ORIGINAL ARTICLE

"I will never forget him". A qualitative exploration of staff descriptions of helpful relationships in supportive housing

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Accessible Summary

What is known on the subject?

- Recovery-oriented studies show that the quality of the professional relationship plays an essential role in the recovery from mental illness. Within mental health care in general, previous studies show that helpful professional relationships are characterized by several reciprocal aspects, such as friendship resemblance and self-disclosure.

- The literature is scarce on in-depth explorations of professional relationships within the often long-lasting and intimate help context of institutional supportive housing. Explorations of staff members' experiences are absent. The scientific rationale of this study was to expand the current knowledge about professional relationships in mental health care by exploring staff members' descriptions of helpful professional relationships in supportive housing institutions.

What this paper adds to existing knowledge:

- The study shows that helpful relationships may involve staff experiences of reciprocity in terms of both a two-way influence between staff and residents and a reciprocal gain from being part of the helpful relationships.

- A conceptualization of reciprocity that complements existing concepts is suggested and connected to a "good match" between staff and residents.

What are the implications for practice?

- When support and care are intended to be provided within a dyadic relationship, both parties' preferences should be considered when pairing service users and professionals.

- Practitioners should get involved in ways that open up for being influenced and inspired by the service user's characteristics, such as personality and attitude. Furthermore, they should dare to enjoy and make use of the company of the service user in ways that promote multifaceted reciprocity.

Abstract

Introduction: In the aftermath of the deinstitutionalization in western countries, new community-based mental health services have been established. An essential object of studies in this new institutional landscape has been helpful professional

relationships, but we still lack knowledge about helpful relationships in community-based institutional supportive housing.

Aim: To explore how staff members describe their relationships with residents who have identified them as helpful.

Methods: Qualitative interviews with nine staff members were analysed using thematic analysis.

Results: "Reciprocity" was identified as the main theme, and two subthemes were developed: "Something influential about the resident" and "Value for the staff member."

Discussion: The findings are discussed and related to existing conceptualizations of reciprocity in professional relationships, and an additional conceptualization is suggested.

Implications for practice: To promote reciprocity, managers should consider both parties' personal preferences when matching professionals and service users. Further, professionals should get involved in ways that open up for being influenced and inspired by several of the service user's characteristics. They should allow themselves to enjoy the company of the service user in ways that promote multifaceted reciprocity.

1 | INTRODUCTION

This article presents a study on helpful relationships in supportive housing from the perspective of the staff. In this context, "helpful relationship" refers to a professional relationship assessed as helpful by the service user involved in it. "Supportive housing" refers to a typical community-based institutional mental health accommodation arrangement in Norway (and other western countries), which will be described further down.

In the last half-century, most western countries have been through extensive mental healthcare system reforms in terms of deinstitutionalization (Fakhoury, Murray, Shepherd, & Priebe, 2002; Farkas & Coe, 2019; Roos, Bjerkeset, Sandenaa, Antonsen, & Steinsbekk, 2016) and a turn from a medically oriented psychiatry towards a recovery-oriented mental health paradigm (Anthony, 1990; Russinova, Rogers, Cook, Ellison, & Lyass, 2013). The recovery–orientation implies focusing on the individual's personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles (Anthony, 1990); a process of regaining control over one's own life through one's own efforts and with support from both one's informal and professional networks (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Topor et al., 2006).

Both the deinstitutionalization and the appearance of a new paradigm have led to a growing body of research on the helpful factors in the recovery process for persons diagnosed with severe mental illness (SMI). These studies have shown the importance of social networks, of structural aspects influencing everyday life and of professionals' involvement in day-to-day mental health care

