





# AMHP Supervision Record: 7<sup>th</sup> April 2025

Supervision Record Form		
<b>Name of Supervisees:</b>	Andy Seys Katherine Hewson Lenos Mbanje Simon McGarry Jayne Brack Lorna Broadbent	Parbinder Johal Junior Campbell Mariam Rashid Debra Wilson Lucy Spedding
<b>Name of Supervisors:</b>	Daisy Long & David McGill	
<b>Date:</b>	07/04/2025	
<b>Length of session:</b>	2 hours	

Agenda Item	Summary of Discussion	Actions/decisions/timescales
<b>Agenda</b>   Slide Pack - Intro to AMHP Supervision -	<div style="border: 1px solid purple; padding: 10px;"> <p style="text-align: center;"><b>Agenda: Session 1</b></p> <p style="text-align: right;"><small>m</small> </p> <hr/> <p>Introduction to the context and the approach (and the handbook)</p> <p>CPD Slot – This session: CTOs revisited</p> <p><i>** Comfort Break **</i></p> <p>Group Reflective Activity.</p> </div>	
<b>Review of previous supervision</b>	N/A – First Session	
<b>Issues relating to staff support</b>	<p>Managers can find it difficult to balance the wish to support colleagues with the responsibility of addressing situations which have been problematic.</p> <p>Some workers can be defensive when their practice is discussed, even though it is about finding solutions rather than apportioning blame. Perhaps workers would be more open to their practice being questioned if they felt there was a balance between this and being recognised for good work.</p>	



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<p><b>Issues relating to professional development</b></p>	<p><b>Topic Focus: Community Treatment Orders</b></p> <ul style="list-style-type: none"> <li>○ Conditions often seem overly restrictive</li> <li>○ Concerns around compulsory drug tests</li> <li>○ Need to meet the criteria – ensuring patient receives treatment; preventing harm to patient’s health and safety; protection of others</li> <li>○ Also balance with necessity and proportionality &amp; HRA</li> <li>○ Case example – patient ordered to live at a certain address and not to be anywhere overnight without the approval of the clinical team. Seems excessive but may be relevant – needs revisiting</li> <li>○ Some people have experience limited use of CTO’s and Guardianship – worth knowing they’re out there as tools.</li> </ul> <p><b>Concerns about medical interpretation of CTO’s</b></p> <ul style="list-style-type: none"> <li>○ AMHP’s as “box tickers” expected to sign off the form.</li> <li>○ Reasonable for AMHP’s to delay a CTO to ensure ethical practice in line with CoP</li> <li>○ Need to balance this with maximising patient’s liberty</li> <li>○ There is always scope for doctor to use s.17 leave so that CTO can be considered properly</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li>○ CTOs can be a useful way to ensure a community RC is allocated prior to discharge</li> <li>○ CTOs allocated relatively early in Coventry – gives the AMHP the opportunity to contribute to decisions around conditions</li> <li>○ Bed demands can put pressure on AMHP’s to rush the process</li> </ul> <p><b>How long should a CTO last?</b></p> <ul style="list-style-type: none"> <li>○ In one example a person has been on a CTO for 10 years.</li> <li>○ The order means when the person is unwell, they can be back in hospital quickly.</li> <li>○ If left to deteriorate the person’s admissions could last 3+years.</li> <li>○ With quick recall these are reduced to around 9 months.</li> </ul> <p><b>Disparity of CTO’s affecting black males</b></p> <ul style="list-style-type: none"> <li>○ The racial imbalances in other parts of the system contribute – overrepresentation of black males subject to s.3 or s.37 means more of this group have an inroad to CTO.</li> </ul>
<p><b>Issues relating to role within the organisation and</b></p>	<p>People found reflective supervision valuable.</p> <p>There are concerns that supervision doesn’t allow for as much reflective discussion as it used to.</p>



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<b>organisational requirements</b>	Agendas can be dominated by business and this can take priority. There is little time left for reflective discussion
<b>Summary of Reflective Discussions</b>	<p>Some work carried out with the black community in Coventry found a strong distrust of mental health services as a whole and a reluctance to engage. Reflects part of the wider structural racism in society as a whole. The group noted:</p> <ul style="list-style-type: none"> <li>○ Work to address racism in practice can be superficial</li> <li>○ Such work can tick boxes without effecting real change</li> <li>○ People can find it traumatising to engage with programmes meant to address racism when asked to relive realities they have found distressing knowing that no good will come of it</li> </ul> <p>Mixed experiences of CTOs, however, the theme for the group remained focused on least/less restriction, and on the necessary and proportionate criteria, to ensure they were not just a ‘rubber stamp’ for the consultants.</p> <p>It’s important to remember that all defensive behaviour has a cause – what is going on for that worker?</p> <ul style="list-style-type: none"> <li>○ How can we ensure we access reflective time in supervision?</li> <li>○ As supervisees, we share responsibility over the content of our supervision</li> <li>○ If we bring a case to the agenda we can ensure it’s part of the conversation</li> <li>○ Bringing a case to discuss reflectively can make us value supervision more – even look forward to it!</li> </ul>
<b>Any other issues</b>	N/A – theme for July session TBC - as identified in ongoing practice.

<b>Date of next supervision group sessions:</b>	<ul style="list-style-type: none"> <li>● 9<sup>th</sup> July 2025.</li> <li>● 3<sup>rd</sup> October 2025.</li> </ul>
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