

## Supervision

Carelink has always had a supervisor for the coordinator.

The coordinator has been supervised by the current psychiatrist supervisor weekly for the past 4 years. Supervision occurs at the psychiatrist's private consulting rooms and is billed to Carelink.

Supervision addresses a variety of issues. For new Carelink clients the supervisor reviews the assessment interview and issues of appropriate referral. The supervisor's opinions about psychologist versus psychiatrist management are raised and decided. Requirement for private hospital insurance is considered i.e. whether in the opinion of the supervisor it is likely that inpatient management will be necessary. Arrangements for insurance then can be made. Likewise medication issues are raised with the supervisor and these matters may also determine whether a psychologist with general practitioner management will be suitable or if referral to a psychiatrist is desirable.

Many clients see complementary medicine practitioners in addition to other health care providers. Assistance from the supervisor regarding referral of claims for non-pharmaceutical items to the integrative medical practitioner consultant are also discussed. Secondary medical issues which may form the basis of claims to Carelink are also discussed. These matters relate to issues such as treatment for secondary obesity from medications prescribed for abuse-related psychiatrist problems, pain disorders, dental issues from abuse-related misuse of the mouth, back conditions etc. Advice from the supervisor is sought for clients who request funding for conditions that occurred after the abuse occurred e.g. accidents and age-related illnesses.

The supervisors have all had national connections which enable them to assist funding mental health professionals for clients who now live interstate. Further, they have access to specialist practitioners in other disciplines to assist the coordinator in making appropriate referrals.

Issues of quality improvement have also formed a significant area of work arising in supervision. The current supervisor has extensive experience in this area. Thus revision of processes and documentation has occurred with the additional assistance of the consulting psychiatrist who interviews claimants for the Compensation Panel.

In recent times there have been a range of orchestrated complaints about the Carelink service and the Carelink coordinator both via the media and the registration board. Supervision has assisted in maintaining the capacity of the coordinator to continue provision of services to clients who have sought action against the coordinator so that their ongoing treatment has not been compromised.

Some of these clients have sought payment for services that are outside the remit of the Archdiocese and Carelink and as a result these clients have become very abusive to the coordinator. Supervision has been a supportive environment where these issues have been able to be aired and managed.

It would be naive also to not acknowledge that the prolonged and multiple issues that have become subjects of the board's investigations have not had a significant impact on the coordinator's wellbeing and that supervision has been a supportive environment where these allegations have been discussed.