



# WACHS Mental Health Clinical Supervision Guideline

## 1. Guiding Principles

WA Country Health Service (WACHS) is committed to improving quality of service provision through clinical governance, enhanced clinical effectiveness and knowledge, and professional development and support.

WACHS utilises a range of professional development and support strategies, including continuing professional development (professional, formal and self-directed) and professional support relationships, such as line management, mentoring, coaching and clinical supervision.

Clinical supervision is the process of two or more professionals meeting formally to reflect on and review clinical situations and practice. The aim is to support the clinician in their professional environment with the goal of improving clinical practice and improving patient outcomes.

WACHS supports clinical supervision for all mental health clinical staff that is:

- Where appropriate, linked to the performance development process
- Supervisee driven
- Flexible to balance the needs of the organisation and the individual in terms of the format and mode of clinical supervision
- Resourced appropriately to enable the time, facilities and costs associated with clinical supervision
- Documented with agreed aims, methodology and outcomes
- Respectful of client anonymity and confidentiality.

WACHS strongly recommends all clinical staff, involved in the delivery of direct care to Mental Health consumers, to be engaged in a process of clinical supervision for a **minimum of one hour per month**.

## 2. Guideline

### 2.1 Scope and Purpose

These guidelines apply to members of the mental health professions, employed to provide direct clinical care to consumers of WACHS Mental Health services.

All WACHS mental health clinical staff will participate in clinical supervision appropriate to their:

- clinical role
- level of experience and expertise
- support and development needs
- professional requirements
- service requirements and
- statutory requirements.

The purpose of clinical supervision is to:

- provide on-going learning and clinical skill development
- provide support in coping with the demands of clinical work
- promote reflective practice and maintenance of professional and ethical standards and
- promote evidence based practice.

The recommended models for commencing clinical supervision are the:

- developmental or
- supervision specific models (see section 3).

As the mental health workforce at WACHS is geographically dispersed and often consists of small multidisciplinary teams, clinical supervision may take many forms and should be customised to the supervisee's work context and level of experience. The mental health professional and their line manager are to determine the need for, and requirements of, clinical supervision by considering the following:

### 2.2 Factors Determining Professional Supervision Requirements

Specific factors to consider when determining how professional supervision will be delivered includes:

- skill level or clinical experience
- professional isolation
- geographical remoteness
- level of organisational support (e.g. availability of other professional development and support structures)
- availability of profession specific line management and team support
- professional registration requirements and
- degree of exposure to clinical, professional and personal risk.

In many instances, the line manager can provide clinical supervision. Instances where other options should be considered include:

- Line manager is unable to provide profession specific supervision;
- Specific risk factors/needs identified (e.g. new to a senior role, new graduate, isolated role, professional registration requirement, etc.).

### 2.3 Modes of Clinical Supervision

The modes by which clinical supervision can be delivered include a variety of strategies including:

- individual supervision
- group supervision
- inter-professional supervision
- peer supervision.

The applications of these modes of supervision may be formal (e.g. 1:1 clinical supervision sessions each month) or informal (such as peer supervision during team meetings). Time allocated to clinical supervision will vary depending on the needs and professional requirements of the supervisee; however should be **no less than one**

**hour per month.** Regardless of mode and format, all clinical supervision is underpinned by the key principles and processes articulated in these guidelines.

## 2.4 Clinical Supervision Process

Clinical supervision is an ongoing process, moving from initiation to termination. A flowchart of the WACHS Mental Health Clinical Supervision process is outlined in Appendix 1.

## 2.5 Remote supervision

Professionals who work more remotely will need to be proactive in accessing clinical supervision opportunities. Innovation and resource planning are required to meet these challenges. The use of teleconferencing, desktop telehealth and videoconferencing can expand the viable options for remote supervision.

## 2.6 Documentation

Supervision arrangements, including the supervision agreement and supervision sessions, should be formalised in writing and outcomes documented as agreed by the supervisor and supervisee.

## 2.7 Training and Resources

The [WACHS Professional Supervision intranet page](#) provides access to a range of forms, templates and training resources to assist with the supervision process. This intranet page also provides a number of training options for supervisees and supervisors, to develop skills required for an effective supervision relationship.

