



---

# Mental Health Reflective Supervision Guideline

---

## 1. Purpose

WA Country Health Service (WACHS) places a high level of importance on the health and wellbeing of all employees. There is consistent evidence that reflective supervision impacts positively on both the development and wellbeing of its supervisees and on outcomes for our consumers and carers that we work with.

This guideline identifies evidence based, best practice guidelines for WACHS Mental Health staff who work directly with our consumers, carers and communities. This guideline aims to support staff in relation to accessing and utilising reflective supervision within their practice scope.

## 2. Guideline

### 2.1 Key principles

Reflective supervision is an important means of supporting continuing development. It is a formal meeting between staff with the aim of supporting the supervisee to improve clinical practice and consumer outcomes.

It is a purposely constructed regular meeting that provides for clinical reflection on the work issues brought to that space by the supervisee(s). Reflective supervision facilitates development of reflective practice and the skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace.

WACHS Mental Health supports all staff, who work directly with our consumers, carers and communities be engaged in reflective supervision for a minimum of one hour per month. We acknowledge that time will vary depending on needs and professional requirements.

### 2.2 Process

#### Initiate

Identify a supervisor that best meets your needs and preferences. Consider; appropriate discipline, clinical experience, specific skills and knowledge, potential cultural or language barriers, preferred mode of communication.

Refer to [WACHS Mental Health 'Supervisors Register'](#), read the profiles detailing specific interests and specialist areas.

Contact your preferred supervisor, discuss in brief your needs and determine if they are in agreeance to your request. As reflective supervision is supervisee led, managerially supported, it is important to contact your line manager to discuss your needs and capacity to support the arrangements.

Reflective supervision is to be obtained from within WACHS, in the first instance. Where this is not possible or practicable, Reflective supervision may be sought from an external supervisor. Agreement from your line manager is required for external supervision. It is imperative that this external supervisor is trained and/or experienced in clinical supervision, of which your line manager may seek confirmation.

### Develop

Develop a [Mental Health Reflective Supervision Agreement](#). This is a requirement for all reflective supervision, it formally outlines both the supervisee and supervisors contact details, confidentiality, documentation, frequency of meetings, arrangements regarding time, venue, and review date.

This Agreement is then signed and dated by both supervisor and supervisee, with both parties retaining a copy for their own records. A copy of this is may be given to your line manager for inclusion into employment record.

### Engage

Take some time prior to your reflective supervision meeting to think about your goals, what do you want to achieve and check in with yourself, asking how you are going at this moment in time?

Meet with your supervisor at an agreed time and venue. At each meeting spend some time identifying short, medium and long-term goals and timeframes for these to be achieved. This is time for you to reflect on and review clinical situations and practice.

### Review

Review your Reflective Supervision Agreement, after 3 months and every 12 months thereafter.

Consider the following:

- Are your goals being achieved?
- Any issues to do with arrangements or venue?
- The review may provide opportunity to discuss concerns, however it is advisable to discuss concerns as they arrive.

## 2.3 Modes of reflective supervision

A variety of approaches are considered effective modes of reflective supervision including individual reflective supervision, group reflective supervision, and peer reflective supervision.

WACHS Mental Health workforce are geographically dispersed and we acknowledge the challenges of remote working and small teams at sites. Innovation and creativity are required to meet these challenges. Face to face meetings, telephone and the use of audio-visual communication creates a viable option for remote reflective supervision across our regions.

To support access to reflective supervision, a register of appropriately trained supervisors is available to all Mental Health staff. WACHS Mental Health Education Network will

manage the regular review and update of this register. To access this register please contact WACHS Mental Health Nurse Educator (Central Office).

## 2.4 Training

The [WACHS Mental Health Reflective Supervision](#) and [WACHS Professional Supervision](#) intranet pages provides access to a range training resources.

## 2.5 Documentation

The [WACHS Mental Health Reflective Supervision](#) and [WACHS Professional Supervision](#) intranet pages provide access to a range of forms and templates. While reflective supervision sessions are confidential between supervisor and supervisee, there are a number of records that need to be kept.

