

With Us, For Us

Practice Learning Workbook



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Get in touch

At Scottish Recovery Network we are always happy to have a chat about your ideas and answer any questions. Please do get in touch. If you need this information in a different format let us know.

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Introduction

The With Us, For Us project delivered a programme of engagement, providing an opportunity for people living with trauma and/or who have been given a diagnosis of personality disorder to share their experiences and what supports their recovery and wellbeing.

This project, delivered by Scottish Recovery Network and VOX Scotland, was commissioned by Healthcare Improvement Scotland to ensure that lived experience informed the findings and recommendations of their Personality Disorder Improvement Programme.

Many people shared their thoughts and ideas for how services and organisations can better support them and their mental health recovery. This practice learning workbook is a chance for those who support people to gain an insight into what people think great services look like. It is a useful tool for reflecting on how you and your team can improve your practice and take action to make positive changes.

The resource is intended to be used as a prompt for group learning and discussion. Each section contains a summary of what people said great support would include, as well as practical tips from the voice of lived experience. At the end of each section is a reflective worksheet for you to discuss and complete individually or as a group. Example session plans are also included at the end of this document to show how you can use this resource. You can revisit this resource as many times as you like and may find it beneficial to reflect longer term on the progress you have made.

Before you get started

You may find it helpful to read the [With Us, For Us report](#) (and/or summary report) to deepen your understanding of what people with lived experience are looking for from services and organisations. You can also watch our animation (see next page), read the [project case study](#) or view our Living with Trauma: [Storytelling through Photography and Artwork](#) booklet to help get the conversation started.

[Scottish Recovery Network](#) promotes and supports mental health recovery. Our mission is to bring people, services, and organisations across sectors together to create a mental health system powered by lived experience which supports everyone's recovery journey. Collaboration and lived experience are central to our work.

[VOX Scotland](#) is a national membership organisation, open to people in Scotland with lived experience of mental health difficulties. VOX Scotland works to ensure that people with lived experience can shape Scotland's laws, influence service design and delivery, promote a better understanding of mental illness in wider society and advance the general interests of people living with mental health issues.

Lived Experience Project Group

To ensure lived experience is at the heart of the With Us, For Us project, we established and hosted a Lived Experience Project Group. Chloe, Holly, Laura, Martin, and Ruth have been involved in planning and delivering engagement and co-design sessions, collating feedback, identifying key themes, and interpreting the findings. They have also been involved in developing several resources, this practice learning workbook being one of them.

A special thanks to our lived experience project group members for their hard work, passion, and dedication to this project.

This short animation shares their experiences of services, what great support should look and feel like and how we can get there.



A relational focus

There is a need to be more open about what we mean when we talk about person-centred services. What is important to people is a focus on relationships and building the trust that people need if they are to recover.

Good relationships are those where the person feels listened to, and where their experiences, feelings and ideas are validated and valued. Through this they can develop the trust needed to embrace new ways of thinking and adopt new coping and self-management strategies.

Taking the time to build that relationship builds trust, and when you have trust in a person it can continue.

Person-centred means taking the lead from the person and allowing them to be in control and decide what they want to do.

What can we do?

Communication

Open communication is key to building trusting relationships. Check-in regularly with the person, ask 'what's working', 'what can we do better'.

To build trusting relationships you need to deliver on what said you are going to deliver, and if this has changed, then be honest and open about this with the person. Things you may overlook can make a big difference, for example if an appointment has to change let the person know as soon as possible and through appropriate channels (i.e., not a letter that may take a while to arrive). Acknowledge requests for a different practitioner, don't pathologize or put someone to the back of the queue. Consistency is important for building trusting relationships. If staff are moving on, let the person know as soon as possible and support them through that period of transition to a new member of staff.



**Don't make
promises
you can't keep**

Choice

Good services are flexible and adapted to what the person needs at time rather than being dependent on someone's diagnosis or history. Offer choice where possible, so the person feels equal and knows they can have a say in their own support. Meet requests where possible and if this cannot be met, have open communication with the person to let

them know why this request cannot be met and how we move forward in future, offering suitable alternatives. Be open about what appointments will be like. Give the person as much information and choice as possible, for example what time of the day suits you, what room suits you.

Allow the person to make decisions around things you may assume – for example, if there are a choice of rooms available ask if the person has a preference, ask the person where in the room they would like to sit.

Power

People often feel very alone and helpless when they seek support. It is important to acknowledge the power imbalance in the relationship between practitioners and people they support.

There are some simple things you can do to address power imbalances and hierarchy. This could include meeting people at the front door rather than being behind a desk and asking how they want to use the time available.

It's not people being 'difficult' because of their diagnosis, sometimes people just don't click and that's ok.

Reflective worksheet

A relational focus



It's time to reflect and have an open discussion around building trusting relationships.

Pause... Thinking of your own life, what helps your relationships to thrive? Think about friendships, work colleagues, other relationships.

Consider the following...

- How do you/your team enable your relationships with people with lived experience to be positive and meaningful?
- What barriers stop this from happening in the way you would like it to?
- What opportunities are there?
- In what way could the third sector, or other structures help to support this? (peer support, advocacy, local groups)



You may find it useful for someone to note your reflections and repeat these questions at a later date to note any progress.

