

“Feeling heard, feeling validated”: The importance of supportive relationships in AOD and mental health care

Theresa Caruana¹

¹*Centre for Social Research in Health, UNSW Sydney, Australia*

Presenter’s email: t.caruana@unsw.edu.au

Introduction: The communication and care practices of AOD and mental health frontline workers are key to maintaining consumer engagement. However, the qualitative transformative effects that stem from these therapeutic relationships can be overshadowed when quantitatively measured outcomes, such as reductions in substance use or distress acuity, are prioritised. This research examined and evaluated the importance of the strategies that workers use to encourage engagement, support self-efficacy, and optimise service effectiveness.

Method: Interviews were conducted with 40 workers from community AOD and mental health services in NSW and Queensland, from August 2024 to May 2025. Data referencing care approaches were examined using reflexive thematic analysis, with the aim of understanding what practices were considered most valuable in promoting wellbeing.

Key Findings: Workers reported that service participants experienced a range of life difficulties, such as social isolation or legal problems, and saw these as contributing to negative self-concepts and inhibited trust. To overcome this, workers focused on demonstrating unconditional positive regard, reflecting the person’s expressed values and goals, and providing a sense of acceptance and safety. Workers implicitly and explicitly drew upon their own lived experiences within this, to help foster connection and understanding. This relational approach was also described as protective in maintaining worker wellbeing.

Discussions and Conclusions: Supportive relationships are not only a necessary precondition for effective service provision; they are a primary mechanism by which enabling self-concepts and health-affirming changes are fostered, and workforce retention is supported.

Implications for Practice or Policy: To help reduce intrapersonal barriers to service engagement or continuance (such as feelings of shame or inadequacy) and to promote greater worker resilience, services and funding bodies could look to prioritise models and indicators of therapeutic trust and of improved participant self-efficacy in community services over more proscriptive concepts such as abstinence, treatment, or recovery.

Disclosure of Interest Statement: No interests to declare.