Taking the plunge: Service users' experiences of hope within the mental health and substance use services

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What may inspire the experience of hope? Knut Tore Sælør and colleagues ask in this interview study of people with co-occurring mental health and substance use problems.

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Hope is regarded an important and central factor of recovery in a broad range of health conditions (van Hooft, 2011), including those within the mental health field (see for example Adams & Jenkins Partee, 1998; Lovejoy, 1982; Russinova, 1999; Schrank, Hayward, Stanghellini, & Davidson, 2011; Stickley & Wrightva, 2011). Davidson et al. (2008) reviewed two different models of recovery, stemming from the fields of mental health and addiction respectively. Both models were developed in partnership with persons in recovery based on the principle that persons know best what recovery entails for them. When comparing the different models, Davidson et al. (2008) found that renewing hope was central for recovery processes within both fields. Despite apparent differences and divergent services, Davidson and White (2007, p. 114) have suggested how to integrate models of recovery in relation to those who experience co-occurring problems and claim that:

> *People living with mental illnesses and/or addictions want to have hope, eliminate or manage their symptoms, increase their capacity to participate in valued social roles and relationships, embrace purpose and meaning in their lives, and make worthwhile contributions to the lives of their communities.*

Despite hope being rated as central to persons in recovery, there is comprehensive uncertainty related to how it might be inspired in practice. Cutcliffe and Koehn (2007) stated that: «… our understanding of hope, hoping and hopelessness is clearly just beginning» (p. 144). Even defining and agreeing on what hope comprises involves significant challenges, both to persons in recovery, researchers and practitioners. Schrank, Stanghellini, and Slade (2008, p. 426) identified no less than 49 definitions of hope when reviewing literature related to the field of mental health, and proposed the following synthesis:

> *[…] we define hope as a primarily future-orientated expectation (sometimes but not always informed by negative experiences such as mental illness) of attaining personally valued goals, relationships or spirituality, where attainment: i) will give meaning, ii) is subjectively considered realistic or possible and iii) depends on personal activity or characteristics (e.g. resilience and courage) or external factors (e.g. resource availability). Hope comprises four components: affective (e.g. trust, confidence, humour and positive emotions); cognitive (e.g. reflecting on past experiences, goal-setting, planning and assessing the likelihood of success); behavioural (e.g. motivation and personal activity); and environmental (e.g. availability of resources, health care and relationships).*

From a family therapist stance, Weingarten (2010, p. 8) has suggested that for hope to be put into practice, it needs to be «reasonable». Reasonable hope focuses on what is within reach and can be achieved either alone or in collaboration with others, as she argues:

> *Hope as a verb, as a practice, leads to different activities than hope as a noun. Reasonable hope as a practice, doing reasonable hope, is oriented to the here and now, towards actions that will bring people together to work toward a preferred future.*

This kind of hope is about making sense of what already exists and preparing for what lies ahead. Simultaneously, reasonable hope is moderate, sensible and oriented at co-creating realistic goals along with pathways toward them without denying that the future remains open and uncertain. In contrast to hope comprehended as a noun, Weingarten (2010) argues that reasonable hope cannot be viewed as a quantifiable thing within the individual, but instead as relational.

Herrestad, Biong, McCormack, Borg, and Karlsson (2014) claim that a commonly agreed upon definition of hope seems unrealistic, and that: «…an a priori agreed definition of hope is unnecessary to the study of hope» (p. 211). The authors call upon research that takes into consideration in what ways hope is part of a context specific vocabulary. They underline that meanings of hope, and the space for action aimed at inspiring it, will vary within different contexts and practices. Furthermore they argue that there is a need for an in-depth understanding of hope which embraces such differences. A concept of hope valid through changes of time and context is referred to as a «…platonic dream» (p. 219).

In a recent review of research literature on hope and recovery for those experiencing co-occurring problems, Sælør, Ness, Holgersen, and Davidson (2014) argue that there

is need for further knowledge about how hope and what might inspire it is perceived from a first-person perspective. Thus, the aim of the present study is to explore first-person accounts of how hope is experienced by persons with co-occurring mental health and substance use problems. In addition, we aim to develop knowledge which is relevant to clinical practices within the mental health and substance use field. The specific research questions were:

- How do persons with co-occurring mental health problems and substance use problems experience hope?
- What do persons experiencing co-occurring mental health problems and substance use problems consider inspire hope?