Identify actions

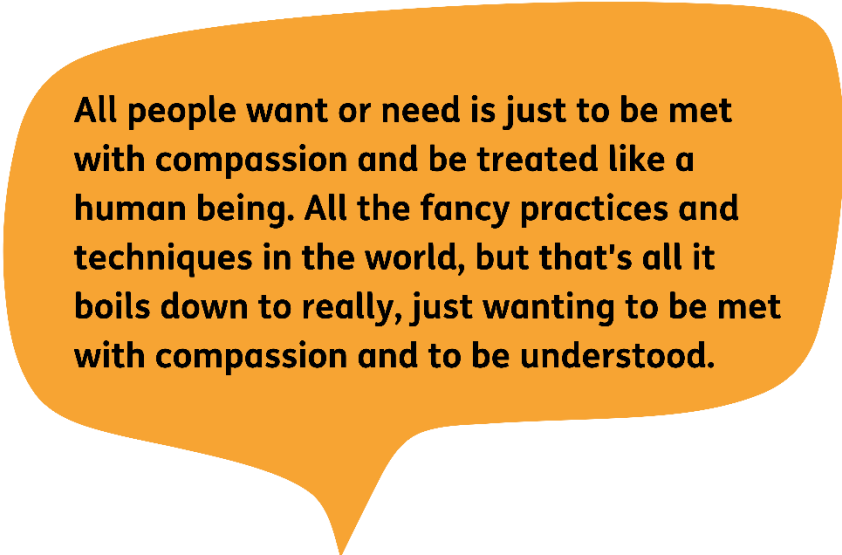
Note down what you are going to do and how you will know it is working. Add a date to review progress.

What are we going to do?	How will we know it is working?	Date

Compassion, validation and empathy

Compassion, validation, an empathy are important aspects of what people need. A compassionate approach helps people to understand and process their emotions and behaviours, rather than being turned away due to these behaviours. Validation and empathy are important aspects of a compassionate approach.

Services need to invest more in providing the time and structured space for people to process their experiences and find their own ways of living. Services delivered with compassion recognise how hard it is for people to build trust and engage, so will invest in relationship and trust building. Compassion from clinicians will help people feel safer when accessing support and particularly when receiving a diagnosis.



All people want or need is just to be met with compassion and be treated like a human being. All the fancy practices and techniques in the world, but that's all it boils down to really, just wanting to be met with compassion and to be understood.

What can we do?

Compassion

Compassion can't just be a metaphorical pat on the head. It needs to be shown through action and the approach you take with the people you are supporting.

Acknowledge non-verbal signs. People may not be able to express verbally they feel uncomfortable but look for non-verbal signs, then show sensitivity and compassion.

People are being fobbed off and told 'well you have capacity', and that's extremely invalidating and something no service should be doing to anybody, because everybody matters, and everybody's life matters.

Validation

Offer reassurance towards what the person is feeling, saying "I believe you" can help people feel validated. Don't judge a person based on what you perceive to be their capacity.

People still need support and their struggles to be validated regardless of their job status, education level, the way they dress etc. Challenge your own assumptions.

Meet people in the moment. It doesn't matter if you have been distressed in the past, you are distressed right now. Let's respond to the distress right now.

Empathy

A warm approach, and making people feel comfortable can help them feel the compassion and empathy from you. Validating communication and interactions can also help to build trusting relationships. Great people skills go a long way. Show people empathy and do not exclude based on their history. Support people with what they need help with at that moment in time. Ultimately, it is impossible for compassion, validation, and empathy to be shown when stigmatising attitudes are embedded within the culture of an organisation.

In order to provide a truly compassionate response, you have to be able to suspend that stigma and suspend your assumptions about the situation. You have to be curious, and ask questions, and try to see it from the other persons perspective. Instead of just assuming you know everything about the situation.

This short film by Dr Brené Brown explores the difference between Empathy and Sympathy.



Reflective worksheet

Compassion, validation and empathy



It's time to reflect and have an open discussion around compassion, validation and empathy.

Pause... Think about a time when you have had something happen to you which has been emotionally challenging and distressing.

Consider the following...

- When you have been going through challenging times what support has really helped you?
- How do you currently help those with lived experience to process difficult/emotionally distressing experiences? Do you have any ideas for how you could improve this?
- What barriers stop this from happening?
- What opportunities are there to improve this?
- Could the third sector or other structures help to support this? (peer support, advocacy, local groups)

Identifying actions

Note down what you are going to do and how you will know it is working. Add a date to review progress.

What are we going to do?	How will we know it is working?	Date

Whole person, whole system

A whole person, whole system approach means that people will have a supported journey and will progress through different types of supports as required, both third sector and NHS. Additionally, taking a more holistic approach to support means a range of treatment options will be offered. Moving away from 'fixing' people and instead supporting people to live well and be accepted.

Support would be truly person-centred and tailored specifically to my needs and situation. There would be a range of supports to pick from - not just one 'personality disorder pathway'.