WACHS Mental Health recommend each reflective supervision arrangement requires an [Mental Health Reflective Supervision Agreement](#) and [Mental Health Reflective Supervision Session Notes](#) as a minimum. There are other forms and templates available for use if required.

The supervisee and supervisor have responsibility to develop an Agreement, and the supervisee has responsibility to maintain session notes. These notes will not identify any consumer or carer information and be purposeful for development of the supervisee to achieve their goals.

All reflective supervision records must be managed in accordance with the [WACHS Corporate Recordkeeping Compliance Policy](#) as a corporate record.

## 2.6 Confidentiality and ethics

Discussions between the supervisor and supervisee in a reflective supervision meeting is confidential. However, should a risk become apparent during the process, the supervisor should advise the supervisee's line manager.

Supervisees should be made aware at the beginning of the arrangement that this may occur as the organisation has a responsibility to ameliorate any risk issues, and the line manager has the responsibility to constructively manage/resolve any risk issues to achieve a positive outcome.

The supervisor and supervisee should conduct themselves in a professional and respectful manner. All persons should give consideration to the other's ethnicity, gender, spiritual values, sexuality, disability, age, economic, social or health status or any other grounds.

Cultural awareness and sensitivity for an individual's social, cultural and spiritual background and beliefs must be maintained.

## 3. Roles and responsibilities

**Supervisors** are responsible for:

- their own continuing development and reflective supervision, for minimum one hour a month
- successfully completing the required training as a supervisor

- developing a Reflective Supervision Agreement in collaboration with the supervisee
- providing reflective supervision in accordance with best practice
- maintaining a professional relationship with the Supervisee that facilitates safe and effective communication
- maintaining appropriate records and confidentiality.

**Supervisees** are responsible for:

- their own continuing development and reflective supervision, for minimum one hour a month
- considering participation in recommended training for supervisees
- discussing supervision needs and capacity with line manager and ensure line manager is supportive of proposed arrangements
- developing a Reflective Supervision Agreement in collaboration with the Supervisor
- preparing issues to discuss at their reflective supervision meetings
- maintaining a professional relationship with the Supervisor that facilitates safe and effective communication
- maintaining appropriate records and confidentiality.

**Regional Mental Health Managers** and **Mental Health Line Managers** are responsible for supporting staff who work directly with consumers, carers, and communities to access to reflective supervision.

**All staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 4. Monitoring and evaluation

### 4.1 Monitoring

Line managers of WACHS health sites and services are responsible for monitoring compliance with this guideline.

All staff are required to provide evidence of their participation to their line manager if requested to do so, including external supervision arrangements. Line Managers are to keep a record of evidence of their staff participation in formal clinical supervision arrangements.

Monitoring employee participation in reflective supervision and compliance with this guideline will be undertaken during scheduled employee development reviews.

### 4.2 Evaluation

This guideline is to be reviewed every five (5) years. Evaluation of this guideline is to be carried out by the WACHS Mental Health directorate in consultation regional WACHS Health Services. Evaluation methods and tools may include:

- Staff feedback / consultation
- Carer and consumer feedback / consultation
- Survey
- Compliance monitoring
- Benchmarking
- Reporting against organisational targets.