Method

This study is part of a larger study with an overarching design which fits within an action research methodology (Ness, Borg, Semb, & Karlsson, 2014). More specifically it draws inspiration from cooperative inquiry (Heron, 1996; Hummelvoll, 2006). Despite differences in design, these approaches share a common epistemological stance in which knowledge is considered to be co-constructed (Heron & Reason, 2008). Hummelvoll (2006) points out that methods for data collection and analysis are traditional but applied within a collaborative manner with the persons involved in the research. The aim is exploring local conditions and perceptions in order to increase the possibility for generating relevant knowledge.

An important arena for collaboration within this particular project is what we refer to as a *competence group*. The competence group is comprised of two service users, two family members, three health care workers from the municipality and three researchers (the authors of this article). The competence group has served as a collaborative platform throughout the project period, and will continue until the project ends in august 2015 with four annual meetings. Members of the group do not constitute a source of data as interviewees. They are, however, involved at what Heron (1996) would refer to as a political level, influencing values and aims, and at an epistemological level, as co-creators of knowledge. Specifically, they have contributed in working out the interview guide, they have been consulted in the final phase of the data analysis, and they have contributed in overall planning and recruitment, along with ongoing discussions throughout the study. Especially, their contributions have been valuable in helping the researchers grasp how findings might be understood in relation to the local context. The approach permits alternative voices to be heard, enables user involvement (Trivedi & Wykes, 2002) and may enhance the quality of research (Moltu, Stefansen, Svisdahl, & Veseth, 2013). Despite our intention of facilitating a collaborative approach, it seems appropriate to clarify that the project is not initiated or led by service users or professionals. Drawing on Borg (2009) we would characterize competence group

members as being in an *advisory position*. Levels of participation, purpose and mandate within the competence group have been up for debate throughout the project period.

Recruitment.

A purposeful sample (Polit & Beck, 2012) of service users were recruited by employees in mental health and substance use services in a municipality in the Eastern part of Norway. Employees distributed written information, and those willing to participate were able to contact the first author via e-mail, phone or by using a prepaid addressed envelope. This resulted in nine persons agreeing to participate. Inclusion criteria were experiences of co-occurring mental health and substance use problems, and having received services related to these challenges in the municipality. Participants described experiences of psychotic symptoms, anxiety and symptoms of depression in addition to using both legal and illegal substances to varying degrees. All of them had received, or still receive, various services within the municipality in relation to their co-occurring problems. Participants were eight men and one woman, ranging from their early twenties to approximately 60 years of age.

Data collection.

Data was collected through semi-structured in-depth interviews (Kvale & Brinkmann, 2011) conducted by the first author, a trained nurse with comprehensive clinical experience from the field. All of the participants initially agreed to be interviewed twice. Two of them, however, were not accessible when the follow-up interview was due. An interview-guide consisting of open-ended questions formed a base for the initial interview. The interview guide touched upon themes related to participants' experiences and perceptions of hope, and what they considered hope-inspiring. The participants were encouraged to talk about what felt important to them, and prompt follow-up questions were asked when considered applicable. The initial interviews were transcribed verbatim and read by the first author before preparing individual questions prior to the follow-up interviews. The second interview was preceded by a brief summary of the former, providing an opportunity for modification of the researchers' understanding or additional information if desired. This approach is in line with the notions that knowledge is co-constructed and the interviewer and interviewee are contributors (Finlay, 2012; Kvale & Brinkmann, 2011; Sundet, 2014). The location of the interviews was mutually agreed upon with the participants, ranging from their own homes, accessible premises in the municipality or at the first author's place of work. Informed written consent was obtained prior to the first interview, and the participants were informed that they could withdraw from the project at any stage. Interviews lasted from about twenty minutes up towards two hours.

Data analysis.

