UMHAN
University Mental Health Advisers Network

Supervision and Reflection

Guidance for Managers, Heads of Service and Employers

Last updated: July 2025

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Introduction

UMHAN believes that supervision, alongside continuing professional development (CPD) and lifelong learning is fundamental to ensure safe and accountable practice and high quality clinical and professional services.

UMHAN concurs with the Department of Health's definition of supervision as a structured process of professional support and learning that helps practitioners develop their knowledge and competence, take responsibility for their practice, and improve safety and consumer protection in complex situations. It is vital for continuous learning and expanding practice, and it promotes self-assessment, analytical, and reflective skills (1993).

UMHAN is aware that the role of a Specialist Mentor: Mental Health and a Mental Health Adviser can be highly demanding, and at times also emotionally complex. Students supported often have complex diagnosis and experiences, and can be vulnerable. Both roles exist because although they operate within the academic environment it is often impossible to detach an individual's mental health and the impact of any difficulties in other areas of their life from study.

The Student Loans Company role description states that Specialist Mentors should have an understanding of different mental health conditions and the impact they may have on the student accessing their studies. It states they should also be alert to, and follow up on concerns, relating to the students they support, which may include students in crisis. Even though the term 'Non-Medical Helper' is used to refer to the Mentoring role, it has been recognised that because of the complex nature of the work, extensive training and experience is needed for this role. In turn, Mentoring staff also need the professional support that supervision provides.

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.

Good supervision should ensure:

- 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 the need for further staff training
- Understanding and awareness of different communication methods e.g. unconscious and non-verbal
- An understanding of when and how a supervisor is obliged to break confidentiality, for example, if they are sufficiently concerned about a supervisee's practice.

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.

The benefits of supervision

Supervision is needed to ensure an excellent service to clients; accountability to employers; monitoring and gatekeeping of professional standards; professional and personal development and support for the practitioner.

It is widely accepted that supervision benefits the employer, the employee and service users on a variety of levels. First of all employees have some protected, regular time away from their work in a confidential one-to-one or group supportive setting, where reflection and open discussion take place without fear of possible performance management consequences. Working with psychological distress and mental ill health inevitably involves working with issues of risk at times and is associated with higher levels of staff burnout. Quality supervision can act as a restorative element, helping employees to manage these factors, reducing risk of stress and burnout. It also provides opportunities for employees to receive feedback about their work, encouraging high work performance and a positive environment:

> *I have been able to share my concerns about individual students and reflect on boundaries and general approaches to my work. I have discussed with her areas in which I have been struggling with students and have often been able to come up with new approaches after the sessions.*
>
> *It has also been invaluable for me… I think this has really made a difference in preventing burnout and overwhelm and identifying too closely with some of the issues my students are also struggling with* (Mentor).
>
> *Challenges in responding to and managing an increased workload has led to self-reflection on how my communication style has been affecting my stress levels. It has encouraged me to make some changes to the level of assertiveness taken when setting and maintaining work boundaries and*

> *when communicating with and making referrals to the local GP and MH teams* (Mental Health Adviser).

Secondly, research consistently supports the correlation between employer afforded/facilitated supervision and increased staff retention. Being supported through quality supervision can result in workplace contentment and commitment. Additionally, effective supervision enables motivated, confident employees who can be mentors and better peers to others in the organisation:

> *Supervision has been particularly helpful this year in managing the burden of traumatic information related to student incidences. It has also helped to maintain a sense of boundaries at times when students have been in greater need, by identification of effective signposting recommendations and discussions around the benefits of "less is more" in order to keep mentoring as an empowering supportive role, rather than creating any dependence. Regular contact with my supervisor gives me a sense of the increasing confidence, resilience and competence I have developed over the years as a mentor* (Mentor).