(Ljungberg, Denhov, & Topor, 2015; Tew et al., 2012; Topor et al., 2006). Further, a branch of the recovery-oriented research has explicitly focused on the helpful aspects of professional relationships (Ljungberg et al., 2015). In accordance with relationship-focused studies on psychotherapeutic interventions (Gelso, 2014; Horvath, Del Re, Flückiger, & Symonds, 2011; Laska, Gurman, Wampold, & Hilsenroth, 2014) and psychiatric interventions (Moran et al., 2014; Priebe, Richardson, Cooney, Adedeji, & McCabe, 2011), relationship-focused studies on various forms of community-based interventions for people diagnosed with SMI have found that the quality of the therapeutic alliance (mutual trust and respect, and agreement on aims and on how they are to be pursued) predicts the outcome for the service users (Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003; Kidd, Davidson, & McKenzie, 2017). Further, these studies show that helpful relationships are characterized by a supportive social climate (Andersson, 2016), friendship resemblance (Berggren & Gunnarsson, 2010) and interest on the part of the professional in the service user as a person (Borg & Davidson, 2008) as well as a willingness to transcend the traditional boundaries of the professional relationship, for example by self-disclosure (Davies, Heslop, Onyett, & Soteriou, 2014; Topor & Denhov, 2015). Furthermore, service users appreciate being recognized as human beings and being someone that matters to the professional (Ware, Tugenberg, & Dickey, 2004). These experiences can be mediated by small things, including seemingly casual events (Topor, Bøe, & Larsen, 2018). Service users also appreciate both practical help (Lindvig, Larsen, Topor & Bøe, 2019) and having someone to be with and talk to about difficulties (Borg &

Kristiansen, 2004). Additionally, Sandhu and colleagues (Sandhu, Arcidiacono, Aguglia, & Priebe, 2015) stress the importance of reciprocality in their review of eleven papers on therapeutic relationships within mental healthcare contexts ranging from psychiatric wards to social support in the community. Altogether these characteristics of helpful relationships contrast with earlier formulations, still considered relevant (Fredwall & Larsen, 2018; Terkelsen & Larsen, 2016), about professional "neutrality" and "objectivity" (Parsons, 1951/2012, p. 309) and the dismissal of self-disclosure (Peplau, 1997, p. 164). Considering the described relationship qualities, one could also question the current trend of increasing standardization and regulation in line with the management principles of New Public Management (Banks, 2013).

Despite that the embedded goal of deinstitutionalization has been the promotion of the individuals' ability to achieve a meaningful life as part of a community (Farkas & Coe, 2019), the situation in most western countries is that new institutions in the shape of co-located staffed housing with institutional characteristics (e.g. household regulations) have become a common way of providing community mental health care for persons with extended and complex needs (Fakhoury & Priebe, 2007). Does the current knowledge about helpful professional relationships cover these new institutions?

The relationship-focused research cited above comprises studies on a wide range of community-based mental health services, including care provided in the service user's own home. However, only one of the studies (Lindvig et al., 2019) deals with in-depth explorations of professional relationships within the new supportive housing institutions. This picture is not clear, because terms like "supportive housing," "supported accommodation" and hundreds of other terms are used indiscriminately, referring to various accommodation-related interventions ranging from mobile care and support provided in ordinary homes on one side to residential care homes or shelter for homeless people on the other side. According to Mcpherson, Krotofil and Killaspy (2018), 307 unique terms for various supported accommodation arrangements have been identified across 400 articles. The term "supportive housing" in the present study refers to co-located (fully equipped) apartments with staff on-site—either during the day only or both day and night—and high support, with various levels of emphasis on moving out. This arrangement fits Type 1 in the recently developed classification system, The Simple Taxonomy for Supported Accommodation (STAX-SA), (Mcpherson et al., 2018).

In a recent systematic review on service users' experiences of specialist mental health supported accommodation, Krotofil, McPherson and Killaspy (2018) identified findings related to professional relationships in twelve studies. However, only six of these studies concerned co-located housing arrangements with staff on-site, and only one of these six studies had a primary focus on professional relationships (Rønning & Bjørkly, 2017). Thus, the current experience-based body of knowledge is scant on professional relationships within the new supportive housing institutions. Little is explored from the perspective of residents,

and a thorough search for literature carried out by this article's first author did not reveal any studies focusing on the professional relationships in such housing arrangements from the perspective of staff.

