellbeing outcomes that participants told me they were achieving through being at Daybreak included:

- learning what works for me and how to take steps to support my mental health (LO)
- increased self-awareness (LO)
- sleeping better (LO)
- coping better with triggers (LO)
- how to challenge negative thoughts (LO)
- how to increase focus (LO)
- valuing personal lived experience and self-acceptance (LO)
- able to say no and be more assertive (LO)
- understanding my diagnosis better (LO)
- understanding others better: particularly self-harm (LO)
- different coping strategies (LO)
- to be more open and trusting with people
- managing to deal with long term, underlying emotional issues which had previously felt and been intractable
- feeling valued and worthy
- learning to recognise personal progress
- having a sense of purpose and meaning to life, a reason to live
- how to sustain my recovery
- recognising that I don't have to fake who I am

Several participants were largely house-bound before coming to Daybreak, their mental health was so poor that even leaving the house to go shopping was a real challenge and one they did not feel able to meet. Anxiety was the main cause of this, and despite people receiving counselling and CBT, it was through Daybreak that they began to change and go out more, with one person saying that they had recently returned from a foreign holiday, something which would have been unthinkable before going to Daybreak.

Going to Daybreak became a mechanism and motivation for getting out of the house; they did not say they felt obliged to come, rather that they didn't want to let the other Peer Trainers down, and in particular, several said because they knew that at the end of the day at Daybreak, they would be feeling much better and happier.

I find if I'm just quiet and get on with what I'm doing, my energy, life, and happiness just builds up through the day, and I leave feeling much better. [...] If I hadn't come, Daybreak to come to, I'd probably just sit in my flat, and the more I stayed in my flat the more I wouldn't want to go out.

#### Improved personal or social circumstances (housing, work, self-confidence)

Through improving their understanding and management of their mental health and in receiving positive feedback on their work from others at Daybreak, Peer Trainers said they became able to improve their personal and social circumstances, such as their housing or work situation.

In the last 12 years I've been in hospitals and care homes, and a month and a half ago I moved to my own flat, and that was a huge move, and I wouldn't have been able to do it if I hadn't been here, I wouldn't have had the self-management skills, I wouldn't have thought I could cope on my own, I was very institutionalised, I thought I'd fall apart, so here, has taught me actually you have got the skills within you, you can do this, and we will support you [...] but here's the confidence, take it, you can do it.

Everyone I spoke to was or at some point had been in paid employment. For those not currently in paid employment it was their mental health that had led to them leaving their job. Becoming a Peer Trainer, and then providing the courses and supporting people at the Pop-In café's has increased confidence and skills for some to the extent that they have gained paid employment again, or started training courses towards paid employment. For others, their increased confidence has started to change their mind as to what they previously thought was possible, as this quote illustrates.

It just, it feels right when I'm here, when I'm, helping people, getting alongside them, and I get home and I am buzzing because I've really helped someone today, and that's really good. I never thought I'd work again, but doing this is really good and is making me think well maybe sometime in the future, I might be able to.

## How Daybreak works

I was interested in understanding that if the Peer Trainers felt there was a difference in their lives from being at Daybreak, how had this happened or what was it that made that possible? Several interdependent factors were identified across the interviews: the people, the culture and learning from others/tools for change from the courses. The underlying theory of change seemed to be that if people are accepted where they are at, are valued and respected (demonstrated by how people behave towards each other) then they are able to learn how to manage themselves (through the self-management courses), because they start to see themselves differently. Furthermore, if they pick up (from others) and learn (from courses) self-management skills and approaches then their ability to manage their mental health and wellbeing improves and they are able to make positive progress because they know what to do.

## Being understood and accepted by the people around you.

Experience of mental health problems brings with it isolation and social stigma, and those I spoke to have experienced both in their lives. Stigma and isolation feed off each other and lead to worsening mental health. Finding somewhere that you are included, despite your mental health experiences was incredibly important for the Peer Trainers, one described being at Daybreak as "coming into an unknown family, but it's a family that you've known all your life, and yeah, they just get you,". This feeling of belonging, and of having a place that was safe, and supportive was echoed by others.

One thing you want to do when you've got depression or a mental health issue is lock the door and stay there, but actually it's like having you know, a family who all have mental health issues and you walk in the door and they go, "Yeah I know, and actually how can we look after you?", it's not like they're going to put pressure on you, and it stops the isolation which is the one thing you want to do.

Daybreak works by creating a safe space within which people are accepted as they are. The acceptance of you as you are is demonstrated by a phrase used by a few of the Peer Trainers: "The Power of Me Too". I asked one participant to explain it to me, and they said that the power was in knowing that the others around you understood your experience, and what it means to you, even if it wasn't their own experience; that you don't have to constantly explain and justify yourself, but instead are accepted as you are.

That was one of the things that really got me after I'd been here a few weeks, that they got me, and I don't have to fake who I am anymore.

Comments on how the paid workers approached the work highlighted a supportive, challenging, respectful and acknowledging attitude which sought to validate people's experience and feelings whilst at the same time continually encouraging them to find out what would support their own mental health.

## The Culture

Closely related to the people at Daybreak, and feeling understood and accepted is the overall culture at Daybreak. Peer Trainers talked about a non-judgemental approach, that everyone has a part to play, and that their knowledge of their mental health is crucial and central to the work. Contrasting the approach elsewhere, one Peer Trainer commented that

Daybreak was like totally different, and they just like, the emphasis was more on self-management, whereas other places its more on "we know how you should get better, you will do as we want you to do" [...], they see your diagnosis, "this is the way you will get better", not "you need to find your own way, we'll give you the tools and the resources are within you", it's like you will follow our directives.

