

AMHP Group Supervision Record Form

| Supervision Record Form | |
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| Name of Supervisees: | <ul style="list-style-type: none"> • Junior Campbell • Ian Nicklin • Lorraine Welch • Netsai Karan • Lucy Spedding • Lenos Mbanje • Adam Gibson • Raviro Maeresera • Julie Kenny • Lorna Broadbent |
| Name of Supervisors: | Daisy Long & McGill |
| Date: | 8 th October 2025 |
| Length of session: | 2.5 hours |

| Agenda Item | Summary of Discussion | Actions/decisions/timescales |
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| Agenda | <ul style="list-style-type: none"> • Discussion of cases or themes participants wanted to present, especially around Community Treatment Orders (CTOs). <ul style="list-style-type: none"> ▪ Exploration of CTO criteria, risk, and decision-making challenges ▪ Review of CTO practical issues, paperwork, and process ▪ Debate on the use of CTOs, guardianship, and related legal frameworks ▪ Consideration of ethnicity and disproportionality in CTOs • Discussion of nature vs. degree in Mental Health Act assessments • Sharing of statistics and challenges around mental health bed availability • Planning for future topics, including patient and nearest relative rights. | |
| Review of previous supervision | <p>No outstanding issues.</p> <p>The group found the July session helpful and have continued to reflect, and the notes/summaries were noted as helpful from a CPD perspective.</p> | |
| Issues relating to AMHPs support | <ul style="list-style-type: none"> • Pressure to Sign Off CTOs: AMHPs discussed feeling pressured to sign off on Community Treatment Orders (CTOs) even when not fully comfortable, with concerns about being seen as a "rubber stamp" rather than a decision-maker. Confidence in pushing back against medical teams was highlighted as a challenge. • Lack of Clear Process and Paperwork: There was apprehension about | |

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| | <p>the paperwork and process for CTOs, with some AMHPs noting the lack of a distinct report or structured documentation, leading to uncertainty about their responsibilities.</p> <ul style="list-style-type: none"> • Time Constraints: AMHPs reported limited time to gather information and make informed decisions, especially when CTO requests are made at short notice, impacting the quality of assessments. • Role in Recalls and Warrants: Uncertainty existed about whether AMHPs should be involved in the recall process or warrant applications, with some teams expecting AMHPs to take on roles outside their remit. • Peer Support and Supervision: The importance of peer support, supervision, and sharing experiences was emphasized, especially when dealing with complex or ethically challenging cases. • Legal and Ethical Ambiguity: AMHPs discussed the legal grey areas around CTOs, including whether they must see the patient in person and the extent of their accountability for decisions made under pressure. • Access to Information: Difficulties in accessing full case histories or relevant information in a timely manner were noted, affecting the ability to make robust decisions. • Disproportionate Workload: Increased requests for CTOs and the administrative burden were mentioned, with some AMHPs feeling that their workload was growing without adequate support. |
| <p>Issues relating to professional development</p> | <ul style="list-style-type: none"> • Reflective Practice and Supervision: Participants valued reflective supervision sessions, using them to discuss complex cases, share experiences, and support each other's professional growth. They noted the benefit of reviewing challenging decisions and learning from peer input. • Confidence in Decision-Making: There was discussion about building confidence to challenge medical teams and assert professional judgment, especially regarding CTOs and least restrictive options. Developing this confidence was seen as a key area for professional development. |

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| | <ul style="list-style-type: none"> • Knowledge Gaps and Legal Updates: Some AMHPs identified gaps in their knowledge, such as tribunal processes and legal nuances around CTOs, and expressed interest in ongoing legal updates and training. • Use of Case Law and Research: The group referenced recent case law, research studies, and policy changes, highlighting the importance of staying current with evidence and legal standards as part of professional development. • CPD and Re-Registration: There was mention of using supervision content and session summaries for Continuing Professional Development (CPD) and re-registration requirements, with appreciation for structured feedback and checklists provided after sessions. • Interest in Future Topics: Participants requested future sessions on patient and nearest relative rights, tribunal experiences, and the impact of legislative changes, indicating a proactive approach to ongoing learning. • Peer Support: The value of peer support and sharing resources, such as research links and case summaries, was emphasized as a way to enhance professional development. |
| <p>Issues relating to role within the organisation and organisational Requirements</p> | <ul style="list-style-type: none"> • Ambiguity of AMHP Responsibilities: AMHPs expressed uncertainty about their exact responsibilities, especially regarding CTO paperwork, recall processes, and warrant applications, with some AMHPs feeling that tasks are being shifted to them outside their formal remit. • Accountability and Legal Power: There was discussion about the legal accountability of AMHPs when signing off CTOs or section papers, emphasizing that they are legally responsible for decisions and should not sign if not satisfied with necessity or proportionality. • Administrative Burden: Increased CTO requests and unclear processes were seen as adding to the administrative workload, sometimes without adequate organisational support or clear guidance. |