2 | AIM AND RESEARCH QUESTION

The present study forms part of a larger research project on helpful relationships in community-based supportive housing for people with severe mental illnesses and/or drug addiction. The overall aim of the project was to study experience-based knowledge on helpful relationships from both service users and professionals in supportive housing. The first study of the project (the "resident study") explored residents' descriptions of a professional relationship with a staff member who was assessed by the involved resident as helpful (Lindvig et al., 2019). The present study explored the helpful staff's descriptions of the very same relationships. The research question was the following: How do staff members describe their relationships with residents who have identified them as helpful?

3 | METHODS

The research team consisted of a PhD research fellow (first author), with personal experience as a mental health service user, and her three supervisors: two professors and one associate professor in mental health (co-authors). To increase the validity and reliability of the project, a reference group consisting of two staff members, two former residents and one close relative to a former resident in institutional supportive housing was engaged. The staff members did not work in any of the housing institutions in the study. The first author's user experience did not comprise supportive housing.

An interview guide was developed by the first author and discussed with both the co-authors and the reference group. As we wanted to explore individual staff's experience with being part of a helpful relationship, we chose to use semi-structured interviews within a phenomenological framework. Thus, the interviews were focused on capturing descriptions of first-hand experiences rather than reflections from an analytical perspective. Further, we chose a data-driven choice of theoretical concepts for the discussion of the findings.

3.1 | Recruitment and data production

The staff members were recruited after being identified and described as helpful by individually interviewed residents. The recruitment of the residents has been described in detail in the corresponding resident study (Lindvig et al., 2019). Seven residents, three women and four men, all diagnosed with severe mental illness

and/or drug addiction, described nine staff altogether as two of the residents described two staff members each. All seven residents gave consent that the interviewer (first author) could disclose their "helpful staff descriptions" to the staff member in question. The first author transcribed each resident interview verbatim from audio recordings and extracted and collated all text concerning the helpful staff member, the staff member–resident relationship and the content and significance of the help provided by the described staff. The collated extracts were brought back to the resident in a second interview for possible adjustments, validation and a final consent concerning revealing the content to the staff member. Then, the first author made direct face-to-face contact with each of the staff members to request an individual interview using the associated resident's descriptions as a starting point. All nine staff agreed to participate. None of them dropped out of the study.

Before the resident's descriptions were revealed in the interview, the staff member was asked to imagine the content and share these conceptions with the interviewer. Then, the staff member was asked to respond to the resident's descriptions before describing the relationship from his/her perspective.

When reaching the number of seven residents and nine staff (a total of 23 interviews for the whole research project), all authors assessed the attained range of transferable knowledge to be both fruitful and manageable. All combinations of gender between resident and staff member were represented. Five female and four male staff, representing both mental health nurses, social workers and other professions within the interdisciplinary context of community mental health, were each interviewed once for about 30 to 70 minutes. In line with the interviewees' preferences, eight of the interviews were conducted at the staff's workplace, and one was carried out at the first author's workplace. These nine staff interviews constituted the dataset for the present study.

3.2 | Thematic analysis

The analysis followed the procedure of thematic analysis (TA) as described by Braun & Clarke (2006). Thus, the coding and theme development processes were organic and exploratory, involving active, creative and reflexive researcher engagement (Braun & Clarke, 2016), in contrast with a passive search for themes to be "revealed." Even though the findings of this study were planned to be discussed and related to the findings in the previous resident study, an inductive approach was preferred to prevent blindness for themes that did not directly confirm or contrast the findings of the resident study. Thus, to promote a data-driven development of themes, all authors did their best to bracket the resident study as they analysed the staff descriptions.

