

# Mental Health Peer First Aid at Work

## Setting It Up — A practical organisational guide

SPACE TO BREATHE THERAPY | Support • Understand • Belong

A workplace peer first-aid programme can make it easier for employees to find an approachable colleague, feel heard and find appropriate help. It is most effective when introduced as one part of a wider organisational commitment to mental health, accessibility and safe working conditions — not as a substitute for them.

**The purpose:** to establish a clearly defined, voluntary, trained and supported peer network. Peer supporters listen, offer initial non-clinical support, help people consider options and guide them towards appropriate services. They are not therapists, investigators, crisis teams or replacements for managers.

## What this guide covers

- Deciding whether a peer network is appropriate and identifying workplace risks
- Recruiting and training peer supporters fairly, including neurodivergent accessibility
- Agreeing confidentiality limits, safeguarding, escalation and record keeping
- Launching, communicating and funding the programme
- Supervising peer supporters, evaluating impact and improving the service
- Ready-to-use implementation checklists and planning questions

**Scope note:** This is an educational resource, not accredited Mental Health First Aid training or a qualification. Organisations should select suitable accredited training where appropriate and follow their own legal, occupational-health, HR and safeguarding advice.

# 1 Start with the workplace, not just the volunteers

Before recruiting peer supporters, understand the risks and supports already present. If excessive workload, bullying, discrimination, unpredictable shifts or inaccessible procedures are harming wellbeing, a peer-support initiative alone cannot make those conditions safe. Senior leadership should commit to responding to organisational issues identified through the programme.

## Questions to answer before launch

- What are employees asking for, and how were they consulted confidentially?
- What services already exist: occupational health, employee assistance, HR, trade union representatives, disability networks or safeguarding leads?
- Are employees comfortable seeking support from colleagues? Would external or anonymous routes also be needed?
- Can the organisation provide paid training, protected time, supervision and cover for peer supporters?
- Who owns the programme and is accountable for its quality and safety?

**Good practice:** invite confidential feedback from people with different grades, locations, working patterns and communication needs. Do not assume a single peer-support model suits everyone.

# 2 Define a clear scope and boundaries

Write a short service description in plain language. Explain who can access the service, how to make contact, what a supporter can do, what happens if there are safety concerns, and where a person can seek independent support instead. Explain whether contact is available during working hours only.

## A peer supporter can

- Offer a private, non-judgemental conversation and listen without diagnosing.
- Ask what kind of support or communication is helpful.
- Provide approved information about available workplace and community services.
- Encourage the person to seek appropriate professional support when indicated.
- Help someone think through a practical workplace conversation, with their consent.

## A peer supporter must not

- Provide therapy, diagnose conditions, prescribe treatment or promise recovery.
- Promise absolute confidentiality or conceal an imminent safety concern.
- Investigate grievances, adjudicate bullying allegations or replace HR procedures.
- Keep private, informal case files or make decisions on reasonable adjustments.

- Be expected to respond 24/7 or manage a serious crisis alone.

### 3 Recruit fairly and thoughtfully

Invite volunteers openly and explain the demands of the role. Avoid pressuring employees to disclose mental health histories or to volunteer because of lived experience. Lived experience may inform empathy but is not a substitute for training, supervision and boundaries.

#### A fair selection process considers

- Motivation, listening skills, respect for privacy and willingness to learn.
- Ability to follow escalation processes and to accept role limits.
- A realistic time allowance agreed with the line manager.
- Representation across teams, seniority levels, shifts and sites.
- Accessibility for disabled and neurodivergent applicants, including alternatives to oral interviews.

Do not appoint someone as the only available supporter for colleagues with whom they have a significant conflict of interest, close reporting relationship or unresolved disciplinary matter. Provide more than one route so staff have genuine choice.

### 4 Provide proper training and preparation

Training must address mental-health literacy, listening, stigma, cultural humility, safeguarding, suicide awareness and crisis escalation appropriate to the role. It should also include signposting, workplace boundaries, data protection, consent and how to end a conversation safely. If your programme uses the title Mental Health First Aider, check the qualifications and branding requirements of the training provider rather than assuming this guide certifies anyone.

#### Accessible learning matters

- Provide agendas, written material, captions and flexible ways to participate.
- Explain role-play choices and never require personal disclosure.
- Make breaks, sensory accommodations and alternative response formats available.
- Provide local, role-specific escalation examples rather than generic scripts alone.
- Refresh training regularly and after significant policy or service changes.

### 5 Put safeguarding and urgent response in writing

A peer-supporter programme needs a clear escalation pathway. Identify the designated manager or safeguarding lead, alternative contacts outside normal hours, how to act if the designated contact is unavailable, and when emergency services should be contacted.

**Immediate danger:** In the UK, call **999** for an immediate threat to life or serious harm. Follow workplace emergency and safeguarding procedures. Do not leave a person facing immediate danger unsupported when it is safe to remain with them. For urgent mental health help that is not an immediate emergency, NHS 111 offers mental health support in England; check the appropriate local service in other UK nations.