Thirdly, regular, high-quality supervision is likely to ensure that students who use the university's mental health services will receive effective service and superior quality ethical care. Supervision is likely to decrease complaints and concerns about the service and general performance through the identification of an employee's training and development needs, and results in increased staff retention ensuring continuity of care for students with mental health difficulties:

> *I find it helpful to reflect on clinical cases of students I am working with within my role. I have reflected on specific interactions/interventions with students or at times longer pieces of student work. It is helpful to consider what went well and what I could have changed or done differently. I also find it helpful to reflect on the relationship I have with the student, and to consider how I could work more effectively with them depending on their presentation and how they are relating to me or their illness in the session.*
>
> *I also find it very helpful to get advice and guidance on how to work with a student presenting with particular needs that I haven't dealt with before, or for a long time e.g. assessing someone hearing voices or supporting a student with an eating disorder* (Mental Health Adviser).
>
> *The supervision has offered opportunity to reflect on difficult support issues, particularly with students with complex MH issues, such as bi-polar and personality disorders, where the mentoring relationship can become nuanced and supportive in ways that may not be immediately connected to the work the student is undertaking, but more in terms of maintaining a supportive space for the student to be held, and know that signposting to*

broader means of support is available. Individual supervision has helped me to reflect on my approaches to support and to suggest avenues of research that can help me to build on my understanding (Mentor).

Context-specific considerations

Working within a social model of disability and mental health conditions, 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 experience and backgrounds 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.

Supervision must also incorporate an awareness of boundaries, requirements and expectations of the organisation the Adviser/Mentor is working for. One of the challenges of supervision is to ensure that the supervisor understands this context. An example of good practice is a university where supervisors are invited to occasional team meetings to ensure that they understand any new developments in service provision.

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 Adviser/Mentor, supervision results in continual personal and professional development for individuals and the service.
UMHAN's experience shows that members find good supervisors through a variety of different routes: some may be current or former colleagues, others work within local NHS

services or have been found through networking. Supervision arrangements must be negotiated locally (between staff and their employer unless self-employed) to acknowledge differences in role and job description, duties, quantity and intensity of student contact, as well as maintenance of an individual's professional registration.

It should be recognised however, that the supervisor/supervisee relationship is very personal, and the supervisee should have the ability to choose their own supervisor and change them if necessary.

UMHAN Supervision Requirements

We have benchmarked our Supervision Requirements against a variety of other professional bodies, and recognise that some members may be bound by the requirements of different organisations.

Our current supervision requirements are:

- If a member works full-time AND during the summer (35 hours or more per week) we require a minimum of 1.5 hours recorded group or individual supervision per month, totaling 18 hours per annum
- If a member works part-time AND during the summer (less than 35 hours per week) we require a minimum of 1 hour recorded group or individual supervision per month, totaling 12 hours per annum
- If a member only works term-time, they will not have to record any supervision during the summer months (9 hours of supervision in total per annum).

A minimum of one hour's supervision per month is required - even for staff who work a minimal number of hours, due to the need for regular supervisory input; in fact, for staff who work minimal hours, regular supervision can help to ensure that they do not become isolated or out of touch.

Supervision agreement

We recommend a supervision agreement is drawn up to detail practicalities, such as frequency and duration of meetings, but also to clarify roles and responsibilities, and the boundaries of the relationship. This should include detail about when a supervisor might raise concerns about the supervisee's practice and who to communicate these to. We have provided an example in the Appendices.

Types of supervision

Each type of supervision below has its own merit, and it may be that a supervisee has a preference for a particular form of supervision. One-to-one clinical supervision should be

funded if requested as this fulfils a very particular function. However, it should be noted that at times an issue will be, and should be addressed, using all three forms of supervision.

An example of this 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 group supervision in terms of how the individual managed the situation and within clinical supervision to meet any restorative and reflective needs.

Supervision should be primarily about understanding students and their needs, rather than anything therapeutic for the supervisee (although it does have restorative and supportive functions). **There is great potential for staff working with complex mental health issues to experience stress and burnout; managers and employers should be aware of this,** and if a Mental Health Adviser or Mentor's own mental health is being negatively affected by the work they are doing they should be signposted to support - from a GP, local Mental Health Team, Counsellor, or staff Wellbeing Service, and their caseload should be reviewed.