All the nine staff interviews were transcribed verbatim from audio recordings by the first author and read thoroughly and initially coded by all the authors. Through discussions of the codes between all authors, preliminary themes were defined. These themes were then presented to the reference group for

comments. In alternation back and forth among coded extracts, each interview in its entirety and the complete dataset, the first author went on to refine the specifics of each theme with the reference groups comments in mind. Finally, all authors agreed that the analysis told an overall story (Braun & Clarke, 2006, p. 87) about reciprocity.

4 | FINDINGS

We named the overarching theme "reciprocity," as the staff members described both how the residents influenced them in several ways and how they experienced a personal gain from being part of the described relationship. The reciprocity of these experiences was confirmed in the previous resident study, as the residents described personal gain, like strengthened self-development, increased well-being, self-care and empowerment and improved life situations which they ascribed to the staff members efforts as well as to the staff's influence on, e.g. the resident's self-confidence and motivation (Lindvig et al., 2019). Thus, we named the subthemes in the present study "Something influential about the resident" and "Value for the staff member."

4.1 | Something influential about the resident

Describing the relationships and when explicitly asked if there was something about the specific resident that made the staff member care particularly for that resident, staff members mentioned the resident's personality, the willingness that the resident had to cooperate, the resident's ability to make use of the offered help and even characteristics of the resident's problems. The staff member Liz described how her desire to help resident Freddy was evoked by something in his personality:

> Well, I remember the first time I met Freddy. [...] It was several years ago. I started as a temporary worker... no, it's just something in his personality that... behind...- if you take off his drug abuse... there's just something nice back there.

Thus, Liz saw something in Freddy as early as in their first encounter. She recognized a piece of who he was without the drugs. This moved her and influenced her to make an extra effort to help Freddy recover and move out of the housing. Even before Liz knew whether she would be offered a position in the housing on a regular basis, and despite the lack of support of her colleagues who had given up on helping this resident to move on after he had spent several years without showing any progress, she decided that Freddy would be the first resident she would help to move on.

The staff member Chris also saw something in resident Mary that he liked. Additionally, his experience of Mary was that she made it easy for him to help her because she wanted to be helped:

It is easy to work with her. It seems like she wishes… she really wants to get the economy straight… and… yes… she wants help with the drugs and… those things. so… she… she's easy in some way.

While Chris' colleagues, according to him, were exhausted by Mary's hectic appearance while on drugs, Chris' attitude towards her was influenced by her willingness to be helped. Additionally, he was influenced by her expression of gratitude to him. Apparently, to the staff member Charlotte, a positive response was the primary motivation for doing a little extra for the resident Henry:

I push myself, and I often have tighter time limits. Because I want to get things done, even if I could have said 'No, I don't have time for it. We must do it tomorrow'. But it matters there and then, and I want to get it done if it's possible. Henry is that kind of guy. When he comes to me, he wants it to happen there and then. He has a good… I get an outstanding response from him when I'm there for him immediately, you see.

Charlotte recognized that the positive response she received from the resident Henry increased if she was immediately able to meet his needs. This experience inspired her to push herself harder for him than for others. Another staff member, Monica, was in general attracted to residents who needed someone willing to stretch oneself. At least her desire to help resident Tilda was initially influenced by Tilda's extent of problems:

And I recognise that Tilda struggles a lot. And then I get extra courage to help, in some way. Yes, those who struggle a lot and… I find that very challenging and very ok and… because… yes, one needs some challenges. I've been working for many years, you know […] so, one needs that. So, I like… I'm a bit like that. I like to work with those who are a bit exigent. Yes, that's just how I am.

Tilda, with the extent and complexity of her problems, answered Monica's need to keep her hands full with challenges. Thus, we propose that staff members' desire to help these residents, were influenced by different attributes of the residents: something in the personality, a willingness to be helped, gratitude expressed or even the type or complexity of problems that the residents had influenced the staff members.