The people providing the service would get to know me as a person, not a diagnosis. They would seek to understand my whole-life context, not just my symptoms.

What can we do?

Family, friends and carers

The role of supporters (families, friends, carers) should also be considered, as they are an integral part of a whole person whole system approach but are often overlooked. Ask the person you are supporting if and how they want their family, friends and carers involved in their support.

Advance statements

'Get to know me' documents or [Advance Statements](#) can be a useful tool. However, all staff must know how to develop these collaboratively with the person and how to meaningfully use them. These should be used as a standard practice, ensuring they are updated regularly. Tools like that can also ensure that the person's wishes on family / friends / carers involvement in their care is recorded, understood and implemented.

Tie in with local support

Get to know local organisations in your area who can offer complementary supports and proactively assist people to connect with them. Having this local knowledge will not only increase options but will ensure that you connect people with appropriate supports.

Ensure people feel reassured they can access different groups for companionship, activities, or peer support without their clinical support being at risk. Support in the community should be seen as complementary to the support received by NHS, it's not one or the other. Understand that accessing community support is an aid to the persons recovery and doesn't mean they don't need other types of clinical or therapeutic support also.

Reflective worksheet



Whole person, whole system

It's time to reflect and have an open discussion around the whole person, whole system approach.

Pause...What makes you who you are? Think about your identity, hobbies, wider life, friendships

Consider the following...

- How do you get to know the whole person, their life and what is important to them?
- How could you improve ways of findings out more about the whole person?
- What barriers stop this from happening?
- What gaps are there in the current system that need to be addressed to provide people with wider support (e.g., support for social/financial/general wellbeing)
- What opportunities are there to improve this?
- Could the third sector or other structures help to support this? (peer support, advocacy, local groups)

Identifying actions

Note down what you are going to do and how you will know it is working. Add a date to review progress.

What are we going to do?	How will we know it is working?	Date

Next steps

Now that you have reflected on your practice, it's time to put this learning into action. Use your action plans to begin making changes. You may find it useful to repeat these reflective discussions regularly and identifying more ways for improvement. Taking this one step further, it would be beneficial to get the people who access your service or organisation involved in these discussions. Ultimately, the voice of lived experience should be valued and involved in all decision making around mental health services and supports.

If you or your organisation are interested in engaging with the voice of lived experience, you can:

- Download Scottish Recovery Network's [Recovery Conversation Café toolkit](#) to have conversations about what matters most to people.
- VOX Scotland has launched a [co-production resource](#) to support mental health professionals and service providers to implement co-productive practice.

We would love to hear about how you get on.



Templates - Example session plans

Team meeting outline (45 minutes)

Before session	Team to read through resource ahead of time. One person to take on a hosting role.	
5 mins	Connect up – the group may already know each other but it’s important to for everyone to feel connected ahead of the discussions. A connecting exercise we like to use is what is one thing that made you smile recently?	
5 mins	Host to through Section 1 – A relational focus.	Page 5-6
5 mins	Take 5 minutes to Pause, and individually answer the question, noting down any reflections (you do not need to share this with the group).	Page 7
15 mins	As a group work through the ‘Consider the following’ section. This should be a group discussion reflecting on current practice and ways to improve.	Page 7
15 mins	As a group, identify key actions you can take to improve practice and set realistic timescales.	Page 7
After session	Repeat at a further 2 meetings to cover the remaining sections.	

Workshop outline (2 hours)

Before session	Team to read through resource ahead of time. One person can take on a hosting role, or members of the team may wish to lead on different sections.	
3 mins	Introduce aims of the session and run through any housekeeping.	
5 mins	Connect up – the group may already know each other but it’s important to for everyone to feel connected ahead of the discussions. A connecting exercise we like to use is what is one thing that made you smile recently?	
5 mins	Host to through Section 1 – A relational focus.	Page 5-6
2 mins	Take a few minutes to Pause, and individually answer the question, noting down any reflections (you do not need to share this with the group).	Page 7
15 mins	As a group work through the ‘Consider the following’ section. This should be a group discussion reflecting on current practice and ways to improve.	Page 7
10 mins	As a group, identify key actions you can take to improve practice and set realistic timescales.	Page 7
5 mins	Break	
5 mins	Host to through Section 2 – Compassion, Validation and Empathy	Page 8-9

2 mins	Take a few minutes to Pause, and individually answer the question, noting down any reflections (you do not need to share this with the group).	Page 10
15 mins	As a group work through the 'Consider the following' section. This should be a group discussion reflecting on current practice and ways to improve.	Page 10
10 mins	As a group, identify key actions you can take to improve practice and set realistic timescales.	Page 10
5 mins	Break	
5 mins	Host to through Section 3 – Whole person, whole system	Page 11-12
2 mins	Take a few minutes to Pause, and individually answer the question, noting down any reflections (you do not need to share this with the group).	Page 13
15 mins	As a group work through the 'Consider the following' section. This should be a group discussion reflecting on current practice and ways to improve.	Page 13
10 mins	As a group, identify key actions you can take to improve practice and set realistic timescales.	Page 13
5 mins	Bring workshop to a close and discuss how and when you will review actions.	