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| | <ul style="list-style-type: none"> • Peer-Led Processes: Some organisational processes, such as CTO documentation, were described as peer-led rather than formally required, leading to inconsistencies in practice. • Resource Constraints: Time pressures and lack of access to full case information were noted as organisational challenges impacting the ability to fulfill the role effectively. • Support for Professional Development: The organisation was seen as providing some support for CPD and supervision, but participants highlighted the need for more structured feedback, legal updates, and opportunities for reflective practice. • Impact of Bed Shortages and Service Gaps: Organisational issues such as bed shortages, lack of community resources, and reliance on private sector placements were discussed as affecting AMHPs' ability to carry out their roles and meet organisational requirements. |
| <p>Summary of Reflective Discussions</p> | <ul style="list-style-type: none"> • Community Treatment Orders (CTOs): There was extensive debate about the appropriateness, effectiveness, and criteria for CTOs, including concerns about their use as a "just in case" measure, the need for clear evidence of risk, and the importance of AMHPs feeling empowered to refuse to sign orders they do not believe are necessary or proportionate. • Nature vs. Degree in Detention: The group discussed the legal and ethical complexities of detaining individuals based on the "nature" of their mental disorder versus the "degree" of current risk or symptoms, including relevant case law and the importance of available and appropriate treatment. <p><u>Notes / Checklist – Nature or Degree</u></p> <p>The following checklist was developed based on the discussion as a quick reference guide.</p> <p>Detailed Summary: "Nature or Degree" Conversation</p> <ul style="list-style-type: none"> • Definition and Legal Context: |

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| | <ul style="list-style-type: none">○ The group discussed the distinction between detaining someone under the Mental Health Act based on the "nature" of their mental disorder (chronicity, prognosis, past response) versus the "degree" (current severity, risk, or symptoms).○ It was clarified that legally, detention can be justified on either nature or degree, but there was debate about whether it is ethical or proportionate to do so when only "nature" is present and current risk is low.● Practical Scenarios:<ul style="list-style-type: none">○ Examples were given where someone has a diagnosis (nature) but is currently functioning well (degree not present), raising questions about whether detention is justified.○ The dilemma of the "deteriorating patient" was discussed—when to intervene before risk escalates, and whether relying on nature alone is appropriate.● Case Law and Guidance:<ul style="list-style-type: none">○ Daisy referenced case law and the Code of Practice, noting that while the criteria may be met on paper, the health, safety, and protection of others, as well as the availability of appropriate treatment, must also be considered.○ The group discussed that some cases have linked the requirement for "nature" to the actual availability and offer of appropriate treatment, not just theoretical access.● Ethical and Clinical Concerns:<ul style="list-style-type: none">○ Several participants expressed discomfort with detaining people solely on the basis of nature, especially if there is no current risk or if the person is functioning well.○ The importance of proportionality, least restriction, and confidence in decision-making was emphasized, with some AMHPs feeling pressure to "rubber stamp" detentions based on others' opinions.● Forensic and Civil Differences:<ul style="list-style-type: none">○ The conversation touched on differences between forensic and civil detentions, with public protection being a clearer justification in forensic cases, but more ambiguous in civil settings.● Treatment Availability: |
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- The group discussed that if no appropriate treatment is available or being offered, detention on the basis of nature alone may not be lawful or ethical, referencing recent tribunal decisions.

Summary Table Example:

| Aspect | "Nature" | "Degree" |
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| Definition | Chronicity, prognosis, past response | Current severity, risk, symptoms |
| Legal Use | Can justify detention if other criteria met | Can justify detention |
| Ethical Issue | Risk of overuse, lack of proportionality | More direct justification |
| Case Law | Must have appropriate treatment available | N/A |



Nature & Degree Discussion Checklist

- **Bed Shortages and Out-of-Area Placements:** Participants highlighted the ongoing reduction in NHS mental health beds, increased reliance on private sector beds, and the risks associated with out-of-area placements, including lack of oversight, variable ward cultures, and concerns about quality of care.
- **Legal and Tribunal Processes:** There were questions about the use of forensic sections (e.g., Section 37/41), the interface with criminal justice, and the implications for aftercare (Section 117), as well as the need for clarity around tribunal rights and processes for patients and nearest relatives.