The interviews were audio recorded and transcribed verbatim by the first author. Data analysis was inspired by Braun and Clarkes' (2006) thematic analysis. Thematic analysis is flexible in relation to theoretical stance, and the aim is to organize data into

themes which are subject to interpretation. The first author took the lead throughout the process, and analysis was initiated by him reading the corpus consisting of all of the transcribed interviews. Throughout the reading of the interview data notes were made by the first author posing possible interpretations and organization of the data. Because of the scope of the text (almost 400 pages) and in order to ensure participants' confidentiality, the interviews were edited by the first author in regard to what was considered relevant to the research questions before sharing the material with the co-authors.

With the intention of keeping close to the participants' stories, and aiming to keep as much of the text as possible available to the co-authors, meaning units were comprised of quotations and condensed sections of the interviews in contrast to codes or themes. Meaning units from each separate interview were initially systematized in what appeared to represent possible groupings on the basis of content. Then meaning units from across the data set were compared and organized in clusters forming the basis for preliminary themes.

The preliminary themes were discussed recurrently among the authors before further elaborations were made and agreed upon. The preliminary themes were then presented and discussed within the competence group, providing an opportunity to comment or share ideas on how the material might be understood, alongside implications and relevance regarding practice within the context of the community (Moltu et al., 2013; Sundet, 2014).

Ethical considerations.
The study was carried out in accordance with The Norwegian National Committees for Research Ethics. The Norwegian Social Science Data Services (NSD) granted an approval to conduct the study. All participants were offered the opportunity to get in touch with either the first or second author if they felt the need, enabling them to contact services within the municipality if considered necessary (Cutcliffe & Ramcharan, 2002).

Findings

Our data analysis resulted in four overarching themes. The first theme endeavors to encapsulate experiences of hope itself, while the remaining three revolve around what was experienced as inspiring of hope.

Daring to believe that something better is possible.
In spite of life experiences that might be characterized by hopelessness, participants described hope as fundamentally significant. Daring to believe that something better was possible *in spite of* all the experiences of the contrary was pivotal in their stories. Several of the participants spoke about how coping or setting goals and reaching them

inspired hope, and the belief that something better could be possible. What *something better* involved was individual, but to some extent we were struck by how ordinary and achievable it might appear:

> *Before I was a little like, I didn't want to be A4 [ordinary life] – at any cost … Now I really want to be like that, I understand that it's them who've chosen the right things; getting a stable quiet life with a partner, children and everything. I got off at the wrong station at the wrong time.*

The act of hoping involved a great deal of uncertainty:

> *I've been disappointed, but I think I've disappointed others more.*

All the negative experiences described by the participants contributed to making it difficult to believe that change for the better was possible:

> *You've had so many slaps in the face you know, that it's really scary to start hoping that things can work out.*

Such experiences might be the reason for one participant's comparison of hope with a long battle for improvement. Hope was also described as dynamic and constantly changing:

> *It can move around, or hope can change. During a period when things were looking real good, and I sort of didn't need hope, then I messed up my life so bad, that I had to find new hope.*

Despite, or maybe because of, numerous experiences characterized by hopelessness, hope was considered extremely important – almost a prerequisite for going on with life:

> *«You have to have hope to be able to move on. Hope for something better».*

One participant described hope as a:

> *«… will to dare to live, to dare to try, to dare to see the positive side of things. If you don't do that, you don't get to live».*

You need something to hold on to when you're looking for the light at the end of the tunnel.

The participants described life situations that at times had been overshadowed by chaos, practical challenges and economic problems. Encountering seemingly insurmountable challenges, what one of the participants described as something to hold on to, was of great importance. In particular, participants' residential situation influenced their lives to a great extent:

> *…a roof over your head and something to hold on to is the main thing, 'cause then you've got your feet on the ground again and can influence things – it isn't easy to find the light at the end of the tunnel…Now it's just chaos, it's like nothing to hold on to, I don't have anything to relate to, I just blow with the wind. The day I get the key to the apartment and move in, then life will turn around…Then I'll have, like, a foundation again.*

For others, lack of transitional or supported housing, or neighborhoods affected by conflicts and rampant drug use led to hopelessness: «Ain't much hope there. Absolutely don't recommend anyone to move there. If I had the money for a deposit, and dared to go to a showing…» With regard to an acute admission to a psychiatric ward, one of the participants described how getting help with practical challenges and tidying up economic chaos inspired hope for the future.