4.2 | Value for the staff member

In addition to the positive descriptions of the residents' personalities, attitudes, gratitude expressed or complexity of the given problems, staff members also described positive emotional experiences connected to observing the achievement of progress in the residents' lives. They also described how the relationships could be of great personal value to themselves. Chris, who expressed that Mary was easy to help because she wanted to be helped, gave the following answer when asked about what the relationship with her meant to him:

… it gives… it gives motivation. Mm. That… that is the most important. Being motivated, that it makes me want to work here. So, yes […] Yes, that I can see that she's getting somewhere. That she… tells me that… it's good. That I've helped… and that it is good. When you get that kind of acknowledgement, it gives me motivation.

To Chris, the realization that Mary was making progress and the fact that she gave him credit for that progress, motivated him, not only to work with her but to work in the supportive housing unit at all. Because Mary credited Chris for her development, the motivation it generated within him might also have been connected to a personal sense of achievement. The staff member Monica was explicitly asked if she felt a sense of achievement of her own in her work when she observed Tilda's progress. She answered the following:

Yes, of course, it is! Yes, yes, yes, yes. That's for sure. Yes. That's what it is. I see results from what we've done. We've worked a lot, you know, and… and… together. And of course, she's had a lot, a lot of challenges. But we have made it.

Monica saw Tilda's progress to be the result of cooperation in which both parties shared a sense of achievement. Charlotte described her relationship with Henry as something positive in her own daily life, although she did not connect it to achieving progress:

Yes, it becomes… It becomes a very positive… thing I have in my everyday life, cause there's not that many I have that kind of contact with. Considering the short period that I've been here… I've been filling in for several years, but we don't get to know each other in that way. Now it's more like it goes in… under the surface, not only the superficial everyday issues. So, it's always great to meet Henry.

The fact that contact with Henry was less superficial than with other residents made the relationship with Henry valuable to Charlotte. To Liz, the value of the relationship with Freddy seemed to go beyond the professional context. She wanted to keep contact with him independently of any professional commitments:

And I think I'll always stay in touch with Freddy. I believe so. When he moves out, I will visit him. When I'm

done with [my responsibility for] him, I will... He's a person I will not... I will never forget him.

It seemed like Liz's relationship with Freddy could become lifelong. At least it looked as though she wanted to keep in contact for her own sake, just as much as for Freddy's.

The staff member Peter experienced another kind of personal gain from his relationship with the resident Harry. Peter was able to relate to much of Harry's childhood and background, and this identification inspired him to try out a new approach. He decided to test whether he could help Harry by sharing his own experiences and suggesting solutions from his own life and struggles:

> Yes, it has helped me to... that relationship has helped me to... put my ideas into play. Thus... try to practice... my ideas. Heh... and my experiences... from my own background. And see how I have processed that stuff and... presented it to him... how it is interpreted, whether... that is a way to do it. If it works at all. [...] Yes. If it only worked for me, or if it could work for someone else as well.

Thus, to Peter, the relationship with Harry had value as a context for testing and implementing a helping strategy. Further, Peter reported that he had experienced more success in this relationship than in others where he had been what he chose to call (using quotation marks) more "professional." Even though no staff member described benefits in terms of radically improved life quality, they still described a significant gain of personal value from being in the relationships.

In summary, staff members described relationships marked by reciprocity in several ways: Aspects of the resident's personality, willingness or ability to make use of the help, or even specific characteristics of the resident's problems, made it easy for the staff to be helpful. The relationships with the residents also had significant value for the staff members, providing them with a context for testing out new helping strategies or experiencing motivational, positive feedback, a sense of achievement or just nice and meaningful social contact.

5 | DISCUSSION

The present study fills a knowledge gap in community mental health care by highlighting staff's experiences with helpful professional relationships within the scarcely explored context of institutional supportive housing. Furthermore, the identification of reciprocity as the main theme provides both a confirmation of, and a noteworthy complement to, the existing evidence on professional relationships within mental health care. The findings show that previously identified relationship aspects and approaches described as helpful to mental health service users in general, such as friendship resemblance (Berggren & Gunnarsson, 2010), self-disclosure (Davies, Heslop, Onyett, & Soteriou, 2014; Topor & Denhov, 2015) the

professional showing interest in the service user as a person, being recognized as a human being and being someone that matters to the professional (Ware et al., 2004), are just as relevant within institutional supportive housing. Further, Sandhu and colleagues' (Sandhu et al., 2015) four conceptualizations of reciprocity; dynamic equilibrium, shared affect, asymmetric alliance and recognition as a fellow human being, are also recognized among the findings. However, while these previous studies mainly identify relationship qualities valued by the service users (also when described by professionals), the present study identifies relationship qualities valued by the professionals. One could say that the possible reciprocal relationship qualities valued by service users are confirmed by professionals in this study.

