researcher BN: So erm, I wondered if you could just, erm, we could just run through some basic demographics, so like age, gender, and your role at the organization, and who you're volunteering for?

SP1: Ah OK, so my name's (SP1) and I’m male, As you can see from the facial hair (laughs), erm,  
what was the other question sorry?

researcher BN: Er just age and your role within the organization and, what, what it is?

SP1: Ah okay, so I’m (SP1), er male, age 33, erm and my current role is with er humankind, er umm, which is part of, well the the, the, the one that I volunteer for is for South Tyneside adult recovery service, but it's part of humankind charity.

researcher BN: Right.

SP1: And, my role as a volunteer is, mainly just to provide support, so erm currently, I am shadowing as well as doing something called supporting voices, where I ring up, er, service users to, to make sure that they're aware of their appointments as well as erm, I speak to them about specific things, like there was a gentleman that I spoke to for like 30 minutes where he was just talking about his issues and stuff. So like just things around that like so, the, the people that we help, they are people that, that, that have problems with substance use. So, like drug and alcohol basically. So they, they will be concerned about their, their health majority of the time, hence they would come in, you know I mean..

Researcher BN: uhhummm..

SP1: ..and that's my role where I, I basically provide support, and kind of bring in my education to, to give them guidance. Like uh, as well as, like help. So yeah.

researcher BN: Fab, sounds great. So is humankind, it's not specifically substance abuse, but the kind of role that you work under is that specifically? Or is humankind all about, erm, people with substance abuse?

SP1: So humankind is a charity. It mainly is with substance use,

Researcher BN: Right

SP1: ..but they provide people with other services as well, because with er, drug and alcohol treatment, erm you need to give people, errr, different resources to stay clean or to achieve their goals of, like, say, being abstinent from drugs. So in order to do that, you need to provide them, erm people that could help them with employment, people that can help them with, erm, housing, people that could help them with, different aspects of treatment that enables them to continue, erm, getting better because the worst thing is, if you have erm, issues with alcohol and you've got no housing, so you're homeless basically. So you can't really stay like, erm, you can't really achieve a goal of being abstinent if you don't have a, a, like a steady home, a place where it's, it's like you can, you can sleep, and it's like, you have safety. So…

researcher BN: Yeah, absolutely.

SP1: So it's, so it's like a mixed, like it's, it's a, it's a charity that, that has different things within itself to help service users..

researcher BN: Right.

SP1: And, erm the community as well, so.

researcher BN: Perfect! And what motivated you to, to er, volunteer in this role?

SP1: The main thing was I wanted to help people with er, like mental health issues, ‘cause mental health and substance use are very linked to each other.

Researcher BN: Uhumm..

SP1: Erm, and what made me continue was, that I did a health psychology course. And that, I wanted to practice what I was learning.

Researcher BN: Uhumm..

SP1: By erm, marrying the, the knowledge base with the experience together, I feel like I've got a cohesive and a better erm, way of, of looking at, like health, basically and, I, I feel like it's been a really good like marriage \*laughs\* if I could put it that way.

Researcher BN: (laughs)

SP1: And, because it allows me, erm to actually see what works and what doesn't in terms of the treatment side, and like the, from the academic side to, erm the reality side basically.

researcher BN: Yeah, like practically applying it.

SP1: Yep..

researcher BN: Yeah.

SP1: Yeah, I I'm learning a lot, basically it's like, another, another motivator is like having like, skin in the game type of thing where, umm you, you have to, you have to have like, you know what you’re talking about type of thing. So, by having the knowledge base but also seeing people that, that, that are having issue with, with their substance misuse, and seeing what the literature says, you can, you can actually make a good judgment rather than just one sided. ‘Cause I feel like academic, it's very systematic in it’s approach, but like with, substance, er, treatment it's very person centered. So, they might say like, erm the literature might say like ahh this treatment works for like these people, but if you break it down in terms of person centered, it's like, it's not really like, that way. It's like you have to kind of, sort of go by instead of systematically, you go by person.

researcher BN: Mm-hmm.

SP1: And that’s been the major eye opener for me, doing this role basically.

researcher BN: Yeah. And you've got the best of both worlds now. \*laughs\* Both sides.

SP1: I think uh, like I would recommend to people that that have, got like an education, like a masters or even undergraduate, to actually do voluntary work because you get to see, erm, by, you get to see everything.

Researcher BN: Yeah.

SP1: You get to see, like, how they use an, evidence based, er, approach. But also like how interpersonal skills like plays a huge part in, erm, convincing people to improve their health.

researcher BN: Uhumm, yeah, definitely, so had you worked or volunteered within this kind of like voluntary and community sector before? Or is this your first role?

SP1: Yeah, so, prior to me, er being at humankind, I used to, er work, I used to volunteer at another charity called (name of organistion). It's a, it's a, erm, it's another substance misuse charity, And,

Researcher BN: Uhumm..

SP1: And, and they are, like based in the northeast as well. And like, I used to do some role like where like, I was the one to one coach. So, similar role to what I'm doing now, erm, where, I would, basically look at, erm, I would encourage them mainly. I would try to figure out a way for them, cause, with alcohol and substance misuse, you mean, you're very negative, like about yourself, and how you see yourself, because the, the outside world tells you like, you know why, why, why you drinking heavily? What, you’re a drunkard. You, you're someone that's like, can't control themselves.

researcher BN: \*Nods\*

SP1: And like, you as a volunteer, you know that already, people are gonna say that, but you gotta get them to be motivated by..

Research BN: mmm…

SP1: uhm, by changing the way they look at it, and encouraging them like, so let, let's say, if they've been drunk for two weeks straight but for the last three days, they haven't drank anything, then you gotta use that to kind of motivate them said like, look, you've drank consistently for three weeks, but for three days you haven't now. So that means though, like, you’re making improvement. So you wanna see changes in your life. So what, how can we use that, to take you to your goal of being abstinent or, or drinking less, should we say.

researcher BN: OK, fab, so you’ve done this kind of thing before?

SP1: Yeah.

researcher BN: So yeah, you kind of, you kind of touched upon what you like about your role, like would you say the main thing you like about it is applying what you've learned in health pychology, or is there anything you like the most?

