Mental Health Peer First Aid at Work

PART 3 OF 3 — SUPPORTING SAFELY & WHAT HAPPENS NEXT

After somebody opens up, what happens next matters

Being trusted with somebody's distress can feel significant. A colleague may tell you that they are exhausted, frightened, depressed, overwhelmed, grieving, struggling at home or finding work impossible. Sometimes they may disclose thoughts of self-harm or suicide. The peer first aider's job is not to take ownership of everything that follows. It is to remain alongside the person long enough to understand what is needed now, help them reach an appropriate next step and know when the situation needs additional support.

This is where boundaries become part of care. Without them, a kind colleague can gradually become somebody's only source of support, feel responsible for keeping them safe or start carrying conversations home emotionally. Safe peer support protects the person who is struggling and the person who is listening.

Support does not mean taking over. It means helping somebody move from being alone with a problem towards the next safe source of help.

Ask what would help now

After listening, avoid assuming that you know what the person needs. They may want a few minutes somewhere quiet, help speaking with a manager, a break from a task, information about an adjustment, support contacting occupational health, a GP or an Employee Assistance Programme, or simply time to think. Ask: "What would feel most helpful from here?" If they are unsure, offer a small number of options rather than overwhelming them with a long list.

A peer supporter can make the next step easier. You might help someone find a telephone number, sit with them while they make contact, help them think about what they want to say to a manager or agree to check in later. The person should remain involved in decisions wherever it is safe and possible to do so.

Confidentiality has limits

A private conversation should be treated with respect. It should not become office gossip, informal management information or something repeated simply because it was emotionally powerful. At the same time, a peer first aider should never promise absolute secrecy. If there is an immediate serious risk of harm, a safeguarding concern or another situation covered by the organisation's escalation procedure, additional help may need to be involved.

Where possible, be transparent. Saying, "I'm concerned about your safety and I don't think I should hold this alone. I'd like us to get some more support," preserves far more trust than suddenly passing information on without explanation.

When the Situation Feels More Serious

Peer first aiders do not need to make clinical judgements, but they do need to recognise when a conversation has moved beyond ordinary peer support. If someone indicates that they may harm themselves, cannot keep themselves safe, is in immediate danger, describes abuse or raises a safeguarding concern, follow the workplace's agreed escalation route and seek appropriate urgent help. Do not leave one employee carrying the decision alone.

Talking about suicide

If something somebody says makes you concerned about suicide, it is appropriate to ask clearly and calmly whether they are thinking about ending their life. Asking directly does not create suicidal thoughts. Listen to the answer and take it seriously. Do not argue, shame, challenge or make the person promise something simply to reassure you. If there is immediate danger, use emergency procedures and emergency services. In the UK, NHS 111 can direct people to urgent mental-health support; emergency situations may require 999 or attendance at A&E.;

The organisation should make these routes clear before a crisis occurs. A peer supporter should not have to search the internet while frightened and trying to support somebody.

Signposting is more than handing somebody a list

A page full of telephone numbers can be difficult to use when someone is distressed. Good signposting connects the person with the most relevant option and checks whether there is a barrier to using it. Someone may be frightened of making a phone call, unable to process a complicated website, worried about speaking to a manager or unsure how to explain what is happening. Ask whether practical support with that first contact would help.

Internal options might include a trusted manager, HR, occupational health, an Employee Assistance Programme, a disability or neurodiversity lead, a union representative or safeguarding lead. External routes may include a GP, NHS services, specialist charities or community support. Keep information current rather than relying on a directory created years ago.

Workplace adjustments may be part of the next step

Sometimes support is not only about treatment. A person may need changes at work: quieter space, clearer written instructions, altered hours, reduced sensory demands, more predictable communication, temporary workload changes or another reasonable adjustment. The peer first aider does not decide or approve adjustments, but they can help somebody identify what is making work difficult and encourage them to use the organisation's appropriate route.

When work is contributing to distress, signposting someone away from the workplace is not enough. The organisation also needs to hear what may need to change.

Follow-Up, Boundaries and Supporting the Supporter

A small follow-up can matter. If you agreed to check in, do it. “How did you get on after we spoke?” can communicate that the conversation was not forgotten. But follow-up should not turn into monitoring. The peer supporter does not need daily updates or responsibility for whether the person follows every suggestion. The aim is connection, not surveillance.

Know when your part is finished

There can be discomfort in stepping back when we care. We may worry that setting a boundary is rejection. In reality, sustainable peer support depends on being able to say, “I’m still here as a colleague, but this needs support beyond what I can provide.” If somebody begins relying on one peer for repeated crisis support, the answer is not for that peer to become more available. It is to strengthen the wider support around the person.

Who listens to the listener?

Peer supporters are people too. A conversation can bring up memories, fear, helplessness or sadness. Someone may finish a difficult conversation and then be expected to walk straight into a meeting or continue their shift. Organisations should build in protected time to reset, access to a named supervisor or wellbeing lead, regular reflective support and permission to step away from the role when capacity is low.

Reflection should protect confidentiality. A supporter can talk about how a conversation affected them and seek guidance without unnecessarily retelling private details. If they are worried about risk, however, they should use the agreed escalation route rather than trying to carry uncertainty alone.

A healthy scheme learns

Review peer support regularly. Are employees able to find someone when they need them? Do shift, remote and neurodivergent workers have accessible routes? Are some peer supporters carrying far more than others? Are recurring themes pointing towards workload, bullying, exclusion or organisational problems that need action? The purpose of reviewing the scheme is not to count private disclosures. It is to make the system safer and more useful.

A final message from Space to Breathe Therapy

Mental Health Peer First Aid is at its strongest when nobody is expected to be everything. The person struggling does not have to explain themselves perfectly. The peer supporter does not have to fix them. The manager does not have to become a therapist. What everyone does need is a clear route towards the right kind of help.

Sometimes support is a conversation. Sometimes it is an adjustment. Sometimes it is professional help. Sometimes it is urgent intervention. And sometimes it is simply another person saying, “I can hear how difficult this is. We don’t have to work out everything right now. Let’s work out the next step.”

Listen. Support. Signpost. Follow up. Know your boundaries. And make sure the people offering care have somewhere to breathe too.

This completes the three-part series: Part 1 — Setting It Up. Part 2 — Noticing, Listening & Understanding. Part 3 — Supporting Safely & What Happens Next.

UK support note: For immediate danger call 999 or attend A&E.; NHS 111 can direct people to urgent mental-health support. Employers should maintain current internal emergency, safeguarding, occupational-health and employee-support routes.

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.