

# Acceptable Behaviour Policy

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## VERSION CONTROL

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## 1. Purpose

No member of staff should be subjected to violent, threatening, or abusive behaviour. Medinet Minds employees have the right to work and carry out their duties in an environment free from violence, threatening or abusive behaviour.

This policy applies to both Mental Health Services and Community Pathway Services (including clinics, community-based services, home visits, outreach services, and remote consultations).

Medinet Minds recognises that challenging behaviour may arise due to mental illness, trauma, neurodiversity, cognitive impairment, distress, social circumstances, or unmet health needs. Staff will apply trauma-informed, person-centred, and least restrictive approaches while prioritising staff, service user, and public safety.

This policy outlines measures to manage incidents of unacceptable behaviour through:

- Risk assessment and implementation of controls
- Mandatory staff training
- Lone working and community safety procedures
- Clinical escalation and safeguarding pathways

## 2. Scope

This policy applies to:

- Mental Health services (assessment, therapy, crisis support, remote consultations)
- Community Pathway services (community clinics, outreach, home visits, mobile services, insourced pathways)
- All employees, contractors, trainees, and volunteers

## 3. Guiding Principles

Medinet Minds has a duty of care to all staff, including lone workers and community-based staff.

Service users, carers, and members of the public have the right to be heard and respected. Staff have the same rights.

Violent, threatening, or abusive behaviour will not be tolerated.

Staff should challenge unacceptable behaviour and terminate interactions if safety is compromised.

Staff must treat all individuals with dignity and respect in line with organisational values:

- Fairness

- Respect
- Person-centred care
- Integrity
- Efficiency

All incidents and near misses must be reported.

Serious threats or actions will be reported to appropriate authorities.

All staff are responsible for their own health and safety.

## 4. Definitions

Violent or Aggressive Incident (HSE): Any incident in which a person is abused, threatened, or assaulted in circumstances relating to their work.

Incident: An unwanted, unplanned event with potential to cause harm or injury.

Unacceptable Actions / Behaviours include:

- Aggressive, abusive, discriminatory, or threatening behaviour (verbal, written, physical, digital)
- Intimidating body language or gestures
- Unreasonable demands or excessive contact
- Misuse of complaints or organisational processes
- Unreasonable use of technology or social media, including recording staff without consent

## 5. Mental Health and Trauma-Informed Practice

Medinet Minds recognises that unacceptable behaviour may be influenced by mental illness, trauma, distress, substance misuse, or neurodiversity. Staff will:

- Use least restrictive and therapeutic approaches
- Apply trauma-informed communication techniques
- Avoid re-traumatisation
- Balance therapeutic relationships with safety requirements

## 6. Community Pathway Safety Principles

For community and outreach services, additional risks may include unpredictable environments, home visits, public settings, and third-party presence. Staff must:

- Complete community risk assessments before visits
- Follow lone working protocols
- Avoid entering unsafe environments
- Withdraw from situations where safety is compromised

## 7. Clinical Risk Management and Safeguarding

Staff must escalate concerns relating to:

- Suicide or self-harm risk
- Safeguarding adults or children
- Domestic abuse, exploitation, or neglect
- Severe mental health deterioration or capacity concerns
- Escalation pathways include:
  - Line manager or clinical supervisor
  - Safeguarding leads
  - Crisis Resolution and Home Treatment Teams (CRHTT)
  - Emergency services
  - Local safeguarding boards
- Legal frameworks considered:
  - Mental Health Act 1983 (as amended)
  - Mental Capacity Act 2005
  - Duty of Candour

## 8. Lone Working and Remote Consultation Safety

Lone working risk assessments must be completed for relevant roles.

Staff must follow check-in/check-out procedures.

Safe words and escalation contacts must be available.

Remote consultations must follow digital safety guidance.

Staff must terminate sessions if safety is compromised.

## 9. Behaviour Management and Escalation Framework

### Level 1 – Early Distress (Mental Health and Community):

- De-escalation and therapeutic communication
- Environmental adjustments
- Supportive engagement

### Level 2 – Persistent Unacceptable Behaviour:

- Formal warning
- Behaviour agreement or contract
- Adjustment of care or community pathway plan

### Level 3 – Severe Risk:

- Termination of contact or visit
- Safeguarding referral
- Police or emergency/crisis escalation

## 10. Monitoring and Review

This policy will be reviewed in response to legislative changes, service changes, or incident trends. Incident trends will be reviewed through Clinical Governance and Quality Improvement frameworks.

## 11. When to Use This Procedure

This policy reflects obligations under the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, HSG65, and RIDDOR 2013.

All incidents must be reported using the internal incident reporting system and escalated to Clinical Governance where required.

## 12. Responsibilities

### Managers:

- Implement and monitor this policy
- Ensure staff awareness and training
- Report incidents to police when required
- Provide staff support and supervision
- Monitor trends and take action

**Employees:**

- Comply with this policy
- Recognise and challenge unacceptable behaviour
- Report incidents within 24 hours
- Seek support after incidents
- Support colleagues

## 13. Process

**Managing the Situation:** Staff should challenge unacceptable behaviour respectfully and terminate contact or visits if behaviour continues.

**Reporting:** Incidents must be recorded and escalated. Staff may contact police if safety is threatened.

**Manager Actions:** Provide support, update risk assessments, reallocate work, and refer to support services.

**Investigation:** Managers must investigate incidents, interview witnesses, document actions, and report to Clinical Governance.

**Actions Following Investigation:**

- Staff support and training
- Communication with service users or carers
- Behaviour agreements
- Safeguarding or legal escalation

## 14. Termination or Restriction of Care or Community Access

Care or community pathway services may be restricted or terminated when behaviour poses significant risk. Decisions must involve clinical leadership and ensure continuity of care and signposting to alternative services.

## 15. Documentation and Record Keeping

All incidents must be recorded in clinical records and incident reporting systems. Confidentiality will be maintained with lawful information sharing when safety risks exist.

## 16. Staff Training Requirements

Mandatory training includes:

- De-escalation / PMVA
- Trauma-informed care
- Safeguarding adults and children
- Mental Capacity Act and Mental Health Act awareness
- Lone working and community safety Training will be refreshed annually or biannually.

## 17. Staff Wellbeing and Psychological Support

Post-incident debrief, supervision, occupational health referral, and Employee Assistance Programme access will be provided.

## 18. Equality, Diversity and Reasonable Adjustments

Reasonable adjustments will be made for disabilities, neurodiversity, language, and communication needs.

## 19. Digital Boundaries and Social Media

Staff must not share personal contact details or engage with service users on personal social media. Recording without consent is prohibited.

## 20. Learning from Incidents

Lessons learned will be reviewed through Clinical Governance and Quality Improvement processes and shared across mental health and community pathway teams.

## 21. Sources of Support

- Line manager
- HR
- Employee Assistance Programme
- Clinical supervision

## 22. Related Policies

- Health and Safety Policy
- Clinical Governance Policy
- Code of Conduct
- Dignity
- Disciplinary Procedure
- Grievance Procedure
- Complaints Policy
- Safeguarding Policy
- Lone Working Policy

## Appendix 1: De-escalation Techniques (Mental Health and Community)

Warning Signs: agitation, loud speech, refusal to accept advice, aggression, threatening body language.

Environmental Interventions: create a calm environment, avoid isolation, maintain exit awareness, consider public or shared spaces for community visits.

Behavioural Interventions: calm communication, avoid confrontation, maintain personal space, allow expression of feelings, terminate contact if escalation occurs.

Remote Settings: terminate session, contact manager, document incident immediately.