SP1: So, the other one is like making a difference in the community as well because, erm, this is what I've learned like, It's like, if you don't have like a charity or like a, erm, an organization that helps people that have, erm, like, alcohol issues should we say like. If they don't get no help, then it actually drains the community, like in different ways. So, like people who, who should be looking after their kids, but they have a, a drinking issue they, they can't really go after their, their kids. So that's one issue that impacts, like a family. And like, if you’ve got no home because of alcohol, like that, like you have to sleep in the streets, like that's another issue like. There's many like issues within it that like, if you don't have it, like it impacts your community. So, me going there like, I'm, I'm trying to help people as well. Like I, my goal is to basically help people adapt to their, like erm health crises. So enables them to gain power in, in, in moments where it’s, it's like they’re facing difficulty. So, it's a mixture of both of them.

researcher BN: So that’s, yeah. So that’s the thing you find most rewarding would you say?

SP1: Yes, I would say that, yeah, definitely, erm, because, it's part of that community, that they’re not always aware, you know what I mean? Like the, the, people have these issues, and they don't even know the in depth reasons why people have, like, issues with substances, because alcohol is like, is culturally accepted.

researcher BN: Uhumm

SP1: You can like, go to the shops and buy it. They have deals on alcohol..

Researched BN: Yeah.

SP1: .. and like, it's like, people don't realize like, how impactful like, negatively it is for other people..

Researcher BN: uhumm

SP1: so yeah.

researcher BN: So what would you say is the most challenging aspect of your role?

SP1|: The most challenging is uhm, I would say , hmm, I would say trying to motivate people, like the service users because, er, like, you, you, you see that erm, they need to change, but they don't see it themselves, because… It's been part of their life, that like, it's, it's been used as their coping mechanism, and it's worked for them like, although it's, it's worked for them temporarily, but that's been the most challenging because you see that they need to change, but they don't see it themselves. And like, you see them coming back ,and like, you know, it's like a circle like they keep coming back, they keep coming back, they keep coming back..

Researcher BN: Uhummm

SP1: .. and it’s like, that's been the most challenging aspect because, I thought based on my like, erm, education that like, I knew how to motivate, like I thought people were motivated already..

Researcher BN: Yeah

SP1: …but they're not, like people have issues, like, like I was discussing with my colleague, erm, at (*name of recovery service*) the other day like we were discussing like, some people, like because of how addiction works, like, they're not gonna be always, be ready to erm, or motivated to, to, to change basically, because they have different issues going on in their life. Like something’s happening in their life and stuff. So like their role, like, the people that work there full time, like instead of giving them interventions to use, they basically give them, erm, they look at what they need that week, because you, you can't motivate someone to change when they, they don't have employment, they can't find a job, do you know what I mean?

Researcher BN: Yeah.

SP1: So like, each week, there's like a different issue that goes around and some are ready to basically, use the interventions, but some aren't. So, you have to address what they need there then.

Researcher BN: Uhummm.

SP1: So that allows you to, erm, like, slowly get to that goal of, of them, whatever they want to achieve in terms of substance use. So, this to, so like each week like it's different. So that would be the, the biggest challenges is that motivation aspect, because like, what happens in their life.

researcher BN: Yeah.

SP1: But the other resource, I mean like the other like, challenging aspect is erm, you don't have a lot of resource to, to use.

researcher BN: Right.

SP1: Erm, basically to, to achieve, erm, sobrie.. haha can’t even say that word. To be sober for like long periods, you, you, you require a lot of resources,

Researcher BN: Uhummm..

SP1: Like from like, that charity, but also like the outside, like organizations as well. Like, that Umm, not that.. no one has enough resources to do that, basically, that's what I'm trying to say.

researcher BN: Yeah.

SP1: And, because the community doesn't have, cause, like employment is huge, so like employment plays a big part in people being busy, and it allows them to have money as well, and it gives them like a sense of like meaning, because they, they have a job to go to like every so often. And, if they don't, then, that’s like a big challenge to the community or even someone who’s got substance issues because like, how are you gonna have money, like, how are you gonna have food on the table when you, when you've got like addiction issues and like, and like you've got no, no, no opportunities to, to work. Erm, the other challenging aspect..I would say… sooo, (counts on fingers) resources, motivation, biggest challenge, (pauses) I would say erm, what doesn’t work is, when you, when you see people, erm, so there's a lot of service users that have been pushed because of their, their, their, their like family, or their friends of, or like even their organization, wherever they work for has been, they've been pushed to, to come.

Researcher BN: uhumm.

SP1: So that, that's like, that's another challenge where like, because they they, they, they don't, they don't see that they need to change, is the service users themselves as well. Not the motivation aspect but like, a lot of people don't think they've got issues as well.

researcher BN: Umm.

SP1: Like they've been pushed from like, like from, er, you know, their family, friends and work. So, like, it's the service users as well sometimes, because they, they don't think they have issues even though they like, you know, they've been drinking 3 bottles of vodka like, like a day, some of them, and you’re like, how are you able to drink all that?

Researcher BN: wow!

SP1: You know what I mean?

researcher BN: Yeah.

SP1: So like, it's like, some people don't think they've got issues themselves, like the service users, even though like, when you, when you like, break it down of what like, they've consumed over the last week or so, like what they got up to in the week or so, and, that's the biggest challenge. Like, and, erm, yeah, hopefully that's OK.

researcher BN: So like the fact they haven't chosen, and they've been told to go because they don't know they've got a problem themselves, yeah.

SP1: Yeah, yeah. Because obviously, they, they, they definitely don't see it like, some of them, and and you're like, and you break it down, like the symptoms that they have from like withdrawal, or even like, from consuming drugs, and you're like oh that's, that's not, like I don't see it as a problem. And some people don't even wanna change as well. That's been like another, like issue, where like, like I remember, erm, a nurse telling me that there used to be a man that would go see her, he had like issues with, with heroin. And he didn't, he didn't think that he needed to change, and he was, he was given advice on like harm reduction in terms of how best to, to use like, erm, like needles so that it doesn’t, it doesn't kill him basically, he didn't care. And erm, he eventually died because he didn't wanna change basically.

researcher BN: Yeah. So yeah, that's the most challenging.

SP1: So its, it’s very sad.

Researcher BN: Yeah. Erm, can you talk is through, like how typically, your like day-to-day interactions go with service users, the kind of like, from how they access you, what you might talk about, how often you see them, things like that, kind of your day-to-day interactions, how they would go?

