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Staff Accessing Mental Health Assessment and Treatment Protocol

Introduction and Aim

Cardiff and Vale University Health Board (UHB) is committed to ensuring that all employees can access timely, safe, confidential and stigma-free mental health support. Within the Mental Health Clinical Board (MHCB), healthcare work can expose employees to significant psychological strain, including trauma, moral distress, burnout and cumulative stress. This protocol provides MHCB-specific, trauma-informed, rights-based guidance for MHCB employees to access mental health support through appropriate pathways (for example: GP services, Occupational Health, community mental health teams, A&E, crisis services and, where clinically appropriate, out-of-area options).

This protocol ensures that MHCB employees are able to seek support without fear of judgement, reprisal or breach of confidentiality, and that MHCB processes operate in line with Welsh mental health legislation, NHS Wales workforce wellbeing standards, and best-practice guidance including:
Mental Health (Wales) Measure 2010
Mental Health Act 1983 – Code of Practice for Wales (2016)
NHS Wales Staff Wellbeing Framework
NICE Guideline NG219: Preventing and reducing mental health problems at work (2022)
NICE Guideline NG53: Confidentiality and information sharing

The aim of this protocol is to uphold dignity, privacy and psychological safety while ensuring MHCB employees can access appropriate assessment, crisis intervention and ongoing support. It also supports safe boundaries and conflict-of-interest management where an MHCB employee (or their relative) is using MHCB services.

Objectives

This protocol aims to:

- Provide clear, accessible pathways for MHCB employees to obtain mental health assessment, crisis support, and treatment.
- Ensure MHCB employees receive compassionate, trauma-informed, non-judgemental support at every stage.
- Define responsibilities within MHCB (clinical teams and managers) and the interfaces with Occupational Health and People services to support consistent, safe practice.

- Establish safe processes for MHCB employees whose relatives are receiving MHCB mental health care, including clear boundaries and conflict-of-interest safeguarding measures.
- Ensure all practice aligns with Welsh mental health legislation, Data Protection Act 2018 / UK GDPR, NHS Wales Staff Wellbeing Framework and HSE psychological hazard reduction standards.
- Promote equality, dignity, accessibility and psychological safety, ensuring no staff member is disadvantaged for seeking support.
- Reduce psychosocial risk at work in line with NICE NG219 and national wellbeing standards.

1. Legislative and Policy Framework (Wales)

This protocol is underpinned by a comprehensive legal and regulatory framework that establishes the Health Board's responsibilities to protect, promote, and respond to the mental health needs of its workforce. Cardiff and Vale University Health Board (UHB) recognises that the psychological wellbeing of staff is both a legal obligation and a critical component of safe, high-quality patient care that aligns with the UHB values.

1.1. Statutory Duties

The UHB has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, including their mental health.
In line with this, the UHB must:

- Identify and mitigate psychosocial risks within the workplace
- Undertake suitable and sufficient risk assessments, including risks to mental health
- Take reasonable steps to prevent foreseeable psychological harm, including trauma, stress and burnout
- Ensure that staff experiencing mental ill health are supported appropriately and without delay

This protocol is informed by, and must be read in conjunction with, the following legislation:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Equality Act 2010
- Mental Capacity Act 2005

Under the Equality Act 2010, the UHB must:

- Prevent discrimination, harassment and victimisation
- Recognise that mental health conditions may constitute a disability
- Provide reasonable adjustments to enable staff to remain in or return to work

1.2. Welsh Mental Health Legislation and Policy

This protocol aligns with Welsh Government legislation and policy to ensure that MHCB employees who require mental health support are afforded the same rights, protections, and access to care as the wider population.

- Mental Health (Wales) Measure 2010
  Establishes rights to timely access to mental health assessment, care coordination, and ongoing support.
- Mental Health Act 1983 – Code of Practice for Wales (2016)
  Requires that care is delivered in accordance with principles of:
  - Privacy, dignity and respect
  - Least restrictive practice
  - Lawful and proportionate information sharing
  - Management of conflicts of interest, particularly relevant where staff are also patients
- Together for Mental Health (Welsh Government Strategy)
  Emphasises early intervention, equitable access, and a whole-system approach to mental health.
- The Mental Health and Wellbeing Strategy 2025–2035
- Welsh Government's Suicide Prevention and Self-harm Strategy for Wales