Practical challenges that at first glance could seem small or trivial were also identified as important for sorting out. For some, daily life was so challenging that it appeared necessary to get help with *pretty much everything* – from tidying up at home, being accompanied to the helping services or filling in official papers:

> *She pretty much got hold of me and led me there I think. Led me the whole way, she did, yes…Ensured herself that it got done. If she hadn't done it, it wouldn't have happened.*

Such practical support could provide hope that something better was achievable – in spite of everything. By getting help with small pieces of a larger puzzle, participants appeared to have had an experience of hope that was restored «brick by brick». Several of the participants emphasized small changes as important in building a secure foundation for the future.

You need some people you can trust and who have faith in you.

Family, friends or professional helpers had been important to most of the participants:

> *My family has always had faith in me. Always hoped that things would work out. And it actually has. A lot of the reason may be that they had faith in me.*

Also present in several of the stories however were examples of relations in which betrayal and disappointment had contributed to experiences of hopelessness. When relations had inspired hope, *trust* seemed to be a common feature:

> *If that person who met me in the door hadn't been that person, I'm not sure I'd be clean and sober today. The first one to give me hope again. He was always frank… And that made me see that this situation might be a good thing, sort of. I trusted what he said.*

Experiencing the trust of others could help one commit to not disappointing the ones who showed this confidence:

> *It's some strange kind of trust. No way in Hell am I going to mess around now. Maybe they believed in me a little bit more than they would have done for anybody else, right? That meant a lot.*

On their journey from an existence characterized as on the sidelines, being trusted could be highly unexpected. Many had experienced stigma and negative encounters when seeking support, which contributed to a lack of trust in those who were supposed to provide help. Several of the participants pointed out that having *one* professional helper responsible for coordinating and tying up loose ends was of crucial importance.

However, relations with professional helpers were always regulated by opening hours and availability, or by how long the course of treatment was meant to last. This could be experienced as:

> *… very vulnerable … you develop such great trust in this person and then hope comes along, but then people, in one way or another, will always let you down … You never have a person who follows you for a long period.*

What was characterized by one of the participants as *professional distance* in encounters between two people was experienced as blocking the reception of help:

> *… you can't distance yourself to the extent that you're unable to help*

> *people, you have to involve yourself.*

On the other hand, there were accounts of professionals who gave much of themselves and had inspired hope:

> *Lots of skilled people I think, in those jobs that… Those who I probably valued the most are those who've managed to show themselves a little like, that it wasn't just health talk. If you get more and more of that every day, while you're in the hospital, then after a while you start gaining, maybe, a little hope and dreams then, you dream about…yes I can go for a holiday myself one day.*

Several of the participants had experienced a different form of availability in relation to voluntary organizations. They could be contacted around the clock, including weekends, and there were no limits with regard to attachment over time. Voluntary organizations also represented an opportunity to contribute to others, something that could inspire hope also for one's own part.

You have to decide whether you want to go on or not.

Participants talked about the importance of their own efforts in order to experience hope for a different and more desirable life situation. Part of this was the necessity of *making up one's mind* to carry on despite prior or upcoming challenges. This could be challenging, as the participants described life experiences that at times were characterized by disappointment and failure. The act of *hoping* was therefore intertwined with changes in many areas of their life. Hoping required a somewhat transformed approach towards life and what it could offer:

> *Bitterness, it's there, but I've found new things that interest me. Done lots of things I enjoy. This has given me the taste for more, I mean, you just have to make up your mind about whether you want to live with it or not.*

Falling behind in relation to a professional career or education, economic chaos or debt, along with shattered interpersonal relationships was experiences that contributed to bitterness and despair. None of the participants said that they expected changes to occur without their personal effort – simply by hoping:

> *I have to pat myself on the shoulder, 'cause it's just been up to me. I can't wait for things to happen, I seized opportunities right away, I want to move on in life and then I have to strike while the iron is hot.*

Illegal drugs were perceived as one of the great barriers in life, and of great importance in relation to both hope and hopelessness: «I destroy it of course when I get high, that's when my hope disappears. That's probably why I've not had any hope». Reducing their drug use involved a high level of uncertainty and potential disappointment:

> *You want to be sober and clean of course – deep down inside and all that, but that wasn't what I hoped for. That's something you don't dare hope for, 'cause then you'll disappoint yourself, over and over and over again.*