Clinical

The goals of clinical supervision are to ensure that the supervisee is using skills and handling a client caseload appropriately, all while being mentored by an experienced professional. This leads to an increased skill set as well as improved outcomes of client care.

There is no one way to conduct clinical supervision, but there are a few principles:

- Clinical supervision allows a person to focus on a particular aspect of their clinical practice in a way that they would not normally do
- It is characterised by reflection on previous action and its implications for future action; a clinical supervisor will often challenge the supervisee to think outside of their current ways of working
- The clinical supervisor will offer support and advice - the supervisee tends to learn alternative ways of working and specific skills
- The clinical supervisor will be interested in the quality of the supervisee's performance and will offer constructive feedback.

(Flying Start NHS, 2018).

Clinical supervision is undertaken on an individual basis.

Managerial

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:

- Review their performance
- Set priorities/objectives in line with the organisation's objectives and service needs
- Identify training and continuing development needs.

(Care Quality Commission, 2013).

N.B. Although some members may be line-managed by mental health professionals, it may not be appropriate for them to provide both clinical and managerial supervision, due to potential conflicts, for example, due to resourcing issues a team manager may have to make decisions about the workload of a member of staff; the member of staff may not feel that this is a safe way of working, and might need to work through this with a supervisor who understands their professional background. Similarly, it may be difficult for a supervisee to display any vulnerabilities, therefore preventing any effective learning and development of practice.

Group

Group 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. Group supervision should be 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. Group 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.

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

UMHAN recommends that group supervision is facilitated by an experienced supervisor, in order to help in supporting and structuring the process, alongside a rolling agenda. They can also help to ensure that group dynamics and individual personality types do not impact on the quality of supervision. It will also be important for boundaries to be maintained (such as not introducing conflicts with confidentiality, performance appraisal, policy work, etc).

UMHAN members are encouraged to access group supervision within their organisation, or with local members. When the group is composed of mentors who have been accredited through the UMHAN Route 1 and Route 2 scheme, a professionally qualified supervisor MUST be in place as facilitator.

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Remote

In recent years, some members have found remote/online supervision a useful way to access supervision. This has been particularly beneficial for those in a remote or rural location, or for disability-related reasons.

We do not require members to contact us before starting supervision remotely, however, please see our key notes on remote supervision below:

- This must be a video call, for example, using Google Meet, MS Teams, Zoom etc. Telephone is not an acceptable means of undergoing supervision apart from in exceptional and occasional circumstances.
- It should occur in a secure, quiet environment
- Firm boundaries should be established from the outset especially regarding confidentiality and suitable space (see above).

Peer support

Peer support differs from more traditional forms of supervision in that it does not require the presence of a supervisor. Peer support usually refers to reciprocal arrangements in which colleagues work together for mutual benefit where developmental feedback is emphasised and self-directed learning and evaluation is encouraged (Coach Mentoring, 2008).

Peer support is an important way of providing a reflective practice opportunity.

Peer support should be seen as an addition to, rather than replacement for other supervision types as described above. An example format of peer support is provided in the Appendices.

Professional

Professional supervision is a positive and enabling process that offers the opportunity to bring an employee and a skilled supervisor together to reflect on work practice. It is the process by which someone can review and evaluate their work through discussion, report and observation with another colleague. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional and clinical issues. An outcome of professional supervision may be identification of work-related learning needs and CPD.

Reflective practice

Reflective practice is an integral part of supervision, and also a complementary separate activity. It is often a requirement of registration in the healthcare professions, and a skill that will be taught during professional training.

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There are multiple models for reflective practice - a simple model is a cycle of 3 questions: ‘what?’, ‘so what?’ and ‘now what?’. Many reflective practice models have been critiqued over recent years, and feedback from our members show it can feel too easy to focus on ‘what went wrong’.

To create a more positive environment for self-reflection which also focuses on practitioner wellbeing, UMHAN encourages the use of the SELF model which is grounded in positive psychology. Members should ensure that this aligns with the requirements of their professional body:

- **S**tart with something positive
- **E**xplain key points of the experience
- **L**earn from the experience
- **F**rame the experience in terms of what is valued, for example, in relation to a set of professional standards.

