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'It's not just a lot of words'. A qualitative exploration of Residents' descriptions of Helpful relationships in Supportive Housing.

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'It's not just a lot of words'. A qualitative exploration of Residents' descriptions of Helpful relationships in Supportive housing.

This article explores how professional relationships may be helpful from the perspective of residents in community-based staffed supportive housing for individuals with severe mental illness (SMI) and/or drug abuse. Residents were individually interviewed about a relationship with a self-chosen staff member, the content of the help provided by this staff member and how this help influenced their lives. Using thematic analysis, we found that the residents described mutual relationships that resembled friendships and helpful staff members who carried out a variety of doings. Four domains of doings were identified: small human gestures, filling the hours with 'friendship', enabling the residents to take care of their own needs and fighting on behalf of the residents to ensure rights and benefits. To some of the residents, these doings had life-changing impact. We propose that mental health service management should facilitate friendship resemblance when matching professionals and service users, and we warn against a pitfall were present 'recovery ideals', such as independency, contradict the idea of helping by doing.

Keywords: professional relationships; supportive housing; helpful help; mutuality; doings

Introduction

In the last few decades many countries have been through extensive mental health care system reforms with the main goal of transferring treatment and follow-up for individuals classified as having severe mental illness (SMI) from psychiatric hospitals to the community (W. K. H. Fakhoury, Murray, Shepherd, & Priebe, 2002; Roos, Bjerkeset, Sandenaa, Antonsen, & Steinsbekk, 2016). Thus, a significant amount of the healthcare for this group is now provided in new contexts within a tradition with less focus on diagnosis and treatment methods and more focus on the service user's recovery process. In Scandinavia, this community-based healthcare is mainly provided by social

workers, and healthcare professionals other than psychiatrists and psychologists (Borg & Kristiansen, 2004; Davidson, Shahar, Lawless, Sells, & Tondora, 2006; Karlsson & Borg, 2017).

In Norway it has been a stated goal of the welfare politics since the 1990s that persons with extended and complex needs should live in their own homes and be offered the necessary care there (Hansen & Grødem, 2012; Ministries of Norway, 2014). Despite these political statements, the situation is that 'co-located staffed housing with household regulations have been more common lately' (Ministries of Norway, 2014, p. 20). The continuation or re-emergence of institutional-like housing for people classified as having SMI is also the situation in several other countries (W. Fakhoury & Priebe, 2007).

Previous Research on Professional relationships

A large amount of psychotherapy research has shown that the quality of the relationship between therapist and client is an important predictor for the therapeutic outcome (Horvath, Del Re, Flückiger, & Symonds, 2011; Gelso, 2014; Laska, Gurman, Wampold, & Hilsenroth, 2014). Corresponding research concerning individuals in psychiatric treatment programs outside conventional psychotherapy is not as comprehensive, but according to Priebe, Richardson, Cooney, Adedeji, and McCabe (2011), the research conducted in this field at least provides some similar findings. The increase in community-based care has generated research on professional relationships and outcomes in vocational rehabilitation (Catty et al., 2011), in case management (Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003; De Leeuw, Van Meijel, Grypdonck, & Kroon, 2012) and on service users' experiences of professional relationships in community-based mental health care (Borg & Kristiansen, 2004; Ljungberg, Denhov, & Topor, 2015; Topor & Denhov, 2015; Andersson, 2016; Kidd,

Davidson, & McKenzie, 2017; Brekke, Lien, & Biong, 2018; Topor, Bøe, & Larsen, 2018). In short, the research emphasises the importance of a strong alliance and mutual trust and respect as significant relationship qualities. Service users put emphasis on a supportive social climate, friendship resemblance and that helpful professionals show interest in their individuality and a natural willingness to transcend the boundaries of the professional relationship e.g. by self-disclosure. Additionally, small things, seemingly casual events, can have a powerful impact on the service users' well-being and development. As well as being recognised as fellow human beings, having someone to be with and talk to about difficulties and being someone that matters to the professional, service users also might appreciate practical help.

To the best of our knowledge, the current body of qualitative research exploring the professional relationships when health care/support is provided in people's own homes, does not cover community-based staffed housing. There are descriptions of staff-resident relationships among the findings of several studies focusing on service users' general experiences with various types of community-based accommodations (Sandhu et al., 2017; Krotofil, McPherson, & Killaspy, 2018), but considering in-depth explorations of helpful professional relationships in community-based staffed housing, there is still a knowledge gap to fill. As a recovery-oriented practice presupposes an expansion of the evidence base for service development to include and emphasise experience-based knowledge from service users and professionals (Karlsson & Borg, 2017), qualitative explorations of residents' experiences with professional helpers in community-based staffed housing are required.

