

AMHP Group Supervision Record Form

Supervision Record Form		
Name of Supervisees:	Andy Seys Francine Minett Laura Davison Junior Campbell Lucy Spedding Lenos Mbanje Harjit Matharu	Julie Warner Ian Nicklin Rekha Shah Jayne Shores Netsai Karan Lorna Broadbent
Name of Supervisors:	Daisy Long & Gail Dearing	
Date:	7 th July 2025	
Length of session:	2.5 hours	

Agenda Item	Summary of Discussion	Actions/decisions/timescales
Agenda	<ul style="list-style-type: none"> • Check-in on participants' wellbeing and any immediate themes or cases to discuss, especially from a CPD (Continuing Professional Development) perspective. • Review of previous meeting topics: CTOs, culture, and anti-racist practice. • Main case discussion: DJ case, including risk, legal frameworks (Section 135/136), engagement, and multi-agency challenges. • Reflective discussion on decision-making, ethics, and human rights in complex cases. • Open floor for additional cases, questions, or topics from participants. • Second-half topic: Ethical and practical considerations around informing individuals of their detention, prompted by a scenario involving a breastfeeding mother in A&E. • Comfort/screen break and informal discussion (including music interlude). • Final Q&A and wrap-up, including any requests for future topics. 	
Review of previous supervision	<p>The group referenced discussions from the last supervision, particularly around the use of "nature" in detention decisions and the challenges of applying criteria when presentations change.</p> <p>It was noted that the previous session included a focus on CTOs, culture, and anti-racist practice, as well as "elephant naming" in the room. There was also mention of reflecting on the cyclical nature of certain cases and the importance of evidence-based, defensible decision-making.</p>	
Issues relating to AMHPs support	<ul style="list-style-type: none"> • AMHPs faced significant challenges managing high-risk individuals like DJ, including violence, aggression, and the need for careful planning to ensure AMHPs safety during assessments and interventions. • The complexity of coordinating with police, ambulance services, 	

	<p>and other agencies added stress and required strong communication and escalation processes.</p> <ul style="list-style-type: none"> • There was recognition of the emotional and practical burden on AMHPs, especially when dealing with repeated, complex cases and systemic pressures such as bed shortages and resource constraints. • The importance of reflective supervision, open discussion, and sharing perspectives was highlighted as a way to support AMHPs and avoid groupthink. • AMHPs were encouraged to document their decision-making thoroughly to ensure defensible practice and protect themselves in the event of scrutiny or inquests.
<p>Issues relating to professional development</p>	<ul style="list-style-type: none"> • The meeting emphasized the value of reflective supervision as a space for professional growth, allowing AMHPs to question, discuss, and challenge practice in complex cases. • There was discussion about the importance of evidence-based practice, defensible decision-making, and understanding the legal and ethical frameworks underpinning actions, which are key areas for ongoing professional development. • Participants highlighted the need to stay updated on case law, policy changes, and best practices, especially regarding the Mental Health Act, Mental Capacity Act, and human rights considerations. • The group discussed the benefits of learning from real cases, sharing experiences, and considering different perspectives to avoid groupthink and enhance critical thinking skills. • There was mention of the need for continuous learning about neurodiversity, executive functioning, and new concepts like pathological demand avoidance to better support service users.
<p>Issues relating to role within the organisation and organisational Requirements</p>	<ul style="list-style-type: none"> • AMHPs discussed the need to balance individual autonomy with organisational duties under the Mental Health Act, Mental Capacity Act, and Human Rights Act, highlighting the complexity of their roles. • There was recognition of the responsibility to ensure defensible, evidence-based decisions, especially given scrutiny from senior managers and coroners, which is an organisational expectation. • The importance of thorough documentation and clear rationale for actions was stressed as a key organisational requirement to protect both AMHPs and the organisation in the event of adverse outcomes or legal challenges. • AMHPs roles require effective multi-agency collaboration, including with police, ambulance, and social care, to meet organisational and statutory obligations. • Organisational pressures such as bed shortages, resource constraints, and the need for timely handovers were identified as impacting AMHPs roles and requiring adaptability and resilience. • The need to adhere to codes of practice, policies, and legal frameworks was repeatedly emphasized as central to fulfilling organisational requirements.