More specifically, the present study confirms service user descriptions of the very same relationships which were explored in a previous study (the "resident study," Lindvig et al., 2019). In the resident study (Lindvig et al., 2019), three main themes were identified: Air of mutuality, Not just words and Life-changing impact. The identification of reciprocity as the overarching theme in the present study corresponds to all three themes. The reciprocal influence serves to explain the residents' experiences of both genuineness (not just words), and life-changing impact. The staff members were influenced by the residents in ways that inspired them to go beyond the professional boundaries to help. Further, the staff members' descriptions of experienced relationship value confirm the residents' experiences of mutuality.

Thus, service users' experiences of being part of a reciprocal relationship may not result from a deliberate effort on the part of the professional to promote a sense of equality, mutuality and humanity in the service user. Based on this study, we propose that reciprocity may as well result from a mutual appreciation of each other as persons. As several staff member descriptions derived in the present study have shown, one specific professional could recognize something valuable and inspiring or see a unique person with a potential for recovery in a service user that other professionals had given up. Thus, a careful pairing of professionals and service users could be of great importance.

5.1 | A fifth conceptualization of reciprocity

As mentioned above, Sandhu and colleagues (Sandhu et al., 2015) identified four conceptualizations of reciprocity across eleven studies: dynamic equilibrium, shared affect, asymmetric alliance and recognition as a fellow human being. In short, the conceptualization of dynamic equilibrium indicates a relationship with a focus on dialogue over monologue and where two persons behave and respond, each with an awareness of the other while meeting their own personal needs. Shared affect describes a mutual and balanced emotional involvement, meaning caring for the other without losing oneself, as well as a willingness to affect and be affected in a way that creates courage and care where each challenges the other. An asymmetric alliance signifies a relationship where decision-making

is shared, even where one is the caregiver and the other being the recipient of care. The professional and the service user, in this relationship, consider each other to be equals but do not expect a like-for-like exchange in practice. Unlike the conceptualization of the asymmetric alliance, recognition as a fellow human being describes a relationship where the reciprocal basis is shared equality as fellow human beings, where respect and value are given back and forth as between fellow human beings, with no superiority of status. Interestingly, the fourth conceptualization—in particular—resonates with studies on relationships between service users and peer workers (Bochicchio, Stefancic, Gurdak, Swarbrick, & Cabassa, 2019; McKeown, Roy, & Spandler, 2015).

It may appear as if the four conceptualizations of reciprocity identified by Sandhu and colleagues comprise all aspects of reciprocity identified in the present study. However, we argue that none of the four conceptualizations fully capture the relationship's possible value for the professionals, as described in this study. For example, the personal needs of the professional that are taken care of in the concept of dynamic equilibrium are those needs that are strongly connected to the professional role, such as the need to maintain control as the helper (Sandhu et al., 2015, p. 465). The staff in the present study, moreover, described how their personal needs of a more human character were taken care of in the relationship. In addition to receiving demonstrations of gratitude and experiencing a sense of achievement, they achieved personal development and received the intrinsically valuable gift of time spent with the resident. Still, even the concept of mutual recognition as fellow human beings fails to encompass reciprocity in terms of personal gain for both parties involved in the relationship, as "a fellow human being" is a quite general description of a person who has equal value with you. Most of the personal gain described by the staff in the present study and by the residents in the previous resident study (Lindvig et al., 2019) appeared to be strongly connected to the reciprocal influence between a *specific* resident and a *specific* staff member.