Clarification of Housing context

In the current literature on mental health supported accommodation, there is a wide variation in both service structure and terminology. Across 400 articles Gustafsson (in

Mcpherson, Krotofil, & Killaspy, 2018) identified 307 unique terms for supported accommodation. A recently developed classification system, The Simple Taxonomy for Supported Accommodation (STAX-SA) (Mcpherson et al., 2018), divides mental health supported accommodation into five types. The housing studied in this article fitted the description of Type 1: a) staff on-site, b) high support, c) limited emphasis on moving on, and d) congregate setting. Additionally, all the housing units were publicly funded and run, and their target groups were individuals classified as having SMI and/or severe drug abuse problems. All the residents lived in separate, fully equipped apartments with ordinary tenancy agreements with the local authorities. Locations varied from ordinary housing areas to more solitary areas, and the organization varied from one or two buildings containing all the apartments, shared recreation rooms and staff facilities, to congregate individual houses containing one apartment each, with separate buildings containing shared recreation rooms and staff facilities. There were no overarching housing programs, but various kinds of individual support and follow-up were provided, and for some of the residents the aim was to develop skills to live in more independent settings with, or without, follow-up support. Thus, we found the term 'supportive housing' most suitable for the housing arrangements studied in this article.

As healthcare and support in this context of supportive housing is complex (therapeutic, social, economic, medical, practical etc.) and provided by persons from different professions, we chose the term 'professional relationship' to cover all relationships between residents and staff members.

Aims and Research questions

The aim of this study was to explore helpful professional relationships in the context of community-based supportive housing from the perspective of residents, i.e. relationships assessed to be helpful by residents. The main purpose was to contribute to

the knowledge base for service development within community-based housing for persons with SMI and/or drug related problems. The research questions were: 1) How do residents in community-based supportive housing describe helpful professional relationships? 2) What do they perceive as helpful help from staff members? and 3) How does this help influence their lives?

Methods

Individual, semi-structured interviews were used for data production. The interview questions were phenomenologically framed, i.e. we sought the informants' first-hand descriptions of their lived experiences, as opposed to descriptions from a more analytical position. Further, in line with Kvale and Brinkmann, we believe that the process of putting lived experience into words is influenced by the interaction between interviewer and interviewee. Thus, interview data is not something already existing 'out there' that you can simply 'collect' (Kvale & Brinkmann, 2015; Silverman, 2017).

Recruiting and Data production

An interview guide was developed by the first author and discussed with both the researcher group and the reference group. The process of recruiting residents to be interviewed started with a meeting between the first author and the leadership responsible for the public mental health service development in the impact area of this study, followed by a presentation of the project for leaders from all the local public funded supportive housing units. Then the project was presented in ordinary staff meetings. In housing units with resident meetings, the project was presented directly to the residents by the first author. In the remaining housing units, the staff was asked to inform the residents and arrange a meeting with the first author whenever someone wanted to participate or wanted more information. The participants were informed that

they would be individually interviewed about their experiences with helpful and non-helpful elements in their supportive housing. They would be asked in particular to describe a self-chosen staff member perceived as especially helpful. The interviewer would extract and collate the resident's descriptions of the helpful staff member and bring this composition back to the resident in a second interview with the purpose of possible amendments and verification, and to get a final consent concerning revealing the composition to the described helpful staff member in an interview.

The interviews were conducted by the first author who also transcribed them verbatim from audio recording, constructed the compositions and conducted the second interviews which were also recorded and transcribed verbatim. The interviews lasted from 20-90 minutes. The process of constructing the compositions naturally involved some interpretations and practical adjustments, but all final formulations were approved and verified by the respective resident in the second interview. Thus, by constructing these compositions and bringing them back to the residents, the first author's initial interpretations of the helpful staff member descriptions were also validated. Seven residents in four supportive housing units volunteered to participate. Two of the residents chose to describe two staff members each. Thus, nine 'helpful staff member compositions' were constructed, and these nine compositions constituted the data set for this study. The compositions ranged from 165 to about 872 words.

The interviewed residents were three women and four men aged between 22 and 54. They described five female and four male staff members aged 24 to 56. All combinations of same gender and different gender between resident and staff member were represented. All the residents were classified as having SMI and/or drug abuse problems. However, no specific information on these matters was collected.