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Appendix A: Fundamentals of supervision

Generic supervision skills

- Knowledge of educational principles which influence learning and skill development and knowledge of educational principles which can be applied in supervision
- Knowledge of the context within which supervision is provided (including relevant professional, ethical and legal frameworks)
- Understanding of the ways in which professional and ethical issues are represented in supervision (e.g. managing boundaries, confidentiality, managing power differentials)
- Understanding of issues of difference and diversity in supervision and how these relate both to supervision itself and to the discussion of casework
- Developing and maintaining a working partnership
- Understanding of the importance of a safe environment for facilitating learning and of the factors that affect the development and maintenance of a good supervisory relationship
- Conducting supervision in group formats: knowledge and skills to structure group supervision and to manage group process appropriately
- Knowledge of procedures relevant to the assessment of poor performance and failure, and skills in implementing these
- Knowledge and skills to identify supervisee's training needs
- Knowledge of supervision models and how and when to apply these in practice.

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Appendix B: Peer support example

Typically, peer support 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
- 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
- The session ends with a final review in order to increase the group's cohesiveness and ensure that members leave ‘intact'
- If there are any issues which the group identifies need bringing to the attention of the service provider, then a nominee is chosen to do this. Personal issues arising from peer support can be brought to the manager’s attention also.

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Appendix C: Supervision agreement template

Supervisee Name	
Supervisor Name	
Practical arrangements	*For example, time, venue, frequency and duration*
Contact arrangements	*What method will be used between sessions, any agreement about ad hoc or telephone supervision*
Content of sessions	*For example, any standard agenda, how items will be raised*
Expectations of the supervisee	*This might include information about past experiences of supervision, as well as their expectations of the supervisor*
Expectations of the supervisor	
Preparation	*By the supervisor to understand the context of the supervisee's work and the supervisee in terms of what they might want to discuss*
Resolving difficulties	*How either side might recognise any problems working together and how these might be worked through*
Communicating concerns	*Under which circumstances a supervisor might need to raise concerns about a supervisee's professional practice, and the name and contact details for this communication*
Recording	*How sessions are going to be recorded, and any ad hoc discussions, and who has access to this*

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As a supervisor, I take responsibility for:

1. Ensuring a safe environment for the supervisee to discuss their practice in their own way.
2. Helping the supervisee explore, clarify and learn from their own thinking, feelings and perspectives regarding their practice.
3. Giving and receiving open, honest and constructive feedback.
4. Sharing with the supervisee information, experiences and skills appropriately.
5. Challenging professional practice in an open and honest manner.

Signed.....Supervisor. Date.....

As a supervisee, I take responsibility for:

1. Identifying issues for which I need help and asking for time in which to deal with them.
2. Becoming increasingly able to share these issues freely and honestly.
3. Identifying and communicating the type of response which is useful to me.
4. Becoming aware of my own role and scope and its implications to myself and the organisation and profession for which I work.
5. Being open to others feedback.
6. Noticing when I justify, explain or defend before listening to feedback.
7. Informing my line manager of my supervision arrangements.

Signed.....Supervisee. Date.....

We shall take shared responsibility for:

1. Arranging when, where and how long each ensuing supervision session will take place.
2. The frequency of the supervision sessions.
3. The limits to and maintenance of confidentiality.
4. Reviewing regularly the usefulness of supervision at agreed and predetermined intervals.
5. Knowing the boundaries of the clinical supervision process.
6. Our responsibilities should the boundaries be infringed.

Signed.....Supervisor. Date.....

Signed.....Supervisee. Date.....

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Further Reading

Edwards, D., Burnard, P., Hannigan, B., Cooper, L., Adams, J., Juggessur, T., Fothergil, A. and Coyle, D. (2006) Clinical supervision and burnout: the influence of clinical supervision for community mental health nurses. *Journal of Clinical Nursing*, 15(8), 1007-1018.

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