SP1: Ohh OK, so, erm, when I first started, erm, I'd started doing supporting voices where we tell them about like appointments and stuff, and that is partly to assess their needs. So, we would go through, erm, what their goals are, like what their needs are in terms of what issues they have, erm, what they want to achieve, and then erm, it’s like a very comprehensive like set of questions. It tends to run for like an hour, the assessment. Because you get, you go through a lot of like specific things and stuff. Like you don't,

Researcher BN: Okay..

SP1: just look at their substance abus, you also look at their mental health, and, and like physical health as well.

Researcher BN: Uhumm..

SP1: And then you break down when, like how, erm, all of that is kind of put together to, to, to get them to, to figure out like what, what to do next. And then after that like they you ask them a goal, and then erm, after like coming up with a goal, you come up with, er, appointments. So, you, you basically see them, erm, face to face, and then from that face to face you, you, after looking at their needs, and their, erm their goals, you, you work out interventions to, to, to help them basically. And that's in…

Researcher BN: Okay.

SP1: …in line with like other parts of the organization. So my, like my current, er, organization has like a clinic as well. So, you, you basically have two offices, one’s like the clinic, and the other one’s just like where you have like er, rooms where you have meetings as well as groups.

Researcher BN: uhumm..

SP1: And like, the clinic allows them to look at their physical health as well as them into health, and see like, they do like tests, in terms of like what drugs they've used, their, their bloods as well, and like assess their like physical health. And then, the other room where, we discuss specific goals and we use like psychosocial interventions, er,

Researcher BN: Okay,

SP1: .. as well as groups. So typical day like for me is like, I'll, I'll go in, and then I'll do supporting voices. So telling people appointments, supporting them if they need, you know, sometimes people need like a shoulder to cry on a little bit.

Researcher BN: Yeah.

SP1: So that's why I was like, I reassure them and give them encouragement, and erm, make them feel like, you know, part of like, they're gonna be part of the organization, like that’s part of like the treatment.

researcher BN: Mm-hmm.

SP1: And then after that I do like shadowing, where basically I, I'll see erm, service users, with erm, like a person that works full time. And er, we basically like, if I don't know the, the, the service user beforehand, I just listen and then I try to er, give my like knowledge from my psychological, erm like academic, like, background

Researcher BN: Uhumm..

SP1: And kind of like a mixture of both where we, we speak about different things. So er, like, because my, my dissertation was on mental health and that, I try to give guidance on mental health issues and stuff..

Researcher BN: Ah fab.

SP1: ..and then, like er, and then if I know that that service user, we look at specific goals and then erm, basically I try to, do the same like I encourage, but as well like, get them to think differently aswell. Like reframe their situation. Because erm, interpersonal skills is like huge in this role..

Researcher BN: mmm

SP1: Because if you don’t have that, then they don't trust you. Because this, this erm, substance use is very, erm, like trust is like the more supporting thing, when you’re, when you’re developing that erm, relationship,

Researcher BN: Yeah.

SP1: ..because of how their lives turned out, or what's happened in their life, or even their interactions with people that that are working in healthcare. Like, if you don't, if you don't achieve that erm, sense of trust, like they're not gonna open up, or be willing to, to, to erm get treatment. So, erm, so..

Researcher BN: Yeah.

SP1: … and then so, like I just, just do trainings and different things, so then it…

researcher BN: You just froze there for that last sentence, could you, could you just repeat? You just froze for about 5 or 10 seconds..

SP1: Sorry.

Researcher BN: No! It's not your fault.

SP1: Well, what did I say, was I talking about..

researcher BN: Trust, the importance of trust

SP1: OK. So yeah, so, because trust is very important, that you need to have it in order for them to open up to you. Erm, to develop that, that trust in that, they can believe in the treatment itself. And by doing that, enables, like next time we see them and that enables er, them to listen to you and give them guidance, and then, and you develop like friend, well friendship as well as their relationship with a like councillor I guess because we, we do psychosocial interventions.

researcher BN: OK. So is it important like in your organization that you see the same people again and again, that you're not just seeing someone once, is it.. do you often see people frequently? The same people?

SP1: Well, because people have different er, needs so, so some people, they’re doing it, part of because of like, it's criminal justice. So, they've got an order.

Researcher BN: Right.

SP1: So as part of their order they, they have to do it and then you've got people that that don't have order and erm, but yeah, so like if you see the same person then, because, like one thing that I was told and it made me like, open my eyes further was, erm, my like, the person I shadowed, he said that, when we are, er, like erm, seeing like service users it's important that, erm, we develop that trust because, there's been a lot of times where like their trust has been broken because the, the, the healthcare professional hasn't erm, has misled them or they haven't given the right erm, treatment or hasn't worked out at all. And, if you don't, er, if you're not aware of that, and if you don't approach your interaction with them where it’s like trust is important, it won't allow you to like, it won't allow them to, to change their behavior, basically.

researcher BN: Yeah.

SP1: They don't trust you like, because they've had a terrible, like experience. They're gonna have that in their head. So. And it's like, he was telling me, like how there's been people that have been let down many times, like for years. And because of that, they've got, like a very, like, they're on guard when they are being treated, because they don't have, erm, like, they've never been treated well, basically.

Researcher BN: Uhumm.

SP1: And like, when he told me that I was like, you know what, you're right. Like, I need to, change how I see them, and like how I need to develop that trust, and how I need to, to give them a lot of space and patience to, to, so basically, cause if it's someone else, then, cause imagine, you don't trust anyone, and each time it’s someone new..

Researcher BN: Yeah.

SP1: Like, it's like, it's not gonna work like,

Researcher BN: Uhumm

SP1: It’s, you’re not gonna trust anyone and your treatments getting like, you're not gonna believe in the treatment itself. And, it's gonna make your relationship be worse. So it's best to see someone that you trust and you have a good relationship. Because it's, like substance misuse, it's, like, it's a very difficult thing for them, like it's, it's like they don't have any good relationships with anyone that, that erm, that, that, that wants them to change,

Researcher BN: Yeah.

SP1: Or that encourages them to change. like it's, like it's very difficult for them to, to erm to believe anyone else, because of their terrible experiences in their life. So, if you don't, have the person you trust like to see every day, it makes it difficult for you.

Researcher BN: Uhumm.

SP1: Like if you look at their shoes and that so...

researcher BN: So it is important to have someone familiar.