Thematic Analysis

The analysis was inspired by Braun and Clarke (2006) six phases of thematic analysis. As the studied phenomenon was an under-researched area where the participants' views were not known, the first author decided to provide a rich description of the entire data set rather than a detailed account of one particular aspect (Braun & Clarke, p. 83). To get a broad overview of the content for this matter, an initial concept-driven coding was carried out in accordance with the research questions. Thus, the text was classified and collated under the following three main categories: 1) Helpful relationship characteristics, 2) Helpful help and 3) Influence on life.

From this point onwards, the approach was data-driven with the purpose of identifying themes on a semantic level. All authors each read through the data set several times and looked for anything surprising or obvious, recurrent or contrasting, anything that made one nod in agreement or wonder, smile or cry. Efforts were made to catch what was most significant to the informants themselves. Codes were formulated and assigned to potential themes that were checked and adjusted in relation to the coded extracts and to the entire data set, and the first author developed a thematic map of the analysis. Definitions and names for each theme were generated and thoroughly discussed several times with the all authors before 'final' adjustments were made. However, the analysis was not completed until the article was finished.

Findings

The analysis resulted in one main theme for each of the main categories: 1) *Air of mutuality* (helpful relationship characteristics)*, 2) Not empty words* (helpful help) and 3) *Life-changing impact* (influence on life). Several subthemes were identified within each main theme.

Air of Mutuality

The relationships between the residents and the helpful staff members appeared to be marked by mutuality whether one spoke about recognition and trust, performing social activities or just spending time together, and even when facing disagreements.

Mutual Recognition

The residents experienced that the helpful staff members were able to recognise them and understand them better than other staff members. This could result from the staff members' ability to understand and empathise with the resident despite the resident's shyness:

> I'm a bit hard to grasp sometimes. But those who know me, like Liz, she can tell from my behaviour if something is wrong.

Or it could be that the staff member was able to relate to the resident's problems because of similar life experiences, which he disclosed to the resident:

> But he has told me... he had a shitty past too, you know. So, he is familiar with many of the contexts I talk about. Thus, he knows, in a way, how... how things are then. […] Yes, it's just... I just feel that he in a way is... we understand one another better.

The 'one another' in the previous quote, was a recurring formulation among the residents' relationship descriptions. Residents and staff members recognised, understood and trusted *one another*.

Close to Friendship

When residents described doing social activities together or just spending time with the staff members, the relationships appeared to resemble friendships. The 'close to friendship'-character could have to do with type of activities, 'good chemistry' or the relationship's durability. Social activities included going to the cinema or going shopping, doing exercise and even traveling abroad together:

> It is that he joins in and takes the initiative to do things and comes up with ideas like going to Sweden and stuff, and yes, having ideas like going to the cinema and going to Denmark and that's something I like about him. [...] He's a bit like a buddy.

'Good chemistry' could be described as mutual identification and being relaxed in each other's company:

> I think it's good chemistry and... erm... we are quite alike. In general, like... when it comes to humour... talking... life experience... different things. Then we both come here and then... we get a grip, we can talk. [...] He's very, like... easy to talk with.

The relationships' durability was revealed when residents described having disagreements with their staff members:

> But we can also disagree and have discussions. But we'll always be friends again.

Even if they used words like 'friend' and 'buddy', it was clear to the residents that the relationship had its professional limitations. One described it this way:

> So, it's not a proper friendship when they have the job that they have, so... They have certain limitations about how far they are permitted to... yes, how to put it...

Despite this awareness, the residents still assumed that the relationship had some personal value for the respective staff member. However, they didn't go into detail about these assumptions.

Not Empty Words

A phenomenon that appeared to be significant to the residents was a conviction about the helpful staff member's genuine desire to help. This conviction was built on explicit statements about this desire, as well as on a human approach, the attitude when asked for help and the ability and determination to act and *do* whatever was needed to improve the resident's life or to prevent it from getting worse.

Being Genuine

According to the residents, the helpful staff members expressed a genuine desire to help, both by radiating kindness and by declaring this desire in plain words:

> She works from her heart. She cares. You can feel it when you talk with her. When she arrives and when she leaves. Like, you can feel that she works from all her heart, she does everything she can to find... [solutions]. Yes, you can feel it.

> But there is something different about him. Firstly, there is kindness in him. I realised that the first time he spoke to me.

> From the first time we met, she has wanted to help me. She told me so, anyway. […] From the first day she worked here, she's meant a lot to me. And since that day, it's just been like that.