<p>Summary of Reflective Discussions</p>	<p>The group used supervision as a reflective space to question the purpose and outcomes of interventions, especially in complex cases involving risk, autonomy, and repeated cycles of detention or disengagement.</p> <p>Participants debated the balance between least restrictive practice and the duty to protect, considering human rights, relapse indicators, and the unpredictability of risk.</p> <p>There was open discussion about the challenges of making defensible decisions under pressure, including the impact of organisational constraints, resource shortages, and the need for robust documentation.</p> <p>The value of diverse perspectives was highlighted, with suggestions that having assessors who do not know the service user can help avoid groupthink and bring fresh insight.</p> <p>Real-life examples and personal anecdotes were shared to illustrate dilemmas around informing people of detention, managing risk, and the ethical implications of withholding information for safety reasons. The group reflected on the importance of understanding neurodiversity, executive functioning, and the impact of masking and demand avoidance in assessment and care planning.</p> <p>There was consensus that reflective practice, open dialogue, and learning from each other are essential for professional development and maintaining high standards in complex, high-risk environments.</p> <p><u>Discussion Summaries:</u></p> <p>DJ Case Discussion DJ is a well-known service user with schizophrenia, poly-substance misuse, and suspected personality disorder. After being discharged from the CTO, DJ disengaged with the service, leading to increased risk and eventual detention under Section 3.</p> <p>DJ was discharged from PICU after aggressive behavior and deemed not to require hospital admission, becoming homeless and disengaged again. The MDT faced challenges with police cooperation, bed availability, and the logistics of using Section 135/136, especially as DJ was living in a tent and moving locations. The group discussed the use of warrants for movable objects and the complexities of managing high-risk, homeless individuals.</p> <p>Risk, Nature, and Degree The group explored the distinction between the "nature" and "degree" of mental disorder in the context of detention decisions, using DJ's</p>
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case as an example. Nature refers to the underlying characteristics and history, while degree refers to current severity and risk. The importance of robust, evidence-based decision-making and the need to adapt as presentations change was emphasized.

Systemic and Resource Pressures

Ongoing issues with bed shortages, delays in transport, and police resource constraints were highlighted. These systemic pressures complicate risk management, defensibility, and the ability to act promptly, especially when waiting for beds or warrants. The need for clear handovers and documentation was stressed.

Guardianship, CTOs, and Alternatives

The group discussed the use of guardianship as an alternative to CTO or detention, particularly for people who are non-compliant but do not meet criteria for detention. The legal possibility and ethical concerns of placing transient or homeless individuals on CTOs were debated, with questions about monitoring and the risk of setting people up to fail.

Executive Functioning, Capacity, and Neurodiversity

There was a detailed discussion about assessing capacity in people with neurodevelopmental conditions (autism, ADHD), especially when executive dysfunction or pathological demand avoidance (PDA) may impact engagement and decision-making. The group noted the challenge of distinguishing unwise decisions from lack of capacity and the need for nuanced, triangulated assessments.

Informing People of Detention

AMHPs generally inform individuals of their detention but may delay if there is a risk of absconding, aggression, or safety concerns. Examples included not informing someone during a community assessment due to lack of a bed and risk of running away, and situations where informing led to aggression or absconding. The group discussed the ethical and legal need to inform as soon as it is safe, and the importance of documenting the rationale for any delay.

Legal Frameworks and Deprivation of Liberty

The use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in acute settings was discussed, including the limitations and legal risks of using these frameworks for restraint or holding someone in hospital for safeguarding rather than treatment. The group noted the need for proportionate, necessary, and well-documented use of these legal tools.





Continuity of Care

Concerns were raised about the loss of continuity in care coordination and consultancy, with the group noting that lack of consistent





	<p>relationships can hinder early intervention and risk management for vulnerable individuals.</p> <p>Human Rights and Defensible Practice The balance between protecting individuals (and others) and respecting their rights to liberty and autonomy was a recurring theme, with reference to Articles 2, 3, 5, and 8 of the Human Rights Act. The need for defensible, evidence-based decisions that can withstand scrutiny, especially in the context of coroner’s inquests, was emphasised.</p> <p>Ethical and Practical Dilemmas The group reflected on the cyclical nature of some cases, the challenge of acting early versus waiting for clear risk, and the importance of open, reflective discussion to avoid groupthink and ensure robust, defensible practice.</p>
<p>Any other issues</p>	<ul style="list-style-type: none"> • Bed shortages and delays in securing placements were a recurring concern, impacting risk management and AMHPs safety, and leading to prolonged waiting times and handover challenges. • The interface between the Mental Health Act, Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLS) was discussed, especially regarding the legal and ethical complexities of using these frameworks in acute and safeguarding scenarios. • The group noted difficulties in multi-agency coordination, particularly with police and ambulance services, which sometimes led to adversarial interactions and operational delays. • The challenge of supporting individuals with neurodiversity, executive dysfunction, and masking behaviours was highlighted, with a need for more nuanced assessment and intervention strategies. • Concerns were raised about the limitations of current organisational resources, including the availability of AMHPs, secure transport, and supported accommodation, which affect the ability to deliver timely and effective care. • The importance of robust documentation and defensible decision-making was emphasized as a safeguard against legal scrutiny and to ensure accountability. • The group discussed the ethical and practical dilemmas of informing individuals about detention, especially when there are risks of absconding or aggression, and the lack of specific guidance on timing and process. • There was mention of the need for ongoing professional development and reflective practice to navigate the evolving complexities of mental health and social care work.

Date of next supervision group sessions:

Coventry - AMHP Group Supervision

-  Date: 8 October 2025
-  Time: 1:00 PM – 3:30 PM
-  Organiser: DCC-i Crew (training@dcc-i.co.uk)
-  Calendar Invite: [Join the meeting](#)

Coventry - AMHP Group Supervision

-  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](#)