We propose that the reciprocal relationship value identified in this study may be conceptualized as a *two-way appreciation of what the other is giving*. How one influence each other, and what one gain from spending time together, are closely related to individual attributes. On this basis, we claim that if one fully acknowledges that both service users and professionals are persons with individual personalities, preferences and ways of being and doing, it should be evident that it is not unimportant how service users and professionals are paired when support and care are intended to be provided within a dyadic relationship. Individual preferences of both the service user and the professional should be considered. This claim implies, together with previous relationship studies, a critique of both the objective distance connected to the traditional concept of professionality (Fredwall & Larsen, 2018; Parsons, 1951/2012; Peplau, 1997; Terkelsen & Larsen, 2016) and the growing trend towards increasing standardization and regulation of helping practices following the principles of New Public Management (Banks, 2013, p. 588).

5.2 | Limitations and strengths

The scope of the interviews was narrow and did not include, e.g. descriptions of possible barriers to helpful relationships. Further, the recruitment strategy, having residents identifying staff members to be interviewed, possibly leads to another composition of staff participants than other approaches could have done. However, getting staff to describe relationships which were assessed as helpful by involved residents, increased the validity of the study.

The study's relatively small sample size is not an issue when data are analysed using organic TA (Braun & Clarke, 2016, p. 742). However, the choice of using just one qualitative approach, in-depth interviews, narrowed the number of knowledge sources. Combined with, e.g. participant observation, we could have caught a bigger picture. Thus, a mix of methods could also possibly increase the study's reliability. Finally, the privileged workforce situation in the Scandinavian welfare states might facilitate possibilities one does not find in all other western countries.

6 | CONCLUSIONS AND IMPLICATIONS

This study provides authorities, practitioners and user organizations with experience-based knowledge about helpful professional relationships from the perspective of housing staff. The findings show that significant aspects of reciprocity within other mental health contexts are just as relevant within the community-based supportive housing institutions. Further, the staff perspective revealed the relevance of a conceptualization of reciprocity which strengthens previous relationship studies' embedded critique against the current trend towards standardization and regulation of helping practices following the principles of New Public Management (Banks, 2013), as well as the traditional concept of professionality (Fredwall & Larsen, 2018; Parsons, 1951/2012; Peplau, 1997; Terkelsen & Larsen, 2016).

The concept of reciprocity as a two-way appreciation of what the other is giving might be of particular relevance to the context of institutional housing, as residents and staff members most often are in relationship to each other for an extended period in a rather intimate help setting. However, we claim that the findings of this study should be considered relevant to all contexts where support and care are intended to be provided within a dyadic relationship. In general, we suggest that it is significant whether and how mental health practices' framework conditions facilitate multiple aspects of reciprocity. More specifically, the main findings of this study substantiate the fact that both parties' personal preferences should be considered when service users and professionals are to be paired. Further, practitioners should allow themselves to get involved with residents in ways that open up for being influenced by the resident, and they should dare to enjoy and make use of the company of the service user in ways that promote multifaceted reciprocity, including a two-way appreciation of what the other is giving.

7 | RELEVANCE STATEMENT

Experience-based knowledge about professional relationships in which one party needs help from another because of mental health problems should be considered as relevant to all mental health practices where help is mediated through one-to-one relationships. This paper explores the staff's descriptions of helpful relationships in the interdisciplinary context of community-based institutional supportive housing. Thus, the study findings are highly relevant to mental health nurses and other practitioners in supportive housing, as well as in other contexts of mental health care. The topic and findings are also relevant to service users and carers.

ETHICAL STATEMENTS

The study was approved by a centre for research data (Case No. 50668). It was emphasised to the participants that all participation was voluntary and that they could withdraw for any or no reason at any point until the analysis was ready to be published. Additionally, it was emphasised that all data would be anonymised. Written consent was obtained from all participants, and all names have been replaced by pseudonyms. The authors report no conflicts of interest.

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