

Living Well Initial Conversation

Instructions for staff

Before completing the Initial Conversation

We confirm what information has already been gathered so we do not repeat, and can plug any gaps. We share a link to the Living Well Agreement and to the Initial Conversation template, so people can prepare and know what to expect.

During the Initial Conversation

The Initial Conversation template is used when a person is first introduced to Living Well. The person accessing support and a team member will complete the Initial Conversation together. The team member and person will agree together on the structure of the Initial Conversation session(s). They may:

- Use the tool to structure the discussion or
- Have a natural conversation that covers key areas and fully complete and share the paperwork at a later date.

Suggested script

“Some of our conversation today could be difficult, but we will also talk about your strengths and the positive things in your life. We will also look at the things you might want to change and how we might be able to work together towards these.”

“We understand from your [introducer] that you may be looking for support for [x]. Could you tell me a little about this?”

Saying Hello

1. Why are you seeking support from our service, what is going on for you at the moment?

The tricky bits

1. We have just spoken about some of the parts of life that are difficult at the moment. Is there anything else you may be finding tricky at the moment?

(e.g., health conditions, housing, debt, carer responsibilities)

2. Have things felt this difficult for you in the past? If so, when was this and what helped you to feel better in the past?

3. How well do you feel you can keep yourself safe from harm at the moment? What makes you feel safe?

4. How well do you feel you can keep others safe?

5. Has the member of staff identified any risk to self?

Yes

No

6. Has the member of staff identified any risk to others?

Yes

No

The good bits

1. What support do you have around you? What are the most helpful parts of this support? Would you like your carer/supporter to be involved in your support? What do they think would help right now?

2. What is helping you to cope at the moment? What else? What have you previously found to be helpful? What are some of the good parts of your life at the moment? Who and/or what motivates you? What do you enjoy or feel good at doing?

A bit more information

1. How is your physical health?

2. Do you have any regular appointments for your physical health?

3. Are you currently taking any medication?

4. Are you prescribed any medications for the treatment of substance use /
addiction?

5. Would you like any support to deal with drug or alcohol use?

Our work together

1. What are the things you enjoy doing but aren't able to when you aren't feeling well?

2. How would you like your life to be? What would be good to be changed, or what would be better? If life could be different, what would it look like?

3. What could we do together to help you achieve that? What could others do?
What else? What would you like to focus on first?

Summarising our conversation

1. My worker

2. Meeting Date

3. I said:

We agreed:

4. I will:

5. My worker will:

The focus of my support

My reason for support -What would you like to achieve in working with mental health services? How far are you towards achieving your goals?

I would like to:		Not at all (0)	A little	Halfway (5)	Mostly	Achieved (10)
Goal 1	Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 2	Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 3	Start	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My quality of life

For each of the following statements, highlight one box that best describes your thoughts, feelings, and activities over the last week.

In the last week:	None of the above	Only occasionally	Sometimes	Often	Most / all of the time
I found it difficult to get started with everyday tasks	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt able to trust others	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt unable to cope	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I could do the things I wanted to do	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt happy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I thought my life was not worth living	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I enjoyed what I did	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt hopeful about my future	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt lonely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt confident in myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Describe your physical health over the last week E.g. problems with pain, mobility, difficulties caring for yourself or feeling physically unwell	No problems (4)	Slight problems (3)	Moderate problems (2)	Severe Problems (1)	Very severe (0)