References were made to how some had used the way that the paid workers supported them to support their fellow Peer Trainers or people coming along to the courses or the cafes, which demonstrates that the culture of Daybreak, set by the paid workers, may have been "caught" by the Peer Trainers and is then transmitted onto those that come to Daybreak for support. In an exchange with one Peer Trainer, they explained that the support they passed onto someone else was based directly on a conversation they'd had with one of the paid workers.

I guess this is the Alison influence [laughter] because I've heard her say in the past let people do what they need to do at that point. Um, and I guess she said when she was in [residential service], she had people who would just say in bed all day, and she'd be like yeah, ok, stay in bed, but give yourself a point where you say ok I've been in bed for three days now I've got to get up and go and I guess at the back of my mind that twitched, so I thought, I'll say that to her I'll give that to her.

When I asked her why she thought that approach would work, she said

I guess it's because you're not forcing them to do something they don't want to do. If they want to do that, you do that and there's no point saying no you should go for a walk, or go down the shop and get some shopping or go out with your husband and take the dog, if you don't want to do it you're not going to do it and you'll sit at home feeling guilty you've not done it. So if you feel that you want to stay in bed and that's the best you can succeed at that day, then why not? At least that's the impression I get anyway and that's what I picked up from Alison and I must admit I admire her from that, she doesn't mess around she comes straight out and says it, and it's true.

What this shows is that the overall approach to supporting people is meeting them where they are at, and that this approach is contagious; set out by the Community Manager, but adopted and adapted by the Peer Trainers.

## Learning from others/ Tools to change

Crucially, whilst people are accepted as they are at Daybreak, they are motivated to be there and to participate because they want to make a difference: either to get well for themselves, or to support others. To do this, they use the self-management courses (either as learners or trainers). On the

courses, learners are given information about mental health conditions, and how they affect mental health and wellbeing, and different approaches to managing them. The courses can run from short 'taster' sessions of one to two hours, to 6 or even 12 week courses. There is no need for a referral to attend<sup>1</sup>, and learners can do as many courses, as many times as they like.

The courses are delivered by a professional trainer and a Peer Trainer, and they use a collaborative learning model, where participants on the course are invited to share their knowledge and experience with everyone, and are encouraged to participate fully. In conversation with trainers prior to conducting these interviews, a key element of the first session of any course is engaging people with "The Power of Me Too" ; a point at which learners realise that they are not the only one who has had these experiences, and that there is hope for change and recovery.

Participants in the interviews talked about the self-management courses in terms of their learning outcomes, and how they put that learning into practice as well in terms of their role as a Peer Trainer in delivering the courses. A contrast was drawn between the learning which they may have done in counselling or in CBT, or with their GP, which was seen as being a passive process, that kept you 'in your head', and didn't give you what you needed to change to experiencing training from people with lived experience, who could share what had worked for them, give suggestions of different things to try, encourage you to set your own goals, and importantly acknowledge the small steps you had made to wellness.

However, those that come to Daybreak are not given those tools with conditions that they *must* use them, that they *should* be improving and getting well: key to the approach seems to be a recognition that mental health recovery is a journey, that relapse or "bad days" are ok, and normal, and that there is always more that can be learnt.

So yeah, so I signed up to a self-harm course and a self-esteem course, and the place I was in at the time, I only managed the first two sessions of the self-harm course as it was too much and I actually ended up going into crisis and I couldn't come, and I felt awful about it but Alison was so supportive, I phoned her up and said I can't come, this has happened and she was so supportive and it wasn't, I thought "oh this is a failure", but the way it was reacted to was "you took the steps, you tried," cos I ended up self-harming loads, but the way it was dealt with, you know, "you've taken the steps, you do want to change," it was really empowering and really supportive, rather than "you're a failure you can't do this". [...] Whereas this is very much like celebrating the fact that you are on a journey, you are taking steps, you are trying, and not sort of like blaming you for not trying. So it's recognising that you did actually take some quite massive steps, which other people they see them as

---

<sup>1</sup> Daybreak are currently running a series of introductory sessions, for people signposted from their GP surgery. Attendance at these introductory sessions is still not via referral, but is mainly for people coming from that practice, so that they can demonstrate to the practice how Daybreak can help.

insignificant, but here they're recognised as like, actually, "that was quite difficult just walking through the door was a huge step".

I was told by some that they felt their small steps of progress "counted", so when things went wrong for them, or they didn't manage to successfully employ their learning, they weren't told off, or told they were a failure, or weren't trying, instead, the small steps they were taking were acknowledged and praised. This had a huge impact and for all who talked about this, it was the first time they said the effort they were putting into their recovery was genuinely recognised and understood.

Because other things I'd tried before, people had said before you're not trying, but to actually be told, we can see you're trying. Was like wow. Someone can actually see you're trying, I'm not giving in I am trying.

### What could be done differently at Daybreak?

When asked what could be done differently at Daybreak, the comments were about promoting the service, increasing the number of and range of courses on offer, and reaching more people who needed help with managing their mental health.

### Strengths and limitations of this study

This is the first study to evaluate the experiences of Peer Trainers at Daybreak, and as such offers a unique insight into what outcomes are being achieved and how that is happening; this will be valuable for the organisation going forward. As all Peer Trainers agreed to be interviewed, the findings can be held as representative of their views. However, Peer Trainers are those who have already benefitted from the self-management courses and who are 'on board' with what Daybreak is trying to do; for a fuller picture of what difference Daybreak makes, and how it works, it would be necessary to also speak to those who have participated in courses but not gone on to be Peer Trainers, as well as those who perhaps started to be Peer Trainers but have stepped away.

Further exploration of the interview transcripts may tell us more about the mechanisms of change, and what may be necessary to replicate or adapt from the model and culture of Daybreak to make it work in other places.