UMHAN Supervision of Mental Health Advisers and Mentors
(Addition to Service and Practice Guidance 2010)

Scope
Supervision is a strand of governance for professionals working with people in human services, alongside continuing professional development and life-long learning, to ensure safe and accountable practice and high quality professional services.

The wide role that supervision plays in human services is highly valued and this addition to the UMHAN Service and Practice Guidance is aimed at leaders and service managers in the Higher Education sector to take stock of what is good in current practice and consider options to carry it forward and support staff in the roles of Mental Health Adviser and Mental Health Mentor.

Introduction
Supervision is a crucial form of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, while enhancing service provision and safety in complex situations. Supervision ensures:

- Maintenance of good practice.
- Equity of service.
- Quality and improvement in student support and service provision.
- Effective risk- and performance-management.
- Critical thinking and decision-making.
- Clarity of systems for accountability and responsibility.
- Enhancement of professional relationships and boundaries.
- Upholding obligations, including relevant legislation.
- Awareness of issues of power and anti-oppressive practice.
- Resolution of emotions, difficulties and conflict.
- Exploration of values and ethics.
- Identification of need for further staff training.

Supervision requires:
- A clear understanding of the purpose of supervision.
- A relationship of trust and respect.
- Good listening and communication skills.
- An engagement with learning and reflection.
- Useful, constructive and mutual feedback

There is a growing requirement for effective forms of supervision for the roles of Mental Health Advisers and Mental Health Mentors in the education sector, notably DSA-QAG, UMHAN's membership and Continuing Professional Development, to provide high quality services to students. This guidance for managers of services, and Mental Health Advisers/Mentors themselves, has been informed by a range of recommended best practice in health and social care (such as Social Care Institute for Excellence, the Care Quality Commission, and the Royal College of Nursing) and aims to:

- Describe managerial, peer and individual supervision within the context of a Mental Health Advisor/Mentor role.

- Encourage adherence to standards for best practice in line with DSA-QAG and UMHAN membership.
- Outline some responsibilities for the line manager, supervisor and supervisee.
- To demonstrate that the supervisee has a proactive role to bring concerns and issues to supervision and engage openly and honestly with the process.
- Reference how supervision, CPD and appraisal work together to provide a system of governance and staff development.
- Provide guidance on the delivery and development of supervision.

Context-specific Considerations for Managers and Advisers/Mentors

Working within a social model of disability and mental health difficulties, the context-specific nature of Mental Health Advice work and Mental Health Mentoring is somewhat different from other "traditional" mental health services (for example, primary/secondary care or therapeutic services). This can be simplified to:

- The provision of support to students with regards to the practical measures that reduce the barriers that they encounter in undertaking their education, as a result of experiencing mental health difficulties.
- The provision of focussed interventions and self-management strategies to meet the specific needs that people have as a result of their status as a student, with a mental health difficulty.
- Working in equal partnership with students and with others, and in strengthening effective relationships.

Consequently, supervision arrangements, including the modality and function of supervision and the type of supervisors sought, must reflect the realities of these differences.

Supervision is also a process which ensures that the broad and differing experiences/background of people working in these roles can be utilised effectively within the context-specific setting in which they work, without replicating service provision which may be open to students elsewhere, thereby maintaining boundaries. Supervision also aims to support creative processes, which are crucial to working in the practical context, and offers opportunity for different perspectives (e.g. medical, social, libertarian, disability, etc), knowledge and practice to be considered.

Therefore, supervision must also incorporate an awareness of boundaries, requirements and expectations of the organisation the Adviser/Mentor is working for. As a relationship-based education and training method that is case-focused and which manages, supports, develops and evaluates the work of a Mental Health Advisor/Mentor, supervision results in continual personal and professional development for individuals and the service.

UMHAN will aim to provide a range of sources for finding context-/role-aware supervisors although it is anticipated that supervision arrangements would be negotiated locally (between staff and their employer) incorporating consideration of issues such as role and job description, duties, quantity and intensity of student contact, as well as maintenance of individual registration.