Thus, the staff members' concern and care were experienced as genuine, and this genuineness was often already perceived by the resident in the first encounter.

Being Human

Closely related to this described genuineness, there were descriptions of the staff members as standing out from less helpful staff members by talking to and socializing with the resident in a more human way. This human approach ranged from small gestures, like saying 'Hello' or 'Good morning' in a positive tone, to the way of approaching a request for action or change:

> Yes, and she is very, like, human, like: 'Well, well, you Tilda, you will do the dishes. You don't have to do it at once. You've got the whole evening'. A bit like that.

It seemed like this approach contrasted with a feeling of being told what to do by an authority figure.

Helping by Doing

> Martin is someone who makes things happen. It's not just a lot of words. He puts it into practice.

A striking phenomenon in the dataset was the apparent significance of the staff members as *doers.* The qualities of *being* genuine and *being* human, were reflected in a wide range of 'doings' to improve the residents' life-situations. The above quote concerned initiating and participating in social activities. Examples of a more practical kind of doing were running to a storage room to find curtains when a resident expressed a wish for them and taking a phone call to a resident's GP to arrange what the resident thought was a more suitable distribution of medication. Another example concerned resolving economic issues:

> He helped me get rid of my debt incredibly fast. I had a bank loan.
> […] And suddenly Chris comes and says: "You are out of debt".

The helpful staff members seemed to stand out from other staff members as more willing to stretch themselves. This was especially underlined in descriptions of some staff members' fight to ensure the resident's rights, such as social benefits and facilities:

> She's my advocate. She has been that these last years. […] There have
> been a lot of people in my life, saying that they wanted to help me,
> but it has just been empty words. […] Liz came into my life as
> something new. I've never had such a helper before.

The residents realized that staff members stretched themselves a lot when fighting for the resident's rights. Still, even small doings, like saying 'good morning' or providing a resident with curtains, was described as valued doings.

Life-changing Impact:

Describing the helpful staff members' impact on their lives, the residents' gratitude to the staff members was obvious. Staff members were given credit for the residents' increased well-being, strengthened ability to help themselves, and improved life situations.

Increased well-being and self-care

Residents experienced improved mental as well as physical, health. For example, this was ascribed to spending time with the staff member and doing activities instead of just watching TV or doing nothing:

> I'm feeling better mentally because of him and the things we do [...]
> Yes, cause nobody else takes any initiative.

To this resident, the days could be very long, and filling the hours with social company was of great importance to his mental well-being. Increased well-being was also related to increased self-care made possible by improved theoretical and practical knowledge, for example about eating habits and exercise. Furthermore, increased self-care could be strongly connected to the staff member's caring for the resident. One resident explicitly gave the staff member credit for making him able to love himself.

Strengthened Self-development and Empowerment
The staff-member for whom the capability of 'deep understanding' of the resident was connected to his own sharing of difficult life experiences, had also shared with the resident his own self-development strategies. By adopting them the resident's self-development increased, and he felt more capable of taking care of himself in the future:

> What Peter has done. It helps, because now I know exercises which I can do at home... for instance. Related to... what I can do to get a better... that... it can help me; my back, body and soul, right? And dietary advice, right, that can help me a lot too, related to how I'm feeling about myself... Diet and breathing mean a lot... Breathing and posture and everything influence how you feel.

Residents also ascribed strengthened self-development to helpful staff members' ability to help them help themselves by a step-by-step approach:

> And he arranged for me to get dinner five days a week from the kitchen service. He helped me get started. Yes, I didn't know anything about where to call or stuff. I have social phobia. So, just being on the phone—I've improved a lot in recent years. So, I've been making the call myself... this last time to change the menu and stuff. […] I asked Chris to call the last time, because he'd called the first time. 'Can't you do it yourself this time', he said. 'Yes, if you sit here'. 'Yes, of

course'. 'Because I might need help with something'. 'Yes, I'm not going anywhere', he says, 'but it is a good thing if you can do it yourself'. And so, I did. […] It's ok. Because that's what... that's how you get go-ahead spirit.

This gentle mix of pushing and supporting was contrasted by descriptions of a rougher path to self-development:

She could also be direct and tell me to shape up. For instance, she could say: "Pull yourself together, Henry, you can't go on like this!" She put me up against the wall and demanded a lot of me. I call it tough love. It helped me to accomplish dentist appointments and stuff.

Even though this 'tough love'-approach was not necessarily preferred by other residents, it obviously worked for this individual. He appreciated that the staff member made him accountable, and he felt empowered by it.