1.3. Information Governance and Confidentiality

All information relating to MHCB staff accessing mental health support must be managed in accordance with:

- Data Protection Act 2018 and UK GDPR
- NHS Confidentiality Code of Practice
- Caldicott Principles

The UHB must ensure that:

- Personal and sensitive information is accessed strictly on a need-to-know basis
- Confidentiality is maintained at all times unless there is a lawful basis for disclosure
- Information sharing is necessary, proportionate, and justified, particularly where there is risk of harm
- Breaches of confidentiality are managed in line with UHB Information Governance and incident reporting procedures

1.4. National Guidance and Best Practice

This protocol is aligned with national guidance and best practice, including:

- NICE Guideline NG219: Preventing and reducing mental health problems at work (2022)
  Recommends a whole-organisation approach, including early identification of risk, supportive management practices, and timely intervention.
- NICE Guideline NG53: Confidentiality and information sharing

- NHS Wales Staff Wellbeing Framework Promotes psychologically safe working environments and equitable access to support.

2. Scope

This protocol applies to MHCB employees, including:

- Permanent MHCB staff
- Temporary MHCB staff, bank and agency workers assigned to MHCB teams
- Medical and dental staff working within MHCB (including locums)
- Students/trainees on placement within MHCB services

This protocol applies regardless of role, grade, or location within MHCB. All MHCB employees covered by this protocol are entitled to equal access to mental health support, confidentiality protection, psychological safety, and the procedures described herein.
This protocol must be used whenever an MHCB employee:

- becomes a patient;
- seeks mental health support from MHCB;
- presents in crisis while on duty in an MHCB setting;
- requires support due to a relative receiving care within MHCB services

3. Organisational Responsibilities

In line with this framework, the UHB will:

- Take proactive steps to identify and reduce risks to staff mental health
- Ensure that MHCB employees can access support confidentially, safely, and without stigma
- Provide appropriate workplace adjustments and support
- Ensure that staff are not disadvantaged for seeking mental health support
- Maintain clear governance and assurance processes to ensure compliance with legal and regulatory requirements

Equality and Health Impact Assessment	See attached
Documents to read alongside this protocol	1. UHB Information Governance (IG) policies and procedures (including access to records, audit and incident management) 2. UHB People/HR policies (absence, fitness for work, reasonable adjustments, disciplinary) 3. Occupational Health referral and management guidance

	4. Once for Wales / DATIX incident reporting guidance (including information security incidents) 5. UHB Safeguarding policies and procedures (adults/children) where relevant
Approved by	Controlled Document Oversight Group, Mental Health Clinical Board

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Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	14/06/2017	18/01/2018	New document
2	02/07/2026	09/07/2026	Updated protocol: clarified MHCB employees-only scope; strengthened protocol terminology and governance wording; aligned version control.

Contents

1. When to use this protocol

Role	Responsibilities under this protocol
MHCB clinician receiving the request / presentation	Provide a compassionate, trauma-informed response; ensure immediate safety; arrange assessment via appropriate MHCB pathway; avoid dual-role where practicable; document clinical decisions in the clinical record; follow IG controls for staff-patient records.
MHCB Team Manager / Shift Coordinator (clinical)	Coordinate timely assessment and safe staffing; ensure privacy (private space, discrete arrangements); allocate an assessor who is independent from the staff member's usual team where practicable; ensure escalation to CRHTT/A&E/Liaison Psychiatry when indicated.
Line manager (employing department, not MHCB)	Focus on operational safety and support (duty changes, leave, adjustments); do not request clinical details; only receive/share information with consent or where necessary to manage serious and immediate risk; refer to Occupational Health as appropriate.
Occupational Health	Advise on fitness for work and reasonable adjustments; support return-to-work planning; liaise with managers with staff member's consent; does not replace clinical assessment or treatment.

Information Governance / Digital Services	Apply restricted/VIP controls to MHCB-held staff-patient records where available; ensure break-glass access is enabled and audited (see below); investigate suspected inappropriate access in line with UHB IG procedures.
All staff	Maintain confidentiality; do not access a colleague's record without a lawful, role-based need; report suspected breaches; maintain professional boundaries if a relative is receiving MHCB care.

2. Guiding principles

Trauma-informed practice

- prioritising safety, dignity and empowerment;
- recognising trauma, moral injury and cumulative stress.