## 3. Definitions

<b>Clinical Supervision</b>	<p>A support relationship between two or more professionals, with the purpose of improving safety and quality of care to clients through professional development and support. Clinical supervision may occur within a line management relationship or outside of line management relationships.</p> <p>Functions undertaken within professional supervision include</p> <ul style="list-style-type: none"><li>▪ Quality (safe, ethical, quality practice)</li><li>▪ Maintaining and facilitating the supervisees' competence and capability</li><li>▪ Helping supervisees to work effectively (including promoting safety and quality; developing professional accountability and autonomy; developing individual professional identity; enhancing self-awareness and resilience/effective personal coping with the job; critical reflection and lifelong learning skills).</li></ul> <p>The term supervision can be used in reference to a range of relationships, including supervision of students, supervision of health workers / assistants, line management (hierarchical) supervision and clinical (or professional) supervision. These guidelines relate only to clinical supervision.</p>
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<b>Cross discipline supervision</b>	A one-on-one or group clinical supervision situation with more than one professional discipline involved.
<b>Developmental Model</b>	<p>Clinical supervision under this model is consultation with a more seasoned practitioner in the field in order to draw on their wisdom and expertise.</p> <p>This model has a focus on the developmental and educative functions and clarifies the different stages that practitioners go through in their professional development – the novice worker, the advanced beginner, competent worker, very experienced worker to expert.</p> <p>This model is used when there is respect for the supervisors’ skill base and ability to impart information for the purposes of learning.</p>
<b>Group supervision</b>	A situation of more than two or more clinicians in a clinical supervision process.
<b>Individual Supervision</b>	One on one clinical supervision meeting
<b>Line Manager</b>	The person directly responsible for an employee’s performance within the organisation hierarchy. For many line managers, they will also carry out clinical supervision for the staff they manage. In these instances it is recommended that clinical supervision is well defined and considered a separate process from other line manager roles.
<b>Peer group supervision</b>	A group with or without a chair. Participants confer with one another by discussing key topics of their professional everyday lives, in order to provide solutions for difficult situations with colleagues or consumers. The participants learn better or alternative ways to manage professional problems and reduce stress.
<b>Performance Development</b>	A tool for rewarding, encouraging, supporting and developing all employees. The performance development process comprises regular reviews within a yearly cycle. Characteristically an employee engages in the performance development process with their line manager, where opportunities for growth, development and support may be identified. Clinical supervision may be one tool identified by the employee and/or line manager within the performance development process.
<b>Supervisee</b>	Any professional member of each of the professions; medical; allied health and nursing, as well as Aboriginal Mental Health Workers, employed to provide direct clinical care to mental health consumers. Engagement in clinical supervision does not reduce the responsibility of the mental health clinician for his or her own practice, or their accountability to their line manager or the organisation.
<b>Supervision specific model</b>	<p>This model focuses on the functions and tasks of clinical supervision and uses three functions to review:</p> <p>Normative or managerial:</p> <ul style="list-style-type: none"> <li>▪ This monitors administrative aspects of the professionals’ role and also evaluates and monitors professional ethical issues, such as; code of conduct, policies and procedures.</li> </ul>

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	<p>Formative or educative:</p> <ul style="list-style-type: none"> <li>▪ Focuses on the task of teaching and setting up a learning relationship by enhancing known strengths and identifying weaknesses;</li> <li>▪ Identifies professional development needs.</li> </ul> <p>Restorative or supportive:</p> <ul style="list-style-type: none"> <li>▪ This function is where the supervisor provides counsel regarding clinical cases and explores responses in particular scenarios.</li> </ul>
<b>Supervisor</b>	<p>A person trained or experienced with clinical supervision, with a minimum of two years' experience in the mental health field and who can provide clinical supervision to another mental health clinician or clinicians.</p> <p>The clinical supervisor may be (1) the supervisee's line manager or (2) a supervisor outside of the line management structure agreed by the supervisee and approved by the supervisee's line manager. A clinical supervisor characteristically has more or the same level of clinical experience, and is from the same profession as the clinical supervisee, or with a specific skill set relevant to the supervisee's needs. It is anticipated that the majority of professional supervisors will be WACHS employees, who offer greater contextual knowledge of the organisation and rural and remote practice.</p>

#### 4. Roles and Responsibilities

**Line managers** of mental health staff are to:

- Arrange orientation of mental health staff relevant to these guidelines;
- Where appropriate, include clinical supervision as a potential strategy within the performance development process;
- In collaboration with mental health staff, identify the need for and requirements of clinical supervision;
- Support access to training in clinical supervision;
- Keep a record of evidence of their staff participation in formal clinical supervision arrangements.