SP1: Yeah, yeah, yeah. Like, because it allows you to feel safe, it allows you to, to like, that familiarity like of, ‘ah I know this, like person is about’ you know what I mean, like they..

Researcher BN: Yeah.

SP1: You’ve got er, ah what’s the word, like you've got a good reputation, basically, because of, you've been consistent. So a lot of people have been inconsistent in their life.

Researcher BN: Uhumm.

SP1: So by being consistent, by you being like trustworthy, by you being honest, and open, and transparent, allows them to, er trust you more and allows them to open more because like, I had a session yesterday where the person that I was speaking to, I’d never met that person before. I was shadowing them basically, they were seeing, like he was seeing the person I was shadowing.

SP1: And, the first, like 10 minutes that person was on guard and stuff, he didn't open up at all. But what I did was, I just listened. After about 15 minutes or so, like had passed, I started like saying things to like, to encourage that person, and then I've made them, like, aware of certain like, like facts and stuff, like, and how that may impact them. And then eventually that person opened up, and then, like, they started sharing more and stuff. And then I was like, alright, OK, I'm, I must be learning, I must be using that skill properly, but like, you know,

Researcher BN: Yeah.

SP1: It allowed me to like to understand how it’s like, it's like I think sometimes it’s like you gotta give people patience, it’s like allowing, allow, allow like you can't just be like ‘oh why aren’t you changing’, it's like you gotta let them be themselves, and like develop that, that trust first

Researcher BN: Yeah.

SP1: And then your next time you see them, because you've had a good experience the first time, it allows you to,

researcher BN: Build on that?

SP1: You know what I mean? Uhuhh.

Researcher BN: Yeah, definitely. So, I have you in, have you noticed any changes pre and post COVID in the types of interactions you have, how people access you, what you might be talking about during those, is, have you noticed an impact of COVID?

SP1: Well, erm, when I first started this role with humankind, erm, it wasn't open yet because of lockdown, so like I started January of 2020 and…

researcher BN: OK.

SP1: Like, I, I just needed like a reference so I didn't start till about, er like end of February.

researcher BN: Um-hmm.

SP1: But like I was getting messages like ahh, you know, things might change in the service. And then COVID happened and then it's like completely changed. And then I started the course, so I wouldn't know prior, before and after, because I, like I was,

Researcher BN: Yeah

SP1: I was quite busy, so.

researcher BN: Yeah (laughs) fair enough.

SP1: Yeah, but erm, I could only see like in terms of like, when I was working at (name of previous organistion) before humankind and now like, the, we've had to adjust a lot in terms of how we do things because of COVID. So, like when I started like doing, going into the office, we had to do a lot of things over the phone, erm,

researcher BN: Uhumm.

SP1: So we would have to like, erm, speak to service users, like erm, what their needs are. And then we started adopting like erm, technology based treatments as well. There's some, there's an app called Breaking Free,

Researcher BN: Okay

SP1: Where it's an app where it allows you to, er, basically come up with goals. It's a CBT based app.

Researcher BN: wow amazing

SP1: It allows you to look at your goals, erm, it allows you to, to basically develop a toolkit, like coping toolkit, erm, but it also has a handy, like a handy feature where you could put in the areas where like, erm, you don't wanna go to because it'll trigger you, or it'll, it'll, it'll start your, your, your drug taking cues, so like, there’s like, if it's like the pubs around the area, I'll tell you things like ‘yeah, you, you’re close to areas where you don't want to be. Which is a handy, erm, bit of feature.

researcher BN: Yeah.

SP1: So, they kind of moved on that, and then you had to use your mask as well, erm as well as, you know, hand sanitizers and social distancing and stuff. Like, erm, like the office is like fully back now, but like before the, the erm country was open and there was a lot of, like, a lot of people had to work from home,

Researcher BN: Yeah

SP1: And had to use technology to, to see their services users. It was difficult because, some people don't have access to phones or the Internet because they, they, you know, they might be homeless or, or so. Or they've got no, no access to it at all. So you had to like adjust, erm, like the treatment that you gave them, or the support you give them.

Researcher BN: Uhumm, yeah. Okay. Fab. Erm, so, obviously you talk about alcohol, and as you've touched on mental health as well, do you talk about, do you tend to talk about any other health behaviours in the, like kind of needs assessment that you do at the start? Do you talk about..

SP1: Yeah.

Researcher BN: ..diet or physical activity, anything like that?

SP1: Erm, well, we encourage them to erm, eat healthy as well as erm, like exercise,

Researcher BN: Okay

SP1: ..because that's part of their, their treatment like, they know, (broken connection) assess, like if they, if they’re like low on certain vitamins, erm, they'll assess like their body weight and things like that, and they'll tell them like, yeah, you, your heath’s like, like not good right now…

Researcher BN: Okay

SP1: Erm, and these are the things that help. Erm, they even give them prescriptions. So, part of being the clinic is that you give them prescriptions for certain things er, that could help them. Erm, so, erm, they even do checks on their livers and lungs to see, erm, how they are because, you need to, uh, because we, we know well, based on my like academic background, you know you’re your substance use is gonna be linked to your physical use like..

Researcher BN: mmm

SP1: ..because, if, if, like if your physical health’s terrible, then you’re gonna need to cope, and then some people use alcohol and substances to do that, erm,

Researcher BN: Yeah.

SP1: ..so it's all interlinked. So, in order to address that like, we do give advice, a lot of like, we’re trained on giving advice on certain topics. So part of like harm reduction is, making sure that they use like, clean equipment. So that erm, like, it's not harming their like physical health basically. So, we get taught on like, erm, er basically specific advice that we would give them. And like part of that as well is, you know, it's like, yeah, the, you know like we, we encourage healthy eating as well as exercise, because that's part of improving your mental health..

Researcher BN: Uhumm

SP1: ..because they are all.. interlinked.

researcher BN: Yeah. Ah so, you do have those conversations about diet and things. And does that stem from the screening, would you, is that how you would use it? To talk, to give advice?

SP1: That too, but with the screening, as well as, like sometimes they don't look healthy at all, so you ask them, ah, have you been eating like, have you been drinking water, and like, you asked them. And then, they'll be honest, well some of them will be honest, and you can just tell like straight away, like, yeah, they haven't eaten or they haven't drank a lot of water. And then you, then you encourage that advice of like, like this is what you should eat, healthy foods. We don't give them like specific diet advice, but

researcher BN: Uhumm…

SP1: ..we encourage them to eat healthy, and making sure they’re eating their vegetables, and drinking water, and, and things like that.

researcher BN: Ah right, great. And how do you like, how do you find that service users respond to that? The kind of diet, lifestyle advice?