Supervision types and delivery

Consistently, three types of supervision are required, in varying degrees based on the supervisee and the requirements of the organisation they are working for. However, it should be noted that at times an issue will be and should be addressed using all three forms of supervision. An example would be an issue concerning safeguarding of a vulnerable adult which may need to be discussed with the line manager (to support formal reporting), within peer supervision in terms of how the individual managed the situation and within clinical supervision to meet any restorative and reflective needs.

1) Peer supervision

Peer supervision provides Advisers/Mentors with the opportunity to be encouraged and supported, to be innovative, to share knowledge and experiences, and thereby generate greater insights than individuals could generate on their own. Peer supervision is a systematic approach between a person and individuals who are of equal ability, standing or value. No one has more or less status than any other by way of seniority, profession or experience. Peer supervision requires that Mental Health Advisers/Mentors:

- Actively seek to improve communication and interaction skills.
- Improve knowledge and skills through sharing and reflection.
- Provide ideas and new perspectives surrounding equality in higher education.

Peer supervision is governed by professional boundaries, inclusive of a contract and clear arrangements for note-taking/dissemination, confidentiality and levels of contribution expected from the peer group.

A nominated facilitator for peer supervision can help in supporting and structuring the process, alongside a rolling agenda. It is important though that the supervision process is not devalued or diluted and that the approaches used by peer supervision group demonstrate their concordance with the policy can be justified and open to quality assurance process.

UMHAN members are encouraged to access peer supervision within their organisation, or with local members. Participants will need to be aware of the potential for personalities or group dynamics to impact on the quality of supervision. It will also be important for boundaries to be maintained (e.g. not introducing conflicts with confidentiality, performance appraisal, policy work, etc). An example format of peer supervision is provided in the Appendix.

2) Individual supervision

Individual supervision offers a 'safe space' to recognise and reflect on the personal impact of the work both generally and particularly at times with individual cases. As there may be an elevated level of personal disclosure, strong emotions and at times a high amount of challenge from the supervisor it is crucial that a good relationship is engendered and supported.

Individual supervision allows reflective space to review ongoing work where the individual practitioner can step back and critique this as well as deal with the personal aspect of this. It would allow the exploration of challenging attitudes and mindsets or mental frameworks.

This aims to help Advisers/Mentors develop their own internal, healthy supervisor which they have access to while they are working, and provide a quality assurance element so that monitoring of optimum practice occurs.

3) Managerial supervision

Mental Health Advisers and Mentors should also receive managerial supervision, which focuses on an individual's overall workload, functioning within a team, maintenance of clarity about role, responsibilities and accountability. It is task-oriented, ensuring these are carried out to a satisfactory and safe standard in line with organisational objectives, and includes issues relatedng to professional development.

A key aim is to ensure that there is consistency between the individual's work and the objectives of the service. It provides the opportunity for staff to:

- Be supported to do their role, giving due consideration to workload and work-life balance, including annual leave, time owing and sickness absence.
- Review their job role in relation to casework.
- Set priorities/objectives, including project work.
- Review performance and check competencies are relevant and up-to-date for the Mental Health Adviser/Mentor role.
- Support training and development needs within an agreed performance and development review process.

Appendix – Peer Supervision Format Example

Typically, peer supervision will include:

- A 'check in' round where participants identify the issues to be discussed, add to the agenda, and divide the time appropriately.
- In addition, the group decides on who will adopt particular roles should these be helpful. For example, a participant may be a facilitator (to keep track of the agenda and ensure balanced contributions) or a minute-taker. If these roles are adopted, they should rotate to prevent people being viewed in particular ways.
- Each participant takes a turn as the supervisee and the others collectively become the supervisor; the group becomes a resource for learning.
- Participants can choose different methods in analysing both successful and challenging incidents, issues and dilemmas. Some tools involve structured questioning, others involve the sharing of practice and most involve feedback.
- Participants need to be intuitive in their responses, and ensure there is a balance of positive and challenging feedback.
- Supervision ends with a final review in order to increase the group's cohesiveness and ensure that members leave 'in tact'.
- If there are any issues which the group identify need bringing to the attention of the service provider, then a nominee is chosen to do this. Personal issues arising from peer supervision can be brought to the manager's attention also.