Psychological safety

- MHCB employees must be able to seek help without stigma, reprisal or career detriment;
- mental health support must never be used for performance management.

Legal and ethical compliance

- MHCB employees accessing support are patients first;
- clinical care takes precedence over employment relationships;
- information sharing is lawful, necessary and proportionate.

3. Access pathways for MHCB employees

MHCB employees may access mental health support through:

- GP services;
- Occupational Health;
- Employee Assistance Programme;
- Primary mental health services / therapy hubs;
- Community Mental Health Teams;
- NHS 111 (option 2);
- Mental Health University Liaison Service (MULS) (Students only)
- Crisis Resolution & Home Treatment Teams;
- A&E where there is immediate risk.

Where clinically appropriate, MHCB employees may request **off-team or out-of-area** assessment or treatment to protect privacy and professional boundaries.

4. Confidentiality and Information Governance Principles

MHCB employees accessing mental health services must be treated as **patients first**, with full entitlement to privacy, dignity, and confidentiality.

All staff must comply with:

- Data Protection Act 2018 and UK GDPR
- NHS Confidentiality Code of Practice
- Caldicott Principles

4.1. Access to Information

Clinical records must only be accessed by staff directly involved in the individual's care
Access must be:

- Role-based
- Justified
- Proportionate

Unauthorised access to a colleague's record constitutes a serious breach of confidentiality and may result in disciplinary action.

4.2. Enhanced Confidentiality Controls

Where available, **restricted status** must be applied to staff-patient records

4.3. Information Sharing

Information may only be shared with the explicit consent of the staff member or, without consent, where there is a lawful basis such as a serious and immediate risk to the individual or others or safeguarding concerns; in all cases, information sharing must be necessary, proportionate, and documented when there are:

- Serious and immediate risk to the individual or others
- Safeguarding concerns

Any sharing of information must be carried out in accordance with the following principles:

- Lawful
- Necessary
- Proportionate
- Relevant
- Accurate
- Timely
- Documented

4.4. Employment vs Clinical Information

- Clinical information must **not be recorded in employment records**
- Managers must only record:
  - Operational decisions
  - Adjustments
  - Attendance / support actions (including occupational health referral and staff risk assessment)
- Managers must not request or retain **clinical details**.

4.5. Breaches of Confidentiality

Any suspected or actual breach must be:

- Reported via **UHB Information Governance procedures**
- Recorded on **DATIX (or equivalent system)**
- Investigated in line with UHB policy

5. Equality and inclusion

MHCB employees must not be disadvantaged for seeking mental health support.
Adjustments must be made in line with the Equality Act 2010, including reasonable adjustments for disability, neurodiversity, and cultural or language needs.

6. Manager Responsibilities

6.1. Principles

Managers play a critical role in ensuring the psychological safety, wellbeing, and lawful management of MHCB employees. Managers must balance their duty of care to staff with their responsibility to maintain safe, effective services. Managers are not responsible for providing clinical care, but are responsible for ensuring that appropriate support, adjustments, and escalation occur in a timely and safe manner.

6.2. Core Responsibilities (All Managers)

All managers must:

- Promote a psychologically safe environment where staff feel able to seek support without stigma or fear of detriment
- Respond to concerns about staff mental health promptly, sensitively, and proportionately
- Ensure staff are aware of available support pathways (e.g. GP, Occupational Health, MH services)
- Maintain professional boundaries, avoiding involvement in clinical decision-making
- Always respect confidentiality, only receiving or sharing information where lawful and necessary

Managers must take proactive steps to identify and respond to potential mental health concerns, including:

- Noticing and responding to **changes in behaviour, performance or attendance**
- Initiating **supportive conversations** in a private and appropriate setting
- Encouraging staff to access appropriate support services
- Avoiding assumptions or diagnostic language

Managers must ensure that concerns are **addressed early**, rather than waiting for crisis escalation.

6.3. Risk Management and Duty of Care

Where a manager becomes aware of concerns about a staff member's safety or wellbeing, they must:

- Consider whether there is **immediate or significant risk** to the individual or others
- Escalate concerns in line with the **Crisis Presentation at Work pathway** where appropriate
- Take reasonable steps to **reduce foreseeable risk**, including:
    - Adjusting duties
    - Removing from safety-critical tasks
    - Facilitating immediate support

Managers must not ignore or delay action where risk is identified.