SP1: Uh, they some of them are where some of them are aware that, they, like because it's part like, part of the, the treatment is, you’re in partnership with other organisations, like I said, like the, the the clinic, their GP, er, mental health nurses, er, umm, the probation. All of them have erm, like specific roles in their treatment. And erm, part of that, like they, they give them specific advice. So our, our role is mainly psychosocial interventions..

Researcher BN: Yeah

SP1: ..and the clinic and the GP will tell them about, like, what to eat and, and, and drink, and the, specific things, and the vitamins they need to take. Erm, a lot of alcohol, erm, users will have like thymine issues, so, erm, we'll, we'll, they'll encourage, like the doctors will say like ‘ah you need to take this ‘cause you're very low on that’. Erm, so, what was the question, sorry? (laughs)

Researcher BN: (laughs) Soh how, how do they ge-, do they respond to it?

SP1: How do they respond to it?

researcher BN: Yeah. How did they respond to it, yeah.

SP1: Oh, OK. So yeah, so some of them like, already know, some of them don't. Erm, the, the, the like, like the one that I seen yesterday. The Gentleman, he, he said that as soon as he became anxious, he started using alcohol, and then he started eating like, you know, carries and like a lot of fatty foods and stuff. And then, he was like, ‘you know what? I'm gonna be going back to my healthy eating again. So some of them, like, because they know, like, erm, their health is, is diminished, dramatically, they need to erm, start using, coping strategies that are helpful to them. Because of the advice we'll give them. So they'll, they'll recognise that like part of their treatment is to eat healthy as well.

Researcher BN: Okay.

SP1: Because they’ll say ‘ah like I ate properly this, this week. Like I, I had like, after, after our session like I was drinking a lot of water’, things like that.

researcher BN: OK, so in that, in that environment do you think it, like it is appropriate to bring up different lifestyle behaviours? Do you think it feels right?

SP1: For sure. Yeah. Erm, like, when you use drugs like, you don't eat, you don't drink properly,

Researcher BN: Yeah.

SP1: Like healthy, wise. And so, because of that, like the, the, they realise, erm, eating healthy is necessary. Erm, although like, they might not have the resources to do that, even like, so sometimes they’ll say like ‘ahh I haven't ate anything’, we tell them about food parcels, there's food parcels that you can send them,

Researcher BN: Ah, okay.

SP1: ..and then in that parcel like, erm, it's basically the, the food that they need, erm because they're homeless, they've got no way to eat and stuff. And that's part of the, the, the treatment.

researcher BN: Ah OK, and does erm..

SP1: We’re like pushing them to eat, like, because you, you, that parcel is like food, that's like necessary for them.

researcher BN: So you think it kind of all comes in one kind of big treatment plan.

SP1: Uhumm.

Researcher BN: What about, erm, smoking? Does that ever come up?

SP1: Yeah, yeah. So smoking aswell, like, erm, part of the, the, the uh, the service itself, they do, er, smoking cessation.

Researcher BN: Ahhh, okay.

SP1: So you can, you can access that treatment if you want, as part of the treatment. Because, like, when I said like, they look at the overall health and that, they look at the specific needs that they have, and if they wanna stop smoking, they can offer that advice, or that intervention, and like although it's not part of the service itself in terms of drug treatment, it's another, er, erm, like service within the partnership that, that they can use to, to do that.

researcher BN: Yeah. OK. Ah, that's good. And, is there anything that might stop you from talking about, diet, er, like physical activity, smoking with the service user, would you say?

SP1: Is there anything that would stop that erm… unless they didn't want it…or, because we have targets, and part of that target is like, erm, how to make the community healthy.

researcher BN: Ah, OK. Interesting.

SP1: So, erm, which is why you have these partnerships.

Researcher BN: Uhumm.

SP1: And, so, there, there wouldn't be a reason unless they didn't want to, to achieve that goal of not smoking, erm, like, there hasn’t been, hasn’t been instances where like that's been a like, a thing.

researcher BN: Oh wow. OK. And is there any-

SP1: Because….

Researcher BN: Oh sorry.

SP1: Sorry.

researcher BN: No, you go on.

SP1: Yeah, like cause the, they, they already, they know, like part of treatment is getting healthy, so that they must associate that with also eating healthy because they'll bring up ‘ah I ate healthy this week’. And you're like, ‘ah, OK, that's good to hear’. You know what I mean? So like, unprompted, you know what I mean? So, they, they, I think they must realise like part of treatment also means like eating properly as well.

researcher BN: Oh fab. And is there anything you think would help talking about health behaviours, or do you not think you need anything else?

SP1: Hrmm, I think it would, because erm, you, your body like, when you, when you take like heroin and stuff like regularly, consistently, it's gonna, erm, it's gonna decline a lot, and you're not gonna eat properly so, you, you have to tell them, like, yeah, like, because you can tell, like, in terms of like how they present themselves, their appearance, that, they’re not, they're not like looking healthy at all. And..

Researcher BN: Yeah.

SP1: .. you have to like tell them you need to eat properly, like, do you, do you require like, you know, a food parcel, things like that. And, if you, if you don't, then you're not, you're not really doing your job properly, because like, treatment, as well as like your, your mental aspect, also like your physical aspect as well. And in order to, erm, like, because mental health is part of like eating properly as well in terms of you’re, you’re you’re diet. So, if you don't then you’re not actually giving them a good, er, overall education or guidance. But, like, the thing is though, although I've said that, like, because if they had different needs each week, that, like you know, we’re not always gonna be talking about, you know like, you need to eat healthy. You need to look at what they their needs are that week. (loses connection) To listen to, to, to erm, to listen to their issues, or like.

researcher BN: Sorry (SP1) you just buffered again (laughs) for, for, for like another 5 seconds. I didn’t wanna miss what you were saying.

SP1: What? What was I onto? Was I talking about.. what was the last thing I said?

researcher BN: erm, what were you talking about, erm..

SP1: I've completely forgotten. Sorry. So yeah, like the things that, erm, because each, each like week is different.

researcher BN: Yeah.