**Clinical supervisors** are to:

- Ensure venue and mode availability, ensuring where possible that the venue is free from interruption and conducive to the meeting being effective;
- Be personally available;
- Be aware of limitations in knowledge and skills;
- Be accountable to the WACHS organisation by promoting safe clinical practice;
- Maintain appropriate records and confidentiality;
- Accept responsibility for their own professional development, including their own clinical supervision for a period of no less than one hour per month;
- Ensure that as WACHS employees, their line managers are aware of, and formally support, their engagement in any and all clinical supervision relationships as a supervisor.

### **Clinical supervisees** are to:

- Ensure venue and mode availability, ensuring where possible that the venue is free from interruption and conducive to the meeting being effective;
- Be personally available;
- Prepare issues to discuss;
- Commit to the process of clinical supervision;
- Ensure a minimum of one hour per month of personal clinical supervision;
- Maintain confidentiality;
- Maintain accurate and contemporaneous records of their clinical supervision experience, which may be subject to audit compliance;
- Ensure that their line managers are aware of, and formally support, their engagement in any and all supervision relationships as a supervisee.

### **All mental health clinical staff** are to:

- Ensure understanding of their own clinical supervision requirements;
- Utilise clinical supervision in an appropriate manner to improve levels of client care, skill and competency and / or job satisfaction;
- Engage in suitable training as a clinical supervisor or supervisee;
- Support other mental health staff in accessing clinical supervision;
- Provide evidence of their participation in clinical supervision to their line manager upon request.

When clinical supervision is provided outside of line management, mental health staff must obtain formal agreement from their line manager to engage in WACHS supported clinical supervision as either a supervisor or supervisee. This agreement is to include the use of organisational resources such as time, facilities and costs; such as the use of information and communication technology.

### **4.1 Confidentiality**

What is discussed between the supervisor and supervisee is confidential. However, there is a legal duty of care that may override confidentiality in exceptional circumstances. This would include disclosure by the supervisee to the supervisor of unsafe, unethical or illegal practice, which the supervisee is unwilling to address despite discussion and recommendation from the supervisor.

### **4.2 Ethics**

The supervisor and supervisee should at all times conduct themselves in a professional and respectful manner. Each party should give consideration to the other's ethnicity, gender, spiritual values, sexuality, disability, age, economic, social or health status or any other grounds. Each party should alert the other person of their limitations in any given situation.

### **4.3 Conflict**

At any point during the clinical supervision process, conflict may occur between the supervisor and supervisee. Prompt recognition and response to potential issues ensures a stronger supervisor/supervisee relationship. At the commencement of



the clinical supervision process, both parties should agree as to how conflict will be resolved and how either party can openly raise an issue should they have a concern.

If the conflict cannot be resolved, it may be appropriate to invite a third party to mediate the dispute. Both supervisee and supervisor should agree upon the third party involvement.

### 5. Compliance

- Each WACHS site or service executive director is to ensure compliance with these guidelines
- Line Managers are to keep a record of evidence of their staff participation in formal clinical supervision arrangements
- All staff are required to provide evidence of their clinical supervision experience to their line manager if requested to do so
- Staff engaged in a formal clinical supervision arrangement external to the service are to provide evidence of their participation to their line manager on request

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per the [Records Management Policy](#).

### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Director of Psychiatry Adult / Older Adult, every three years at minimum.

### 8. Standards

[National Safety and Quality Health Service Standards](#) (2017) - 1.16, 1.20, 1.22, 1.26  
[Australian Aged Care Quality Agency Accreditation Standards](#) – 7d  
[National Standards for Mental Health Services](#) - 1.14, 2.10, 5.6, 8.7  
[National Standards for Disability Services](#) - 6

## 9. Legislation

[Mental Health Act 2014](#)

## 10. References

[National Practice Standards for the Mental Health Workforce \(2013\)](#)

## 11. Related Forms

No related forms.