Improved Life-situation

The supportive housing environment was experienced both as a horrible and as a good place to live. Thus, while there were residents grateful to a staff member for advocating for a more suitable place to live, others were deeply grateful to the helpful staff member for the possibility to live in their current location. For instance, the staff member could be credited for taking the person into the house in the first place and trusting in their capability of living there, or sometimes the staff member got credit for preventing eviction:

But Ninni, she is... she goes on... yes, she... without her, things would have been a lot harder anyway. […] Yes, I would probably have lost my apartment while I was in prison. Six months is the most you can get covered for, and I had a seven-month sentence.

An improvement in situation from living with drug addiction to living a life free of drugs was ascribed to a staff member's constant follow-up and persistent advocating for change in living conditions:

Without her I would never be sitting here clean and sober. […] The help from her has given me a better life… so much better… because of her.

In addition to quality of life improvements, this resident's living conditions were about to change radically as, thanks to his staff members' effort, he would soon be moving on to a situation of greater independence in an apartment. For others, who had been homeless or living in rougher temporary drug abuse housing, being accepted into the respective housing itself meant a better life. Thus, one resident's experience of being 'taken in' after being interviewed by a specific staff member led her to credit that staff member with saving her life:

> But I'm not sure [I'd been taken in] if it was one of the other persons. I can't tell a hundred percent if they would have liked me as a person. No, no, I can't tell. So, it's because of him... because he did the interview that I'm here.
> *Where would you be then, if you weren't living here?*
> I would have been under there [points to the ground and starts crying].
> *You would have been dead?*
> [She nods.] He saved me from a rougher environment where nobody cared.

Thus, for some of the interviewee the helpful staff member's greatest contribution was getting them into the housing, while the greatest contribution to others was getting them out.

Discussion

This collection of thick first-hand descriptions across the entire data set makes possible a diversity of relevant perspectives and discussions. However, we chose to highlight the findings most congruent to previous studies, the aspects of friendship resemblance, and the discovery that most complements previous studies, the significance of *doings*.

Friendship resemblance: Common Relationship characteristics

One could use the recurring concept of 'friendship resemblance' to sum up most of the helpful relationship characteristics described in this study; mutuality, genuine care,

willingness to help, trust and humanity. Taking into account the accordance with previous relationship-focused studies (Ljungberg et al., 2015; Krotofil et al., 2018), as well as the fact that these aspects are common in most significant human relationships, these findings should not be surprising.

Embedded in the friendship resemblance is also the aspect of personal match; something is often 'just right' already in the first encounter. Considering how the participants in this study described the first time they met the respective helpful staff member, we suggest that the first encounter can be crucial, and that the experience of genuineness might be the most important ingredient in it.

The Significance of Doings in Previous research

In the present study the residents' descriptions within all the main themes comprise a narrative of concrete doings carried out by the staff members, ranging from initiating and participating in social activities, sharing their own life experience, and making simple phone calls, to more substantive tasks like taking care of debt, fighting the system to keep benefits and advocating for better living conditions.

The significance of doings does not appear to be as distinct among descriptions of helpful professionals in previous research. The main themes such as 'conveying hope, sharing power, being available when needed and being open regarding the diverse nature of what people find to be helpful' (Borg & Kristiansen, 2004), 'going beyond the traditional boundaries of the professional role' (Borg & Kristiansen, 2004; Topor & Denhov, 2015), 'showing interest in the individuality, genuine concern and respect for the person's integrity' (Andersson, 2016) and 'building trust through hopefulness, loving concern, commitment, direct honesty, expectation, action and courage' (Brekke et al., 2018) could give the impression that previous findings about helpful professionals in psychiatric wards and community-based care mainly show service users' preferences

and attitudes regarding the professionals' *being*, and that might be the case. Nevertheless, several of those descriptions naturally comprise what we here define as doings. For instance, 'going beyond the traditional boundaries of the professional role' is exemplified by 'sharing personal stories and experiences' and 'lending the service user private money'. Apparently, this personal act of sharing or lending money is highly valued precisely because it represents a willingness to go beyond traditional boundaries. The service user experiences the sharing or moneylending as being treated like an equal human being. One wonders what aspect of the act is of greatest significance; the potential usefulness or the experience of equality? Thus, even though previous research seems to encompass doings, the main focus of the service users and/or the researchers has apparently not been on the doings per se, but on how doings as well as ways of being express and are experienced as human aspects such as equality, respect, love, care, mutuality, honesty and so on. This might have to do with previous studies being more focused on the characteristics of helpful relationships and the personal attributes of professionals, than how helpful relationships are built up. The prior focus might also have been shaped by the fact that relationship research began within the context of psychotherapy.