SP1: And, erm, sometimes you can't just talk about, erm, like, behaviour, changing their behavior, or like eating healthy because they'll have different needs that week, so you need to talk about, like, let’s, let's for example like, let's say they have an order coming up, and they need to see their probation officer and their probation officer’s like, stressing them out or something like that. So you can't be like, ‘oh, why did't you eat healthy this week?’. You can't be talking about that, do you know what I mean?

Researcher BN: Yeah.

SP1: What their needs are that week, and erm, address how you could help them. And, that's more better than, just like, kind of, being in their face about, er, what, why didn’t you eat your five a day this week. You know what I mean. So.

researcher BN: Yeah. Yeah, definitely. And, I'm interested, because you talked about mental health, and employment, and finance. How does that kind of come into, into it all, and into these conversations?

SP1: Erm, so, when you erm, when you come into treatment, erm, when you look at your goals, would, you try to achieve them by sending them to different people within the organisation. So, like, it’ll be groups to talk about different aspects. It’ll be like employment, er, its in the same (organistion name)..

Researcher BN: Uhumm.

SP1: It’s like, you basically erm, look at what they, they want, and then you try to send them resources that way. Cause, If they didn't have that, like within the same office, imagine going from one place to do psychosocial intervention, and then, it’ll be like, I don't know, 40 minutes away to like wherever to do like employment. It wouldn't work because you’ve only got, they've only got an hour for that appointment, so, you need to use that time wisely, and you need to have these different people. And so, like, by going through like their goals, you, you see, like, you gotta come see me this week for, for your psychosocial intervention, and then you're gonna see this person for your employment needs, and, and support.

researcher BN: Oh OK. So, you don't really tend to talk about employment and things like that with service users? Or, do you talk about it in the needs assessment?

SP1: Erm, in the needs assessment, is when you go through everything that they require,

Researcher BN: Yeah.

SP1: But the, the, the erm, the intervention is a very, very specific intervention.

Researcher BN: OK.

SP1: What you can do is do like, you can say like ‘ah this person is like, within the organization, he's good at this, so he could help you with it. I'm just here to do this specific thing.

Researcher BN: OK.

SP1: ‘cause, you gotta realise some of them have like 60 people on their, on their like caseload.

Researcher BN: wow.

SP1: So, it's best to erm, be specific to what you are there for,

Researcher BN: OK

SP1: And then if you can't, give someone else that that role.

researcher BN: Yeah. OK. And, would you say the same applies to mental health? Or, is that, is that your role?

SP1: Yeah, well, as part of the psychosocial is, you, you, you learn about mental health and how best to, to, to help them. So, because that's the most common thing you talk about, is like, they'll say like ‘ahh, I was anxious this week, I didn't go out, I didn't, erm, socialise with anyone. Erm, and I feel depressed, erm, I'm hearing voices because I've got psychosis’, all these things. Like, what you do is, you, you try to, erm, figure out what's going on, you try to see how we can help, and then you, you, you come up with an intervention. ‘cause they'll, they'll have, they'll have common themes each time they see you. And each time, you, you see how you could help them specifically. So, part of the psychosocial intervention is, you basically addressing their mental health. So, I remember doing, er,  
an intervention, where we looked at how to use.. Fear like, erm basically how to use, er, facing up to your fears as an intervention.

Researcher BN: Ah okay.

SP1:…So this person said that they haven't seen their friends for years. And, there was a meeting that was gonna happen, and, because it's like in a different city to where they, they live, it was difficult for them to, to go to it. So, we looked at like, what you can do to get to, to that stage. What you could do before and after, erm, the specific steps to follow, and erm, by face, by trying to face your fears of, of going to another city, meeting your friends. Erm, you see what, yeah. So, after, and then see if, if it works for them.

Researcher BN: Yeah.

SP1: So, it's, mental health is a big thing. And, like, it's very common. It's like, it's like, we talk about it everyday pretty much, to be honest with you.

Researcher BN: Yeah.

SP1: And, er, we have, they get given like specific trainers, we get given specific trainings on that, and then erm, we give, ‘cause we’re not gonna give the same advice as someone in the community mental health team, or the, the erm, mental health nurse. But what we can do is, be are aware of, erm, like the mental health issues, and we, we come up with interventions to address them.

researcher BN: Yeah. OK.

SP1: Hopefully that’s answered your question.

researcher BN: Yeah, no, definitely. So just kind of like I asked about the health, when we were talking about having health conversations, do you think conversations about employment and finance are appropriate in this setting?

SP1: Yeah, because, erm, part of having good health is having employment too. Erm,

Researcher BN: Yeah.

SP1: So if, if you don't, then it's, it's, it's like, it's very necessary basically. Erm, but, each week's different, like each, each erm week, will, will have a different need, so. And part of it, like, because of their different needs, then you can send that person, ‘I'll, I'll see you for psychosocial intervention this week, I mean this, this Tuesday, and then you could see whoever is doing employment on the Friday, how does that sound?’ They’ll be like, ‘yeah, that sounds good’. And then, erm, you take it from there, basically, because a person can only speak about, like over one hour. Like, you're not gonna have everything, like every knowledge in one hour. So,

researcher BN: Yeah.

SP1: ..you need to, break it down and send specific people to, to, to, for specific things.

Researcher BN: Yeah.

SP1: That's why you have the clinic. Because, imagine someone who's, er, a recovery coodinator, like doing a nurses job, in like, in one hour. Like you can't do both of them at the same time. And like, it's best to, to go to different, erm, specific needs, rather than just one basically.

researcher BN: Yeah. No, I get you. Break down the needs and delegate it to the best person, yeah.

SP1: Uhumm.

researcher BN: Fab. Erm, so, now I kind of wanted to ask about training in brief interventions that you've had. If you've had any, have you, are you familiar with the term, like, brief interventions?...

SP1: Yeah, yeah, yeah.

Researcher BN: …Have you had any training specifically for them?

SP1: The, so before we start the, the voluntary placements itself, we've got to do like, a lot of training like, I remember that for two months, I wasn't even allowed to see a service user just yet.

Researcher BN: Uhumm.

SP1: So I did the trainings. So, these are different aspects about safeguarding, about er, harm reduction, about erm, safe levels of drug consumption, all these things that's relevant to the role, you've gotta do it then. And then, in terms of interventions, er yes, like, so there's a, erm, on the organisation's website, there's a, er, like there's a resource where you can have different, you can, er, look at different interventions that you can use.

researcher BN: OK.