6.4. Workplace Adjustments and Equality Duties

In line with the **Equality Act 2010**, managers must:

- Consider and implement **reasonable adjustments** where a staff member is experiencing mental ill health
- Work in partnership with **Occupational Health/safeguarding** to determine appropriate adjustments
- Support phased return to work, modified duties, or flexible working where indicated
- Ensure that staff are **not disadvantaged** for disclosing or seeking support for mental health

All adjustments must be **proportionate, documented, and regularly reviewed**.

6.5. Interface with Clinical Services

Managers must:

- Support staff to access appropriate clinical pathways
- Avoid requesting, recording, or discussing clinical details beyond what is necessary for operational management
- Respect the separation between clinical care and employment management
- Liaise with Occupational Health (with consent) where appropriate

Managers must not attempt to influence clinical decisions or act outside their professional competence.

6.6. Confidentiality and Information Governance

Managers must:

- Only access or receive information on a need-to-know basis
- Ensure that any information recorded is minimal, relevant, and appropriate for employment purposes
- Maintain strict confidentiality in line with Data Protection and UHB Information Governance policies

Disclosure without consent should only occur where there is a **lawful basis**, such as **serious and immediate ris**k.

6.7. Documentation and Record Keeping

Managers must:

- Maintain clear and accurate records of:
    - Support offered
    - Actions taken
    - Adjustments implemented

- Ensure that **clinical information is not recorded in employment records**
- Document decisions in a way that demonstrates **reasonable and proportionate action**

6.8. Post-Crisis and Ongoing Support

Following a crisis or period of mental ill health, managers must:

- Ensure a **supportive and structured return-to-work process**
- Review and update **risk assessments and adjustments**
- Maintain regular, supportive contact with the staff member
- Monitor wellbeing and escalate concerns where required

7. Crisis Presentation at Work

7.1. Principles

Where an MHCB employee presents in mental health crisis while on duty, the overriding priority is:

- Immediate safety of the individual and others
- Preservation of dignity, privacy and confidentiality
- Rapid access to appropriate clinical assessment and care

MHCB employees in crisis must be treated as patients first, with clinical need taking precedence over employment or operational considerations.

7.2. Immediate Response (All Staff)

If an MHCB employee presents in crisis:

- Ensure the individual is not left alone where there is concern about safety
- Move the individual to a private, safe and low-stimulation environment
- Respond in a calm, compassionate and non-judgemental manner
- Escalate immediately to the Shift Coordinator and appropriate senior clinician
- Staff must not attempt to manage significant risk alone.

7.3. Clinical and Operational Actions

The Shift Coordinator and senior clinician must ensure:

- The staff member is **immediately relieved of patient-facing duties**
- A **timely clinical assessment** is arranged via an appropriate pathway
- Wherever possible, the assessment is undertaken by a **clinician independent of the individual's usual team**
- Consideration is given to:
    - Crisis Resolution and Home Treatment Team (CRHTT)

- Liaison Psychiatry
- Emergency Department (A&E)
- NHS 111 (Option 2)

Where clinically indicated, escalation must occur **without delay**.

7.4. Risk Management and Escalation

A dynamic risk assessment must be undertaken, considering:

- Risk to self (including suicide/self-harm)
- Risk to others
- Ability to remain safely in the current environment

Where there is **immediate or significant risk**:

- Urgent referral to emergency or crisis services must be made
- The **Mental Health Act** should only be used where clinically necessary and lawful
- Staff must follow existing MHCB emergency and risk management procedures

7.5. Crisis Presentation at Work pathway

The following pathway should be used where an MHCB employee presents at work with apparent acute mental distress, marked deterioration in mental state, expressed suicidal thoughts, severe agitation, dissociation, psychosis, intoxication with associated mental health risk, or any situation where colleagues are concerned about immediate wellbeing or safety.

I. **Recognise and respond immediately:** stay with the person if there is any concern about safety, use a calm and non-judgemental approach, and summon the shift coordinator and senior clinician without delay.
II. **Make the environment safe:** move to a private, low-stimulation area where possible, reduce unnecessary observers, and consider immediate removal from patient-facing or safety-critical duties.
III. **Establish immediate risk:** consider risk of suicide or self-harm, risk to others, vulnerability, disorientation, intoxication, physical health concerns, and whether urgent emergency intervention is required.
IV. **Allocate an independent clinician where practicable:** if there is a personal, managerial, supervisory, or close working relationship, this must be declared and an alternative assessor arranged wherever possible.

