Mental Health Peer First Aid at Work

PART 1 OF 3 — SETTING IT UP

Why peer support needs a proper foundation

A workplace can have policies, helplines and wellbeing posters and still have people sitting at their desks feeling that nobody has noticed how hard things have become. Mental Health Peer First Aid is one way of closing that gap. It creates an identifiable group of colleagues who are prepared to notice, listen and help someone reach the next appropriate source of support. The strength of the idea is its humanity: sometimes it is easier to speak first to somebody who works alongside us than to make a formal appointment or approach a manager.

But a peer first-aid scheme needs more than enthusiastic volunteers. If it is introduced without boundaries, training, time or organisational backing, caring colleagues can end up carrying situations that are too complex for them. Employees can also become confused about whether a conversation is genuinely private, whether the peer supporter represents management, or whether asking for help might affect how they are viewed at work. Setting the scheme up well is therefore part of the support itself.

Peer first aid is an early point of human connection — not an alternative to therapy, occupational health, good management or an employer addressing the causes of work-related stress.

Start by deciding what the role means

Before recruiting anyone, write down what a Mental Health Peer First Aider can actually do. They can make themselves approachable, notice changes, open a conversation, listen without judgement, help a colleague think about what might help, explain available support and encourage an appropriate next step. They can check in again if that has been agreed. They are not there to diagnose, counsel, investigate complaints, mediate serious conflict or become responsible for another employee’s recovery.

This clarity matters because kind people often do too much. A supporter may begin answering messages outside work, feeling responsible when somebody has a difficult weekend or believing they must keep every disclosure completely secret. A healthy scheme gives people permission to care without becoming somebody’s only support.

Choose people for how they listen, not for their job title

Peer supporters should normally volunteer. Look for people who can sit with another person’s experience without immediately taking over, minimising it or making it about themselves. They need curiosity, steadiness, respect for difference and the confidence to say, “I think we need some more support around this.” A mix of roles, ages, working patterns and lived perspectives can make the service more approachable. One peer supporter for an entire workplace is rarely enough; people need choice, and supporters need cover.

Preparing People to Support People

Training should help peer supporters understand what distress can look like rather than teaching them to search for a diagnosis. Someone struggling may become quiet, irritable, forgetful, tearful, unusually driven, withdrawn or overwhelmed. Others mask so effectively that very little appears to change. Neurodivergent employees may show overload through shutdown, loss of speech, increased sensory difficulty or an urgent need to leave an environment. Cultural expectations, previous experiences of discrimination and fear about employment can all influence whether somebody feels able to talk.

Good preparation therefore includes listening skills, starting difficult conversations, boundaries, confidentiality, suicide and self-harm awareness, safeguarding, inclusion, neurodiversity, workplace stress, signposting and what to do when a situation is urgent. Training should also make one point repeatedly: the peer first aider does not need to have the answer.

Confidentiality needs to be explained before it is tested

People are more likely to speak when they understand what will happen to what they say. Peer conversations should be treated respectfully and privately, but organisations should not promise absolute secrecy. There may be circumstances involving immediate serious danger, safeguarding or another clear duty where information needs to be shared. Staff should know this before they disclose, not discover it afterwards. Where possible, the person should be told what needs to happen, why and who will be involved.

Keep peer support separate from performance management

A peer supporter should not become an informal information-gathering route for managers. If employees suspect that their private conversations are feeding into performance decisions, trust can disappear very quickly. The organisation should decide what, if anything, is recorded. In most cases there is no need for detailed notes about personal disclosures. If the organisation wants to understand whether the scheme is being used, anonymous or aggregated information can be considered without turning individual stories into management data.

Make it accessible in real working life

Think beyond office hours and office desks. How will a night-shift worker find support? What about somebody working remotely, an employee who communicates more comfortably in writing, or a person who finds an open-plan wellbeing area overwhelming? Can staff choose between more than one supporter? Can they ask for a quiet room? Accessibility should be built into the scheme rather than added after somebody struggles to use it.

The organisation still has to look at the workplace

Peer first aid must never become a way of treating every difficulty as an individual mental-health problem. If people are repeatedly distressed because of workload, bullying, poor relationships, inaccessible systems, lack of control, unclear roles or badly managed change, listening to them is only the first step. The workplace may need to change. UK Health and Safety Executive guidance on work-related stress emphasises organisational factors including demands, control, support, relationships, role and change.

A compassionate workplace does not simply teach people how to cope with harmful conditions. It listens to what distress may be telling the organisation as well.

Building a Scheme That Can Last

The people offering support need support themselves. Listening to fear, grief, trauma, burnout or thoughts of self-harm can have an emotional impact, particularly when something touches the supporter's own experience. Build protected time into the role. Give supporters a named person they can go to for guidance, regular reflective check-ins and refresher learning. Make it acceptable to say, "I don't have the capacity to hold this conversation today," and provide another route for the employee. Stepping back is a boundary, not a failure.

Create the routes around the peer supporter

Before launch, map the help that already exists. This might include managers, HR, occupational health, an Employee Assistance Programme, union or staff representatives, safeguarding leads, a GP, NHS services and specialist community organisations. Peer supporters should have a simple, current directory rather than trying to remember everything. They should also know the workplace procedure for an immediate emergency, serious risk of harm, safeguarding concern or situation in which somebody cannot remain safe.

Tell employees exactly what they can expect

When the scheme launches, explain it in ordinary language. Tell staff who the peer supporters are, how to contact them, what they can help with, what they cannot provide and what confidentiality means. Explain that using peer support is voluntary. Make clear that a person can still go directly to their manager, HR, occupational health, GP or another service. Peer first aid should increase choice, not create another gatekeeper.

Then give it time to become trusted

People may not use a new scheme immediately. Trust grows from what employees see: whether supporters are discreet, whether managers respect boundaries, whether people are genuinely given time to talk and whether workplace problems raised repeatedly are acted upon. Review the scheme with the peer supporters and the wider workforce. Ask whether people know how to access it, whether different groups feel represented and whether supporters have enough time and support to continue.

A message from Space to Breathe Therapy

The most important part of Mental Health Peer First Aid is not the title. It is creating a workplace in which noticing another human being is allowed. Someone should be able to say, "I'm struggling," without immediately feeling that they have become a problem to manage. A colleague should be able to listen without feeling that they now have to fix an entire life. And an organisation should be willing to hear when distress is telling it that something at work needs to change.

Set the foundations carefully and peer support can become a bridge: between silence and conversation, between struggling alone and accepting help, and between a workplace that talks about wellbeing and one that makes room for it.

Coming next: Part 2 — Noticing, Listening & Understanding. This explores how distress may present at work, masking, "I'm fine," overwhelm and shutdown, how to begin a conversation and how to listen without trying to fix.

UK reference points: Health and Safety Executive guidance on work-related stress and its Management Standards; NHS urgent mental-health support and NHS 111. Employers should keep their own emergency, safeguarding, occupational-health and employee-support routes current.

Important: This educational resource does not replace clinical assessment, emergency care, professional mental-health treatment, legal advice or an employer's health-and-safety responsibilities.