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| | <ul style="list-style-type: none">• Appropriate Treatment and Human Rights: The group discussed recent case law on the requirement for appropriate treatment to be available and actually offered, not just theoretically possible, and the implications for AMHPs and responsible clinicians.• Workforce and Systemic Pressures: Concerns were raised about high workloads, limited time for thorough assessments, and the impact of staff shortages and service cuts on the ability to deliver safe, effective care.• Ward Culture and Safety: There was discussion about the impact of ward culture, especially in private and out-of-area placements, on patient safety and outcomes, and the challenges for AMHPs in ensuring placements are appropriate when they may have little direct knowledge of the setting.• Children and CTOs: The group clarified that CTOs can be used for those under 18, though this is rare, and discussed the potential benefits and limitations for young people.• Therapeutic Relationships: Several participants emphasized the importance of the relationship between care coordinators and service users, noting that legal frameworks like CTOs are only as effective as the support and engagement provided.• Challenging CTO Decisions: Participants reflected on situations where they felt uncomfortable signing off on CTOs, discussing the tension between professional judgment and pressure from medical teams. They explored when to push back and the importance of confidence in their own decisions.<ul style="list-style-type: none">▪ Criteria and Ethics: There was in-depth reflection on the criteria for CTOs, balancing risk aversion with the principle of least restriction, and ethical considerations around autonomy and necessity.▪ Learning from Experience: Several shared personal anecdotes about cases where CTOs either worked well or were seen as unnecessary, using these experiences to inform future practice and highlight the complexity of real-world decision-making. |
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| | <ul style="list-style-type: none"> • Peer Support and Supervision: The group valued the opportunity to discuss difficult cases in a supportive environment, using supervision as a space for learning, sharing resources, and building professional confidence. • Legal and Organisational Ambiguity: Reflective discussions included navigating legal grey areas, such as the need to see patients in person for CTOs, and the impact of organisational processes on their ability to act confidently and ethically. • Impact of Systemic Issues: Participants reflected on broader systemic issues, such as institutional racism, resource shortages, and the influence of organisational culture on practice, considering how these factors shape their roles and responsibilities. • Continuous Professional Development: There was recognition of the value of reflective practice for CPD and re-registration, with participants appreciating structured feedback and checklists from supervision sessions |
| <p>Any other issues</p> | <ul style="list-style-type: none"> • Disproportionality and Institutional Racism: The group discussed the overrepresentation of Black and minority ethnic individuals on CTOs, attributing this to systemic and institutional racism within mental health and related systems. <ul style="list-style-type: none"> ○ The group identified a significant overrepresentation of Black and Black British individuals on Community Treatment Orders (CTOs), with data showing they are three to four times more likely to be detained compared to white individuals. ○ Participants attributed this disproportionality to institutional racism and systemic biases within mental health services, criminal justice, and related systems, noting that Black people are often perceived as riskier or more dangerous. ○ The discussion highlighted that these biases influence decision-making at multiple levels, including risk assessments and the application of restrictive orders, and are rarely acknowledged openly within the system. |

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| | <ul style="list-style-type: none">○ The group reflected on the broader societal context, observing that current political and social climates may be making such biases more pronounced or acceptable, further impacting AMHP practice and outcomes for minority groups.○ There was consensus that addressing these issues requires both individual awareness and systemic change, as well as ongoing reflection within AMHP practice. <ul style="list-style-type: none">● Bed Shortages and Service Gaps: There was concern about the reduction in NHS mental health and learning disability beds, increased reliance on private sector placements, and the resulting risks and challenges for patient care and AMHP practice.● Quality and Safety in Private Sector Placements: Participants raised issues about the quality, culture, and safety of private hospitals, including frequent closures, inadequate staffing, and lack of oversight compared to NHS units.● Legal and Procedural Ambiguities: The group discussed ambiguities in the application of the Mental Health Act, such as the use of “nature” versus “degree” for detention, and the requirements for appropriate treatment to justify continued detention.● Children and CTOs: There was discussion about the rare use of CTOs for children, the lack of age limits, and the potential for CTOs to reduce lengthy hospital stays for young people.● Ward Culture and Patient Safety: Concerns were raised about the impact of ward culture—especially in out-of-area or private placements—on patient safety, dignity, and outcomes, and the difficulty for AMHPs to assess these factors when making applications.● Professional Boundaries and Remote Supervision: The challenges of providing effective social supervision for forensic cases at a distance were discussed, including the need for strong local care packages and reciprocal arrangements. |
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| | <ul style="list-style-type: none"> • Impact of Organisational Change: The group noted the effects of ongoing organisational changes, such as service redesigns and policy reforms, on their roles, responsibilities, and the overall mental health system. <p>Links & Resources Discussed/Shared in the Session Chat:</p> <ul style="list-style-type: none"> • Community Treatment Orders - NHS England Digital • Impact of diagnosis on outcomes for compulsory treatment orders in New Zealand - PMC • UK still using ineffective compulsory treatment for people with mental illness (Oxford Uni, 2016) • Evaluating the effects of community treatment orders (CTOs) in England using the Mental Health Services • Community treatment orders: Current evidence and the implications - The British Journal of Psychiatry... (Octet) • The effects of community treatment orders (CTOs) on readmission to hospital using electronic health... (2023 ELFT study) • ‘Warehousing’ and the limits of appropriate treatment under the MHA 1983 – important new Upper Trib... (Essex Street commentary) • (2023)UKUT 205(AAC).pdf (case summary) • www.bmj • Long term trends in NHS inpatient bed provision in England, 1960–2020 - PLOS One • DD v Durham County Council & Anor - (2012) EWHC 1053 (QB) - England and Wales High Court (Queen’s Bench) • DD v Durham County Council (2012) EWHC 1053 (QB), (2012) MHLO 51 - Mental Health Law Online |
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| <p>Date of next supervision group sessions:</p> | <p>Coventry - AMHP Group Supervision</p> <ul style="list-style-type: none"> 📅 Date: 15 December 2025 🕒 Time: 9:30 AM – 12:00 PM ✉️ Organiser: DCC-i Crew (training@dcc-i.co.uk) 🔗 Calendar Invite: Join the meeting |
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