Doings in this study

The context of the present study clearly differs from the situation in psychotherapy. Firstly, the provision of supportive housing is not treatment. Secondly, the residents have needs far beyond the ambit of psychotherapy. These residents' needs also differs from those of people who 'only' need community-based day services and/or time-limited admissions. Even if the provision of supportive housing is similar to the more or less defined 'everyday recovery' focus of other community-based mental health services, the supportive housing context differs from these services by the minimal

distance between the service users' lives and the mental health service of staffed

supportive housing. The residents *live in* the service 24/7. Accordingly, both the

residents' needs, and the professionals' roles are more wide-ranging in the context of

supportive housing.

Four Domains of Doings and their Influence

Four domains of doings can be identified in our findings. The first domain concerns

'small' human gestures like expressing genuineness, greeting with a 'god morning',

providing the resident with curtains and appealing for action in a 'more human' way.

The second domain is about *filling the hours with 'friendship'*. According to the

residents, the days could feel very long and empty, and the residents didn't necessarily

have any friends among their fellow residents. As well as the valuable experience of

friendship resemblance when socializing with the staff member, taking the initiative to

do exercise, go for a walk, go to the cinema or even take a trip abroad could mean a lot

to the residents' well-being, just by providing activities to fill the hours. *Enabling the

residents to take care of their own needs* constitutes a third domain. Both the 'doing for'

and the 'doing with' in the described step-by-step approach and the yelling in the 'tough

love' approach provided self-development and empowerment, as did the staff member's

sharing of their own problems and self-development strategies. The fourth domain

concerns *the staff members' advocating for and fighting on behalf of the residents*.

Residents reported that both securing statutory rights and achieving changes in living

conditions such as moving out from the supportive housing to get a better situation were

impossible without a staff member's willingness to use all available means to put

pressure on the local authorities.

Conclusions and Implications for Practice, Policy and further Research

This study confirms previous studies on professional relationships regarding key relationship characteristics that might be referred to as 'friendship resemblance'; mutuality, recognition, trust, genuineness, humanity and even sharing of personal life experiences. Thus, service users, including people living in community-based staffed housing, experience the common aspects of most significant human relationships as helpful ingredients in professional relationships. This conclusion may persuade the mental health service field to break away from the traditional concept of professionality marked by paternalism, power asymmetry and 'objective' distance (Terkelsen & Larsen, 2016; Fredwall & Larsen, 2018), as well as being critical to the trend towards increasing standardisation and regulation of practice associated with New Public Management (Banks, 2013), and try to facilitate friendship resemblance while matching professionals and service users.

Further, the four domains of doings in this study shows that professionals working in staffed supportive housing for people with severe mental health problems and/or drug abuse should be encouraged to help the residents in terms of multiple doings ranging from small human gestures and initiating social activities to fighting for the residents' fundamental rights, such as optimised living conditions. To get a more expansive picture of the possible significance of doings, we propose that studies should be carried out with a focus on the significance of doings in different contexts of community-based mental health care.

As the community-based mental health field in most western countries in the present apparently subscribe to a recovery-focused tradition, we suggest that it is of great importance to prevent pitfalls where 'recovery ideals' such as empowerment, user involvement, autonomy and independency (Davidson, O'Connell, Tondora, Lawless, &

Evans, 2005; Davidson, Tondora, & Ridgway, 2010; Rose, 2014) contradict the idea of helping by *doing*. This study shows that both *doing* nice things *to* a service user, *doing* social activities *with* a service user, *doing* a practical task *for* a service user (before encouraging her to do it herself) and *doing* a wholehearted effort *on behalf of* a service user when facing a strict bureaucracy can have a life-changing impact on the service user in ways that are highly in harmony with the 'recovery ideals'.

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Ethics

The study was submitted to The Norwegian Centre for Research Data and was recommended to be carried out (Case No. 50668). It was emphasised to the participants that all participation was voluntary, that they could withdraw for any reason at any point until the analysis was ready to be published, and that whether the resident participated or not, or chose to withdraw, this would not in any way affect the resident's housing conditions or any other public service the resident might receive. It was also emphasised that all data would be anonymised. Written consent was obtained from all participants, and all identifying details were removed before data was shown to the reference group. The group members also signed a declaration of confidentiality.

The authors report no conflicts of interest.

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