SP1: And, to help them. So, even, each session is an intervention in itself basically, like so, you give them like erm, how to reduce their drug consumption safely. So, like if it's alcohol and stuff, you see how, like, how they can, erm, safely go down to a stage where they're not having withdrawal symptoms. So, that's one aspect. So, and then the other aspect is, erm, like, like I said, in terms of the, the, erm, basically, erm, facing your fears. So you're looking at, erm, specific things you’ve gotta do in order to achieve, erm, that, that goal of, of going to see your, your, your mates basically. So..

Researcher BN: Yeah.

SP1: …they are given, we are given training. Some are more, you need training on than others.

researcher BN: Yeah.

SP1: Because of your, like, for example like, how to, to reduce your drug taking. So, like you need to make sure you, you do it a specific way. So, you need to have good training on that, like maybe a few sessions before you can give out that advice.

researcher BN: Yeah. So, is any of the training under the kind, of term of brief interventions, or are they all quite brief?

SP1: Intervention, but, like, I don't think they use.. they might, possibly. Possibly I'm a, I think they just use intervention rather than just brief.

researcher BN: Right, yeah.

SP1: But, you could class, erm, breaking down, er, how many erm litres you need go down, or how many units you need to go down to safe levels, is brief intervention, because all you're doing is, you're saying like, erm ‘this is what you’re taking currently and you need to be at baseline. I know that to be at baseline in terms of your alcohol use, you need to go down by these units, per er, per day. And then this allows you to, er, be in a safe level where, you, you're not sweating, and you're not like, you know, causing harm to your, to your erm, to your liver’.

researcher BN: OK. And, and that, in itself is just is brief by nature?

SP1: Yeah, yeah, like cause, cause you’re just breaking down like, what levels would be safer and what, what they need to do. Erm, some, some other aspects would be like, uh, like even eating healthy as well, like, that's brief advice in itself,

Researcher BN: mmm

SP1: ..because you’re basically telling them, erm, you’ve, you could, you could see that your body is like, your skin is like is, is, is not looking healthy at all. And you can, you can, you can change that by eating properly, by making sure you’re eating your vegetables and your five a days.

researcher BN: Yeah. So did you receive training on that for healthy lifestyle?

SP1: Yeah, yeah.

Researcher BN: Yeah.

SP1: Yeah. So, like, not the healthy lifestyle.. well, actually, yeah, because it, like reducing drug taking is, like part of your lifestyle change, if you think about it,

Researcher BN: Yeah, yeah.

SP1: Because, you’re making, because it's like, it's not normal to consume drugs, you know what I mean (laughs), cause its like, as soon as you stop taking it, then you get the reaction. So, it's, that's, that’s like a lifestyle advice there. You know what I mean? Erm, so yeah, does that answer your questions? (laughs)

researcher BN: Yeah, yeah. And did you, erm, receive any training at, is it (name of previous organisation) you worked at?

SP1: (name of previous organisation) Yeah, yeah. Same, same like,

Researcher BN: yeah, so did you receive anything..?

SP1: It was the same, it was the same for them.

Researcher BN: Anything in brief interventions for healthy lifestyle there?

SP1: I wouldn't see as much as humankind, humankind's..

Researcher BN: Ah okay.

SP1: ..a bigger charity, and they've got more resources. Over, over at (name of previous organistion), I was mainly, er, taught on… erm, how to use I, I, Item maps, how to use.. erm, some form, like, mostly motivational interviewing,

Researcher BN: Ah, okay.

SP1: ..things like that. I wasn't given, like advice on, in terms of what food to eat.

researcher BN: (nods) Right.

SP1: But, erm, I was given advice on, how to, like what are safe levels of drug use that, that, that won't harm your, your body, basically harm reduction. I was giving advice.

Researcher BN: Okay.

SP1: I was given advice, I was given training on harm reduction.

researcher BN: So do you think your role here is a bit more holistic in how it sees health?

SP1: Yeah, because like humankind is a bigger charity, overall in terms of the UK.

researcher BN: Yeah.

SP1: (name of previous organistion) is like mainly in the northeast, and they don't have, like government back, like backing as, as much as humankind does.

researcher BN: Ah, OK.

SP1: Humankind, like, like has, has, has been given a contract and has been given.. 300,000,000.

researcher BN: Oh, Wow.

SP1: Erm, so, so yeah. Could I pause the video? ‘cause someone’s knocking at my door sorry (interview paused). Hello. Sorry about that.

researcher BN: No, it's alright. So you, yeah you were just saying how humankind has more resources, basically.

SP1: Yeah, yeah, yeah. So they've got a bigger government contract. I think (name of previous organistion) has got a government contract as well, but it isn't as big as, erm, Humankind. Er, they don't have as many people as well, because it's, it's not nationwide like humankind so.

researcher BN: OK.

SP1: Uhumm.

researcher BN: And have you heard of making every contact count specifically? Have you ever had training in that even at (name of previous organisation)?

SP1: No. What's that?

researcher BN: No. So, it's a type of brief intervention, specifically around, erm, lifestyle behaviors, and it's kind of like what you were talking about earlier, quite opportunistic and what the person thinks is most important to them. So kind of what you've described previously, but you've never had any formal training in it?

SP1: Yeah, we don't have, like formal training in it, but we do kind of…OK. So, I'll give you an example. Er, we try to encourage, er, people that use heroin to use naloxone, which is, basically stops them from overdosing. And so, we'll, we'll, even like smoking cessation as well. So, we'll say ‘ah, like, have you heard of this, ah this can help. Have you, have you used this’, or, we'll try to signpost them to different things, as part of like, you know, like the, the erm, the appointment.

researcher BN: Yeah.

SP1: So, I suppose, although like we don't know the name like, you know,

Researcher BN: Uhumm

SP1: ..like making every contact count, but we do try to like, you know, try to latch into different things..

Researcher BN: Yeah.

SP1: ..within that session, within that appointment.

researcher BN: OK. Yeah, that's interesting. So, have you kind of, like some of the techniques that making every contact use you might be like familiar with so like active listening, open-ended discovery questions. Have you ever kind of came across training in these techniques before?

SP1: We do use like active listening, like that, that's essentially the majority of our role.

researcher BN: Yeah.

