



Mental Health Clinical Supervision Procedure

Procedure Number

CHC-MHS-0023

Version Nos:

7

1. Purpose

Clinical supervision provides health professionals with regular formal opportunities to develop and maintain clinical practice that is professionally and culturally effective; inclusive of medico-legal, ethical decision making processes that are respectful of the individual's cultural background. The West Coast District Health Board (WCDHB) Mental Health and Addiction Service (MHAS) will actively promote the clinical supervision of Mental Health staff working in a clinical capacity.

2. Application

This Procedure is to be followed by all WCDHB MHAS clinical staff.

3. Definitions

For the purposes of this Procedure:

Clinical supervision is a formal process that serves three key functions

- **Oversight function** is defined as focusing on the service requirements, such as professional oversight, competence, accountability and safety
- **Educative function** is defined as focusing on developing the supervisee's knowledge, skills and professional understandings. Here the supervisor works with the supervisee to link professional knowledge and education to the specifics of the supervisee's work with service users. In doing so the supervisor facilitates the development of effective and innovative practice. It is also a mechanism for developing professional identity.
- **Supportive function** is defined as focusing on supporting and empowering the supervisee in a safe environment to manage the emotional effects of their work.

During supervision the key functions are specifically addressed, both within and across sessions, as appropriate and as needed. Supervision supports self-assessment, and the exercise of analytical and reflective skills.

4. Responsibilities

For the purposes of this Procedure:

The General Manager / Director of Nursing and Midwifery will ensure that clinical supervision is adequately resourced to enable all staff to access supervision, and for supervisors to access ongoing opportunities for role development.

The Nurse Manager / Operations Manager MHS will approve external supervision for those staff that cannot access appropriate supervision within WCDHB. External supervision should not become the norm, but rather be available to meet specific needs.

The Associate Director of Nursing (ADoN) MHS will maintain a central register of supervision and work with the Line Manager to ensure that all staff in clinical practice receive regular supervision. The register will include

- A current list of WCDHB trained supervisors
- Identifying who is being supervised by who
- Copies of supervision contracts



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The ADoN MHS will work with the ADoN Clinical Practice Development / Clinical Nurse Educators / Workforce Development Coordinators / Line Managers in the selection process for new supervisors to undertake training.

The MHS CNE / WFD Coordinator will ensure that all clinical supervisors have regular opportunity to update their training in professional supervision.

The Line Manager / Clinical Nurse Manager will initiate the process for all new staff to access supervision and will assist in the selection of a supervisor who is most able to support their role development. This will happen within 3 months of commencing work in MH settings

The Supervisor will

- Undertake a pre-supervision meeting with the potential supervisee to share information and clarify the supervisee's developmental goals.
- Work collaboratively to develop the supervision contract
- Maintains a record of supervision that details the frequency of sessions,
- Provides the 'supervision record' as evidence of attendance at supervision, if requested
- Undertake regular (minimum of once every two years) supervision skills training/updating.

The Supervisee is responsible to participate fully in supervision, working to achieve an effective alliance with their supervisors. They are responsible for bringing issues to supervision, with the priority being on ethical practice and safety issues. They will prepare for supervision sessions by undertaking a review the past month's work asking themselves

- What concerns they have regarding projects, working with clients or staff issues
- Reviewing their progress towards their own goals
- Address practice issues that arise in a timely fashion
- Negotiating and completing the supervision contract, copies of which are then lodged with the Line Manager and ADoN (who oversees process on behalf of MHS)
- Participating in the regular evaluation of the supervision.

5. Resources Required

This Procedure requires:

- Access to trained clinical supervisors
- Funding for external supervision, where indicated
- Suitable agreed venue and dedicated time
- Signed Supervision Contract

6. Process

- 1.00 All MHAS staff with clinical caseload will receive 1-1 clinical supervision at a minimum of 1 hour per month.
- 1.01 Clinical supervision will also be available to other staff wishing to engage in regular supervision.
- 1.02 A supervision contract will be signed and lodged with the relevant Line Manager, and a copy provided to the ADoN MHS for their records.



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- 1.03 There is a shared responsibility, between the supervisee and supervisor, to ensure that identified issues related to the delivery of good clinical practise are addressed in a timely fashion. This may include:
- Clinical safety and ethical practice;
 - Workload / time management issues;
 - Enhancing knowledge and developing creative solutions to practice issues.
- 1.04 The content of all clinical supervision sessions are confidential except in situations where the health professional:
- Poses potential or actual risk of harm to self or others;
 - Is not participating in the supervision process;
 - Is acting in variance to their professional code of conduct and/or professional standards, organisational policies/procedures or the law. And where the variance cannot be safely and effectively resolved within the context of clinical supervision.
- 1.05 Any conflict between the supervisor and supervisee shall be mediated and resolved as per the supervision contract.

7. Precautions And Considerations

- ➔ All Mental Health staff members will receive 1:1 clinical supervision for a minimum of one (1) hour per month.
- ➔ Staff members will enter into a signed clinical supervision contract with a qualified clinical supervisor.
- ➔ Any dispute between a supervisor and staff member shall be mediated and resolved as per the supervision contract

8. References

- Health Practitioners Competency Assurance Act 2003
- Health and Disability Standards 2008
- Standards of Practice for Mental Health Nursing in New Zealand. 2nd Ed, (2004)
- NCNZ Code of Conduct for Nurses 2005
- National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (*Te Pou*, 2009)

9. Related Documents

- WCDHB MHS Clinical Supervision Contract
- WCDHB Clinical Supervision Record



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