## 5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance.

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

## 6. References

- Australian College of Mental Health Nurses, Australian College of Midwives, and Australian College of Nursing. [Position Statement: Clinical Supervision for Nurses and Midwives](#) [Internet]. April 2019. Available at [www.acmhn.org](http://www.acmhn.org) [Accessed: 9 May 2023]
- O'Donnell, Alison. [Supervision Policy](#) [Internet]. July 2022, Leicestershire Partnership NHS Trust. Available at: [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk) [Accessed: 9 May 2023]
- Solent NHS Trust. [Clinical Supervision Policy](#) [Internet]. Reference: CLS18. Solent NHS Trust, February 2021. Available at: [www.solent.nhs.uk](http://www.solent.nhs.uk) [Accessed: 9 May 2023]
- Allied Health and Community Services Workforce – Department of Health and Human Resources. [Victorian Allied Health Clinical Supervision Framework](#) [Internet]. May 2019, Melbourne (Australia): Victorian Government. Available at: [www2.health.vic.gov.au/health-workforce/allied-health-workforce](http://www2.health.vic.gov.au/health-workforce/allied-health-workforce) [Accessed 9 May 2023]
- Avon and Wiltshire Mental Health Partnership NHS Trust. [Focus on staff wellbeing and effectiveness in establishing group supervision in low and medium secure units](#) [Internet]. February 2019, National Institute for Health and Care Excellence (NICE). Available at: [www.nice.org.uk](http://www.nice.org.uk) [Accessed 9 May 2023]
- Centre for Alcohol and Other Drugs. [NSW Drug and Alcohol Clinical Supervision Guidelines](#) [Internet]. Document number GL2006\_009. June 2006, North Sydney: New South Wales Department of Health - Mental Health and Drug and Alcohol Office. Available at: [www1.health.nsw.gov.au](http://www1.health.nsw.gov.au) [Accessed 9 May 2023]
- Department of Health and Human Services. [Clinical Supervision for Mental Health Nurses - A framework for Victoria](#). May 2018, Melbourne (Australia): Victorian Government. Available at: [www2.health.vic.gov.au/mental-health/chief-mental-health-nurse](http://www2.health.vic.gov.au/mental-health/chief-mental-health-nurse) [Accessed 9 May 2023]

## 7. Definitions

Term	Definition
<b>Ameliorate</b>	Make (something bad or unsatisfactory) better
<b>Group reflective supervision</b>	Reflective supervision undertaken by a Supervisor and multiple supervisees at one time
<b>Individual reflective supervision</b>	Reflective supervision undertaken by a Supervisor and individual supervisee
<b>Peer reflective supervision</b>	Reflective supervision arrangement where peers (who are trained in reflective supervision) work together in providing mutual reflective supervision
<b>Reflective supervision</b>	Reflective supervision is a development activity based on adult learning principles, which focuses on reflective learning. Also known as “Clinical supervision”.

## 8. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All Mental Health staff who work directly with our consumers, carers and communities.
<b>Records Management</b>	Non Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a>
<b>Related Legislation</b>	<ul style="list-style-type: none"> <li>• <a href="#">Mental Health Act 2014</a> (WA)</li> <li>• <a href="#">Work Health and Safety Act 2020</a></li> </ul>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• <a href="#">Employment Framework</a></li> <li>• <a href="#">Mental Health Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Allied Health Professional Supervision Policy</a></li> <li>• <a href="#">Clinical Supervision of Junior Doctors Policy</a></li> <li>• <a href="#">Employee Development Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">National Practice Standards for the Mental Health Workforce (2013)</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">Mental Health Reflective Supervision Agreement</a></li> <li>• <a href="#">Mental Health Reflective Supervision Schedule</a></li> <li>• <a href="#">Mental Health Reflective Supervision Session Notes</a></li> </ul>
<b>Related Training Packages</b>	<a href="#">Clinical Supervision Training</a>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2270
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.01a, 1.01c, 1.02, 1.03, 1.04, 1.06a, 1.07, 1.20c, 1.21, 1.25a, 1.27, 1.28d
<b>Aged Care Quality Standards</b>	Nil
<b>National Standards for Mental Health Services</b>	2.1, 4.2, 4.5, 4.6, 6.1, 6.2, 8.6, 8.7, 9.2, 10.1.1, 10.1.2

## 9. Document Control

Version	Published date	Current from	Summary of changes
2.00	3 July 2023	3 July 2023	<ul style="list-style-type: none"> <li>Updated: title, definitions, resources and links.</li> <li>Refined responsibilities.</li> <li>Update language and inclusivity.</li> <li>Updated scope to include all mental health staff who work directly with our consumers, carers and communities.</li> <li>Included new forms and link to new training.</li> </ul>

## 10. Approval

<b>Policy Owner</b>	Executive Director Mental Health
<b>Co-approver</b>	N/A
<b>Contact</b>	Program Officer – Mental Health Clinical Practice Standards
<b>Business Unit</b>	Mental Health
<b>EDRMS #</b>	ED-CO-18-60501
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

**This document can be made available in alternative formats on request.**