V. **Choose the appropriate escalation route:** use urgent emergency pathways where there is immediate or significant risk; otherwise arrange timely same-day mental health assessment through the most appropriate MHCB or crisis route.

VI. If there is immediate danger to life or serious harm, contact emergency services or arrange urgent transfer to A&E / Liaison Psychiatry in line with local emergency procedures.

VII. If the person can be safely contained pending assessment, consider CRHTT, NHS 111 (Option 2), or another same-day urgent mental health assessment route.

VIII. **Separate clinical care from employment management:** the line manager's role is to support operational safety, staffing cover, transport, and immediate practical arrangements; managers must not seek detailed clinical information.

IX. **Consider who should be informed:** involve next of kin or others only with the staff member's consent unless there is a lawful basis to share information because of serious and immediate risk, safeguarding, or inability to protect the person safely without doing so.

X. **Arrange safe transfer or accompaniment where needed:** do not allow the person to leave alone if risk is significant; agree who will accompany them, how they will travel, and what handover information is necessary.

XI. **Document clearly and proportionately:** record the presentation, immediate risk issues, actions taken, escalation route, conflict-of-interest decisions, and handover arrangements in the appropriate clinical record. Employment records should contain only minimal operational information.

XII. **Plan follow-up before the episode closes:** identify who is responsible for follow-up, whether Occupational Health referral or workplace adjustments are required, and what immediate support plan is in place for return home, return to work, or ongoing treatment.

8. Conflict of interest and prior relationships

Where a clinician asked to assess, treat, review, or coordinate care for an MHCB employee has a personal or professional relationship with that individual, this must be recognised as a potential conflict of interest. This includes, but is not limited to, relatives, friends, partners, close colleagues, line management relationships, supervisory relationships, or involvement in ongoing workplace processes.

Wherever practicable, assessment and treatment must be undertaken by a clinician who is independent of the staff member's usual team and has no prior relationship that could compromise, or reasonably be perceived to compromise,

objectivity, confidentiality, professional boundaries, or the staff member's trust in the process.

Any such conflict must be declared promptly to the shift coordinator, senior clinician, or team manager, and an alternative assessor or treating team arranged without delay. Consideration should be given to off-team or out-of-area care where this is necessary to protect privacy, dignity, and confidence.

In urgent situations, immediate care must not be delayed where there is a risk to life or serious harm. In such circumstances, only the immediate actions necessary to ensure safety should be undertaken before care is transferred to an independent clinician as soon as practicable.

The existence of the conflict and the action taken must be documented in the clinical record, with only the minimum necessary detail.

9. Appendices

- Appendix A: Out-of-Area Treatment Flowchart
- Appendix B: Manager Checklist

Appendix A: Out-of-Area Treatment Flowchart (with neighbouring health boards)

This appendix applies where out-of-area assessment or treatment is being considered with neighbouring health boards because of service capacity, privacy, professional boundary concerns, or the need for a more independent arrangement. Out-of-area care may be explored with any neighbouring health board where this is clinically appropriate and operationally available. It must always be explained that the patient / staff member retains the choice to remain within Cardiff and Vale services.

1. **Need identified** - The assessing clinician or senior clinician identifies that out-of-area assessment or treatment may be helpful because of capacity pressures, confidentiality concerns, conflict of interest, dual relationships, or the need for greater independence.
2. **Confirm immediate safety and clinical suitability** - Ensure any urgent or emergency needs are addressed first. If the person requires immediate emergency intervention, this must not be delayed while exploring out-of-area options.

3. **Discuss the option with the patient / staff member** - Explain why out-of-area care is being considered, what it may offer, and what the practical implications are. Make clear that this is an option, not a requirement, and that it is always the patient / staff member's choice to remain in Cardiff and Vale services.
4. **Decision point: does the patient / staff member wish to remain in Cardiff and Vale?**

   Yes - Continue assessment or treatment within Cardiff and Vale through the most appropriate available pathway. Consider off-team allocation, enhanced confidentiality measures, or other local mitigations to protect privacy and boundaries.