Several participants had experienced being detained in psychiatric wards or serving prison sentences. For some, this had given them hope of experiencing change for the better. During periods in which life was going well, however, serving time could represent a step backward. In any case, the hope such an occasion *could* represent, depended on ones' own effort:

> *Sometimes, it's been great to be arrested. It's been a break. If I hadn't been serving time I would've been dead. It gave you a hope that you could cope after all. You feel that there is hope when you get arrested, but not many rise to the occasion. As soon as you get out, it's back to where you were when you got arrested.*

All participants seemed to agree that changing or gaining control over their drug use was important, and hope seemed central in this regard:

> *Suddenly, you don't have the desire to get high after all…Then you've got to have hope, there has to be a good reason for you to bother.*

In relation to their use of opioids some participants highlighted that substitution treatment gave them hope that change was possible.

Discussion

The aim of this study was to explore first-person accounts of how hope and what may inspire it are experienced. We sought to develop context sensitive and pragmatic knowledge stemming from the field of co-occurring mental health problems and substance use problems. In the following discussion we elaborate on how we

understand hope in relation to co-occurring problems and the existing literature.

Hoping for change.

Hope, as experienced by the participants in the current study, was inextricably tied to change. In order to regain the courage to plunge into challenges that lie ahead, all of the participants emphasized their own efforts, or what we interpreted as a decision about *whether you want to go on or not. This interpretation does not* imply that persons experiencing co-occurring problems just have *to decide* or *make up their minds* in order to experience hope. Still, it appeared futile to hope for change if a *decision* had not been made, and the participants emphasized that the most important actor in their journey towards change for the better was themselves. Hipolito, Carpenter-Song, and Whitley (2011) argue that to people with co-occurring problems, accepting the past including illness and taking responsibility for past wrongdoings despite the pain that follows was of vital importance in order to move forward in their lives. Thus, recovery is about growth and transformation, and hope promotes the possibility that change can occur (Hipolito et al., 2011).

To the participants in the current study a similar recognition seemed necessary to facilitate the act of hoping. Bitterness and lingering over the past could be barriers to hoping that change for the better was possible. In response to questions about what could represent such *turning points* it appeared challenging for respondents to point out specific moments. Most often, rebuilding belief in change was characterized as a prolonged process. Hope was not experienced once and for all. There was a need to hold on to hope, and it could diminish just as easily as it might occur. Hope in itself was not enough, but needed to be followed by action. In addition, it required reinforcement and support in order to flourish. The act of hoping in itself appeared to involve great effort. This is in line with Weingarten's (2010) perspectives on hope in regards of striving to make sense of what already exists and co-create realistic goals despite an uncertain future. All of the participants seemed to have come to terms with what Laudet, Magura, Vogel, and Knight (2000) underline in relation to recovery, that the way back towards a new «clean» life involves hard work and determination.

Trust as a foundation for hope.

Participants described painful experiences of betrayal and disappointment relating to people around them. Even though some of the participants felt abandoned, all had hopes of rebuilding relationships or not being alone in their struggles. Distrust and suspicion could represent obstacles to seeking support from others, and were also barriers when it came to hope itself. Edland-Gryt and Skatvedt (2012) have pointed out that a lack of trust often hindered people experiencing co-occurring problems from receiving the help they needed. Even in a low threshold facility: «…most clients express that they do not trust «the system» or the staff who can help them, due to experiences of neglect from the same system in the past, for many of them from early childhood» (p. 4). Despite having experienced positive encounters, such mistrust in relation to services or «the system» was indeed familiar to participants in the current

study. Breaches of trust made it difficult to *take the plunge* into recovery and hope that things could work out for the better.

Relationships that had inspired hope where characterized by mutual trust and respect. An unexpected token of trust could trigger a strong desire not to disappoint the one who trusted you. Such emphasis on trust is similar to what Pettersen, Ruud, Ravndal, Havnes, and Landheim (2014) found when exploring how people with co-occurring problems perceived receiving help from an assertive community treatment team. In addition service providers who believed they could improve their client's quality of life was found to inspire hope for the future. To participants in the present study, family members or friends that had faith in you, and never gave up hope, were crucial in maintaining one's own hope. In relation to professional helpers, *continuity* of care and having *one* professional who is both accessible and has the time required seemed essential. In contrast, what was referred to as *professional distance* had the potential to diminish hope. Cruce, Ojehagen, and Nordstrom (2012) emphasize mutual honesty, continuity and staff concerned with all aspects of a person's life situation as important factors when persons experiencing co-occurring problems seek support.