## 12. Related Policy Documents

[WACHS Allied Health Professional Supervision Policy \(2017\)](#)

[WACHS Workforce Learning and Development Policy \(2016\)](#)

## 13. Related WA Health System Policies

[Clinical Care of People With Mental Health Problems Who May Be At Risk Of Becoming Violent Or Aggressive Policy \(2019\)](#)

## 14. Policy Framework

[WA Health Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	WACHS Director of Psychiatry Adult / Older Adult (R. Main)		
<b>Directorate:</b>	WACHS Mental Health	<b>EDRMS Record #</b>	ED-CO-18-60501
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## APPENDIX 1: WACHS Mental Health Clinical Supervision Process

All mental health employees must engage in the clinical supervision process supported by WACHS that is consistent with the principles of these guidelines. The stages of the clinical supervision process consist of the following:

### Planning

Any professional in a clinical or Aboriginal Mental Health Worker role, in collaboration with their line manager, undertakes planning to:

- identify clinical supervision requirements
- identify clinical supervisors (line or non-line)
- source other potential clinical supervisors (if non-line).

### Commencing Clinical Supervision

#### Initiating clinical supervision

- The supervisee should approach their supervisor and request supervision, ensuring that the desired supervisor has the required experience/training in clinical supervision;
- Once both parties agree to undertake clinical supervision a request to each of their line managers should be made.

#### Engaging in Supervision

- A supervisor should not be supervising more than three clinicians or two groups at any one given time;
- A clinician may be engaged with more than one supervisor at any given time to maximise access to specific expertise and/or competencies;
- Clinical supervision should be obtained from within the local mental health service. Where this is not possible or practical, clinical supervision can be sought from another mental health service using a service-to-service agreement;
- On occasions, clinical supervision may be sought from an external supervisor. It is imperative that this person is trained and/or experienced in clinical supervision, of which the line manager may seek confirmation.

#### Developing a Clinical Supervision Agreement

Where the clinical supervisor is also the line manager, this relationship is usually outlined in the JDFs of both parties. In such cases, it may not be necessary to develop a formal clinical supervision agreement. It may be appropriate however to develop a written outline of how the clinical supervision process will work, to enable the supervisee to understand the process and receive the most benefit.

Where the clinical supervision relationship is not defined in the JDF, or the staff member seeks a clinical supervision arrangement with someone other than their line manager, a formal Clinical Supervision Agreement should be developed. This should be:

- Formally documented outlining the supervisor and supervisee's details, agreement for confidentiality, the frequency of clinical supervision, arrangements for clinical supervision, review date of clinical supervision and proposed venue;

- Signed and dated by supervisor and supervisee, with both parties retaining a copy for their own records;
- Forwarded to the line manager for inclusion in the relevant personnel files.

### Setting Goals

At commencement of the clinical supervision process, both the supervisee and supervisor should set goals. Each meeting should be spent identifying short, medium and long-term goals and timeframes for these to be achieved.

### Timeframe and Review

Clinical supervision should be reviewed after three months. The review should involve assessing whether goals have been achieved, any issues to do with arrangements or venue and any changes to the process. The review may provide opportunity to discuss concerns, but it is advisable to discuss concerns as they arrive.

### Maintenance / Modification

- Issues identified as part of the evaluation process are addressed through modification of the relationship;
- For a variety of reasons it may sometimes be necessary or appropriate to change the clinical supervisor;
- Proposed changes to the Agreement should be discussed and agreed by the both parties.

### Evaluation

Evaluation, including the use of continuous monitoring and assessment techniques are the responsibility of the supervisee and supervisor.

### Termination

Participants may terminate the relationship for a number of reasons, such as:

- change of employment circumstances
- new needs identified
- attainment of goals / conclusion of benefits to the relationship
- relationship not achieving the desired results.

The initial agreement should provide details on the cessation date of supervision and where the completed paperwork will be held. Confidentiality should be recognised after disengagement.

Mental health staff and managers may consider commencing another professional supervision relationship process when one has terminated.