   No / open to out-of-area option - Proceed to identify the most appropriate neighbouring health board and service based on clinical need, capacity, geography, and operational availability.
5. **Clinician-to-clinician contact** - The responsible clinician or senior decision-maker should contact the receiving neighbouring health board service directly to discuss clinical appropriateness, current capacity, acceptance arrangements, and any transport or handover requirements.
6. **Confirm consent and information sharing** - Obtain and record the patient / staff member's agreement to referral and relevant information sharing wherever possible. If information must be shared without consent, this must be on a lawful, necessary, and proportionate basis and clearly documented.
7. **Make and document the referral** - Record the rationale for out-of-area treatment, the options discussed, the patient / staff member's choice, the receiving service contacted, and the agreed plan. Clinical records should contain the full handover information; employment records should contain only minimal operational detail.
8. **Arrange transfer or appointment** - Agree whether this will be an immediate transfer, same-day review, or planned follow-up appointment. Confirm who is responsible for transport, accompaniment if required, and the immediate safety plan until the receiving team assumes care.
9. **Maintain Cardiff and Vale responsibility until handover is complete** - Cardiff and Vale remains responsible for immediate safety and interim clinical management until the receiving service has formally accepted the referral or assumed care.
10. **Review follow-up arrangements** - Confirm what follow-up remains within Cardiff and Vale, whether Occupational Health or workplace adjustments are needed, and how ongoing communication will be managed while preserving confidentiality.

Key rule: Out-of-area treatment may be offered because of capacity pressures or to protect privacy and professional boundaries, but it must never be imposed

solely for organisational convenience. The patient / staff member must always be told that they may choose to remain within Cardiff and Vale services.

Appendix B: Manager Checklist

Stage	Manager actions	Key points / do not
1. Immediate response	Respond promptly, calmly, and in private where possible. If the staff member appears unwell or unsafe, consider immediate removal from patient-facing or safety-critical duties. If there is concern about immediate risk, follow the Crisis Presentation at Work pathway without delay.	Do not leave the person alone if there is concern about immediate safety until appropriate support is in place.
2. Supportive conversation	Use a supportive, non-judgemental approach. Focus on immediate needs, safety, and what support would help right now. Ask whether the staff member feels safe to remain at work.	Avoid assumptions, labels, or diagnostic language.
3. Confidentiality and information sharing	Keep information on a strict need-to-know basis. Seek consent before sharing information wherever possible. Explain clearly what information may need to be shared and why.	Do not record clinical details in employment records. If information must be shared without consent because of serious and immediate risk, ensure it is lawful, necessary, proportionate, and documented.
4. Escalation and referral	Support access to the appropriate pathway, such as GP, Occupational Health, Employee Assistance Programme, crisis services, NHS 111 (Option 2), CRHTT, or A&E depending on urgency. In a crisis presentation at work, involve the shift coordinator and senior clinician immediately.	Where privacy, boundary, or conflict-of-interest concerns exist, discuss off-team or out-of-area options while making clear that the staff member may choose to remain within Cardiff and Vale services.

5. Practical workplace actions	Consider whether the staff member needs to leave work, be accompanied, or have transport arranged safely. Arrange staffing cover and immediate operational adjustments as needed. Consider temporary duty changes, amended hours, phased return, or other reasonable adjustments where appropriate.	Review whether work-related factors may be contributing and whether further workplace risk assessment is needed.
6. Documentation	Record only the minimum employment information needed, such as support offered, actions taken, attendance arrangements, and adjustments agreed. Document the rationale for any urgent action taken to reduce foreseeable risk.	If confidentiality is breached or inappropriate access is suspected, follow UHB Information Governance and incident reporting procedures.
7. Follow-up	Arrange an agreed follow-up contact and review date. Review whether additional support, Occupational Health input, or workplace adjustments are needed. Ensure the return-to-work process is supportive, structured, and proportionate following sickness absence or crisis.	Maintain regular contact without becoming intrusive or seeking unnecessary personal or clinical detail.
8. Manager boundaries	Support operational safety, practical arrangements, and signposting to appropriate support. Keep a clear separation between employment management and clinical care.	Do not attempt to diagnose, provide therapy, make clinical decisions outside your competence, pressure the staff member to disclose clinical information, or share information informally with colleagues.