Taking the plunge back into life – hopes of being an average Joe or plain Jane. Feelings of hopelessness and challenges related to socioeconomic factors, such as finding and keeping a job, economy and accommodation, have been rated as difficult to deal with in recovery (Borg, Veseth, Binder, & Topor, 2013; Cruce et al., 2012; Laudet et al., 2000; Pettersen et al., 2014). Vocational and employment issues were listed as two of the most important goals by Laudet et al. (2000). Still, the majority of the respondents stated that they disagreed with the statement that: «…most people would believe that a person with a dual-diagnosis is trustworthy», and believed no-one would hire them even if they were qualified for a job (p. 325). All that is mentioned above seems to correspond well with what we interpreted as a need for *something to hold on to*. To those participating in the present study, similar experiences seemed to contribute to experiences of marginalization and hopelessness. Similar to what Davidson and White (2007) have pointed out participants in the present study not only wanted to have hope, they had an urge to participate in valued social roles and relationships along with making contributions within their community.

Stigma and negative expectations contribute to feelings of defeat and despair, and can be experienced as some of the greatest obstacles to recovery in mental health problems (Lovejoy, 1982). Despite a lack of exploration of stigma, persons experiencing co-occurring problems face greater barriers when seeking help in relation to any health related issues (Evans-Lacko & Thornicroft, 2010) and high levels of internalized stigma are associated with hopelessness in those living with mental illness (Livingston & Boyd, 2010). Participants in the present study may not have experienced equivalent challenges with regard to mental health problems as mentioned above, but their descriptions of stigma and despair seem recognizable. Somewhat as Asher and Gask (2010) described, they did not agree that: «… they deserved such impoverished

lives and felt entitled to better, but they were outside of and thus unable to learn from any culture of working steadily towards realistic goals» (p. 13). To participants in the present study, experiences of stigma not only related to health services, but in relation to occupation, their neighborhoods or simply going to the pub were discouraging and made believing in change for something better difficult. More important than treatment techniques, the way people looked at one when one entered the doctor's office seemed of greater significance with regard to inspiring hope. A glance, a tone of voice or being invited to a meeting could symbolize that there *is* hope that things can change for the better. Such situations had the potential for making participants believe that taking the plunge could be worth it. In spite of seeming trivial or insignificant such symbols may be of great importance, and may contribute in rebuilding belief in oneself and that something better may be achievable (Davidson & Johnson, 2013; Skatvedt, 2006).

Despite numerous negative experiences participants' hopes seemed specific. They knew they could risk disappointment but nevertheless they did hope. This seems to be in contrast with what Herrestad and Biong (2010) found when exploring hope in a group of men hospitalized for intentional self-harm. Unspecific or indefinite hopes were interpreted as a way of decreasing the chance of failure and defending status and self-worth.

Complexity, contradictions and the unforeseen.

We do not want to give the impression that there is a causal relationship between the themes we developed. Such an assertion would nonetheless be beyond the scope of this study. The participants' stories carry within them complexity, contradictions and unforeseen life experiences, and developing a simplistic model of hope seems inexpedient to us. Hope and what inspires it is by all means multi-faceted, and encompasses more than a few ambiguities. The initial three themes embody objects, conditions and states of mind that the participants to various degrees had hoped for, but which had also been experienced as hope-inspiring. In some cases themes represented goals in themselves; sometimes they represented the means to achieve a goal instead. All of the participants considered hope as an essential factor in their lives, despite the fact that many of them were unfamiliar with discussing it in encounters with health and social services or other settings.

Critical reflections and limitations.