SP1: Because. You, for trust, but also to read in between the lines sometimes, because they're not always truthful. So, in order to, erm, make sure (looses connection)

researcher BN: Oh, sorry (SP1), you’ve just buffered again. (laughs) Sorry.

SP1: OK, alright. No, no, no.

researcher BN: You were, you were just saying erm, just to make sure they're being truthful, you use active listening.

SP1: Truthful, as well as to read between the lines, as well as like, you need to record what they're saying. And that, that helps erm, basically you, understand er, like their needs are, but also, to make sure like, ‘cause if you remember, I talked about the challenges, like they, they, they, they, they, they don't have a, they, they think they don't have issues. So, you have to be there just to kind of listen, and, like understand why they don't think like that.

Researcher BN: Yeah.

SP1: So, it's, it's part like, although it's not about brief interventions but that, that's, that's used widely, because if you don't listen and that, there's like, there's no point in being there.

researcher BN: Yeah. So it might not have the label of that, but you’re kind of using them already. Yeah.

SP1: Uhumm.

Researcher BN: Erm, and in terms of what kind of training you'd like to see, in talking about the mental and physical health of service users that isn't kind of the, the focus of substance use, what kind of topics do you think would be most important to receive training on? Do you think you need any more training? (laughs)

SP1: Well, well, I, the thing is, erm, I don't know, me personally in terms of, my role is different to people who work there full time. Like, in terms of a volunteer, like, cause, each time you get comfortable, you ask for, like I'm currently asking for more responsibility.

Researcher BN: Yeah.

SP1: So I think they'll probably tell me ‘ah right, you need to do this, er, you need to like do this training, you need to have this knowledge’, and so forth.

Researcher BN: Ah, okay.

SP1: Erm, but, I've, I suppose though you're right, like I think, my next thing would be to have a mental health first aid, training I think.

researcher BN: Oh yeah.

SP1: That’s my next training. I think that's gonna be my next training to take on in relation to that. But, erm, I think I would have to do a one to one by myself to do that.

researcher BN: Yeah, OK.

SP1: Because what happens is, erm, if you've got someone that is, not requiring as much needs, as, as erm, previously did, I could see them about like specific issues that they have that week, that isn't big, or important, or like so, so that I can develop that trust.

Researcher BN: Yeah.

SP1: But it's instances where they'll say, ‘ah yeah, this has happened’, then, like, by having that knowledge base, then I can, I can say, ah OK, I can help you with this.

Researcher BN: Yeah.

SP1: So, I think it would have to be like, when I take more responsibility, then I can say ‘oh yeah, I need more’. But then, like, we're giving, like, advice in terms of.. we're giving training about like mental health, and how to support it and stuff.

researcher BN: OK, but not, not so much the, the physical health, the lifestyle behaviours.

SP1: Not, not specifically, because they've got the clinic to do the things like that.

researcher BN: Yeah, you don't think you would need anymore training in that?

SP1: But, I think though, I think that if I did, erm, if I volunteered at the clinic, I could probably have a different perspective.

researcher BN: Yeah.

SP1: Because, my role is like more of the psychosocial interventions

researcher BN: Yeah.

SP1: And the basic advice, erm, and then they would give very specific advice if I, I think if I volunteered at the clinic.

researcher BN: Yeah. And you, so, because it sounds like you, you find a way about, like, talking about lifestyle behaviours, like, pretty easily. Is there any training you would need to.. help?

SP1: I would say this is probably the academic side coming through, rather than theirs. Because, I, I'm aware of how, erm, mental health starts, I also know what you could do.

researcher BN: Yeah.

SP1: That's probably more the academic side speaking, erm But in terms of them, like, they'll, they'll talk about their mental health, and the advice they give would be.. probably similar levels as me. Because like, a lot of the people that work there full time, have had, erm, education. Have had like knowledge on, like how mental health, like works, and how it impacts health basically.

researcher BN: Yeah. OK. And do you think, kind of in the definition of brief interventions for lifestyle, and employment, and finance and things, do you think brief-, training in brief inventions could help the health and well-being of the service user, users that come to, to you?

SP1: For sure. Yeah, yeah, erm, for sure, definitely. But, I think that the issue would be, to see, if, because of, uh, they are there for treatment, and there mainly there for behaviour change, per se. It'll be related to, like their substance use. Although like, it's, it's important that they have, er, healthier lifestyle, but their, their main thing will be like how to address their substance use, because that's, that's what we're there for basically..

Researcher BN: Yeah.

SP1: ..to provide a treatment service, and what you could do, like after you start addressing these, er, behavior change issues, would be to address their lifestyle. Although like, drug taking this part of their lifestyle, but in terms of, like, we're looking at why specifically, why they, they er, consume drugs. Because one of the interventions we use is, is used, drinks diary, or drink consumption diary, and see if there's like a pattern. And then, er, from that pattern then you, you, you try to address what they need to do, to help themselves in times where they, they cope, they need to cope, and then they use drugs to do that, and then, erm, after that would be like saying, like ‘OK you know what you could do then if you address this, you could also address your, your erm, like making sure you exercise, making sure your eating healthy’.

researcher BN: Yeah. OK. So it's kind of a matter of priorities, and, yeah.

SP1: Yeah, yeah, pretty much, because their priority would be, how do, how do I find housing this week? You know what I mean, it's not gonna be like, ‘ah, how am I gonna get to the gym this week?’

researcher BN: Yeah.

SP1: It's like their, their probably would be like, ah, like, I'm, I'm, I'm having issues with my family, like and, like the only way I can cope is like, you know, drinking a lot. Like, that would be the thing..

Researcher BN: Yeah.

SP1: Rather than like, oh yeah, let's, let's, let's address your, your lifestyle today, do you know what I mean, ‘cause that's not what they came for, do you know what I mean?

researcher BN: Yeah, I get you.

SP1: So, and some aren’t even ready to, to get treatment. So, it's best to erm, just, like, develop that relationship and, and address what they need there and then. So, and then you can start talking to them about different aspects of their health.

researcher BN: Yeah, and then you might be able to go into.. OK.

SP1: Uhumm.

researcher BN: Prerfect, well that’s everything I had to ask you (laughs)

SP1: Ah, OK.

Researcher BN: Is there anything else you wanted to add, that you don't feel like we've covered, or you want to go back to?

SP1: I think I've talked enough. (laughs)

Researcher BN: No it’s fab! Well thank you, I’ll stop recording.