Despite having conducted what we have characterized as a data driven analysis, we are fully in agreement with Braun and Clarke (2006) who underline that: «… researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum» (p. 84). We acknowledge that being part of an academic community influenced by a recovery orientation has influenced all parts of our study, including data analysis (Alvesson & Sköldberg, 2009). Still, we are not the only ones who have pondered upon the close relation between recovery and hope. Schrank, Bird, Rudnick, and Slade (2012) point to

the: «… potential overlap between the concept of hope and that of recovery itself» (p. 562). When comparing recovery oriented interventions with more specific hope interventions the authors argue that hope might depend on a broader approach, including interventions aimed at psychosocial, social and service related variables. This seems to be in line with what the participants in the current study had experienced as hope inspiring.

Implications to practice.
From the findings of the current study we would like to emphasize trust and change as having implications for practice. To clinicians, rebuilding trust and working one's way into relations in which one is found to be trustworthy seems pivotal. Whatever way services may be organized, most of what the participants perceived as hope inspiring seemed reasonable. Still, we know that everyday life for those who seek support within the field of mental health and substance use isn't always characterized by hope.

None of the participants expected others to be able to sort out their troubles on their behalf. Nonetheless, several of the interventions presented by Schrank et al. (2012) would also be relevant in the current context. When participants in the present study specified how hope, and what may inspire it, was experienced by them they spoke of down to earth and basic issues that may appear trivial or even banal. Still, their stories contained heartbreaking experiences, indicating that what may seem basic cannot be taken for granted. Applying Weingarten's (2010) perspectives on hope, a broad approach oriented on the present and aiming to co-create realistic goals seems appropriate, also for those participating in the present study.

Among several recommendations from the Norwegian Government, recent guidelines aimed at services for persons experiencing co-occurring problems establish that services should be recovery-oriented. This entails services that have a holistic view of recovery processes and support individual strengths and competencies (Helsedirektoratet, 2011). We would suggest that such perspectives ought to be emphasized to a greater extent within guidelines regarding mental health and substance use. It seems that signalizing that there *is* hope, also for those struggling with co-occurring problems, is of crucial importance. What at first glance may seem insignificant might be crucial and emotionally moving to those seeking support (Skatvedt, 2006). As Herrestad et al. (2014) claim, simply speaking of hope might contribute to opening up space for actions aimed at inspiring it. Our findings might provide suggestions for how hope may be approached within the field of mental health and addiction.

Efforts, not only on a personal level in encounters between professionals and service users, but also on structural and political levels are required. Stigma seems to be a great obstacle to believing that change for the better is possible. One of the participants characterized himself as being at the bottom of the food chain. In more polished terms, this would mean he was *at the bottom of the socioeconomic ladder*, but to him the experience might be equivalent.

Conclusion

Participants in this study, who all of them had experienced comprehensive challenges related to their life situation, underlined the importance of hope during their struggles. Hope was articulated in terms of various aspirations to make changes in their lives possible. Along with hope itself, such changes were individual and varied through different life situations. Hope involved action and pursuing goals. Hope for what may seem a regular and modest life appeared common and contrasted with what the participants had experienced during their struggles. Despite, or because of, despair and disappointments, rebuilding trust and confidence that change was possible seemed pivotal when rebuilding hopes for the future. To the participants it was clear that they themselves were important agents in realizing their hopes, but help and support from trustworthy others was pivotal. Family and friends, neighbors and professional helpers, along with factors on an organizational and societal level, influenced how outlooks for the future were perceived.

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Abstract

Hope is central to recovery in a broad range of health conditions, including those within the mental health and substance use field, yet its implications for research and practice has gained limited attention. The aim of this study is to explore how hope is experienced from a first-person perspective of people with co-occurring mental health and substance use problems, and what may inspire the experience of hope. Data were collected through qualitative in-depth interviews with 9 service users. Inclusion criteria were experiences of co-occurring mental health and substance use problems, and having received services related to these challenges in a Norwegian municipality setting. Interviews were transcribed verbatim and analyzed using thematic analysis. An initial theme encapsulates experiences of hope itself, and the following themes revolve around what participants perceived as hope inspiring. Hope was experienced in terms of aspirations to various changes, often exemplified by what may seem an «ordinary life». Receiving help with practical issues like suitable housing or debt, along with support from trustworthy others, was of great importance in order to experience hope. Trust and confidence both in relation to oneself and others, was pivotal when rebuilding faith in something better for the future.

Keywords: addiction, co-occurring disorders, dual diagnosis, hope, mental health, mental illness, recovery, substance abuse, substance use disorders.

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