## 6 Confidentiality, privacy and records

Employees should be told in advance how confidentiality works and where its limits lie. Peer supporters should not send sensitive information through personal email, personal messaging services or unapproved spreadsheets. Any records that are necessary must use an authorised workplace process with an explicit purpose, limited access and suitable retention arrangements.

### Suggested confidentiality explanation

“I can listen without judging, and I will respect your privacy. There are limits if I believe there is an immediate serious safety risk or a safeguarding concern. If that happens, I will explain what I need to do where it is safe to do so, and share only what is necessary with the right person.”

Agree with your organisation’s data-protection advisers what can be recorded and whether any activity data can be collected anonymously. Staff should never be required to share a diagnosis with a peer supporter to access help. Any evaluation should avoid exposing who sought help or what they disclosed.

## 7 Design inclusive access and communication

An employee may find speaking face to face difficult due to anxiety, autistic shutdown, sensory overload, hearing differences, speech differences, language, fatigue or other reasons. A programme that only offers spontaneous conversations in busy offices will not be accessible to everyone.

- Allow written enquiries and accessible ways to book a conversation.
- Offer choices of quiet rooms, remote contact and suitable times.
- Explain response times clearly; do not advertise instant crisis support.
- Use predictable invitations, clear language and advance information.
- Offer accessible directories with photographs only if volunteers consent.
- Support employees who want an interpreter, communication aid or other adjustment.

## 8 Connect the programme with workplace responsibilities

A peer programme must be complementary to, not a substitute for, reasonable adjustments, management action, occupational health, grievance procedures or organisational risk assessment. Where a colleague describes bullying, unsafe demands or discrimination, supporters should explain available formal routes without taking over an investigation or promising an outcome.

**Central principle:** A supportive conversation may help someone feel heard; a sustainable workplace also has to change harmful working conditions.

## 9 Prepare a launch people can trust

Introduce the service with a plain-language announcement, explain how it differs from HR and occupational health, and make the option genuinely voluntary. Employees should be able to choose another support route without giving a reason. Communicate any reporting arrangements and the limits of the service before someone chooses to use it.

### Launch checklist

- A named programme owner, deputy and safeguarding escalation contact are appointed.
- Training is complete and records of completion are held appropriately.
- Each supporter has protected time and clarity from their manager.
- Employee information clearly states how to make contact and what to expect.
- Alternative professional, independent and urgent-support routes are visible.
- A process exists for complaints, feedback, conflicts of interest and withdrawal.
- Dates for supervision and the first programme review are booked.

## 10 Protect the peer supporters

Peer supporters can become overwhelmed if colleagues repeatedly rely on them or if confidential, emotionally difficult conversations accumulate. A safe programme provides supervision or reflective practice with a suitably skilled professional, a confidential route for supporters to seek help, explicit limits on workload and permission to step back without penalty.

### Signs the role needs review

- A volunteer feels continually responsible for another person's safety.
- Requests regularly arrive outside agreed working hours.
- Supporters miss essential duties or breaks to provide peer support.
- A peer supporter feels distressed, unable to switch off or reluctant to decline contact.
- Staff treat the peer network as the only route for reporting workplace harm.

## 11 Measure effectiveness without surveillance

Choose modest, ethical measures: awareness of the programme, whether information is accessible, volunteer wellbeing, clarity of referral pathways and whether staff believe the organisation acts on workplace concerns. Use anonymous feedback wherever possible and take care with small teams where even aggregated data may identify someone.

**Do not measure success** by the number of sensitive disclosures collected, how many people reveal a diagnosis, or whether employees stop raising concerns. Trust, accessibility and safe organisational action matter more.

## 12 Implementation plan: the first 90 days

### Days 1–30 | Understand and agree

Consult employees; map current provision and workplace risks; appoint a programme owner; agree scope, budget, safeguarding contacts and privacy processes.

### Days 31–60 | Recruit and train

Publish an accessible volunteer invitation; recruit fairly; confirm protected time; provide appropriate training; agree escalation and supervision arrangements.

### Days 61–90 | Launch and review

Publish accessible contact routes; explain boundaries and alternative support; hold an initial supervision meeting; collect proportionate feedback and schedule a formal review.

## Programme design worksheet

| Question                          | Working decision / action |
|-----------------------------------|---------------------------|
| Who owns the programme?           | <hr/>                     |
| Who handles urgent escalation?    | <hr/>                     |
| How is confidentiality explained? | <hr/>                     |
| What protected time is provided?  | <hr/>                     |
| How are staff offered choice?     | <hr/>                     |
| Who supervises supporters?        | <hr/>                     |
| How will feedback be reviewed?    | <hr/>                     |

## 13 Questions for managers and senior leaders

- What changes will employees see in the working environment, beyond access to peer support?
- How will time spent supporting colleagues be recognised and resourced?
- How will staff be protected from pressure to participate or disclose personal information?
- What will happen when peer support reveals a pattern of workload, bullying or exclusion concerns?
- Can volunteers step down, and can employees change supporter without explanation?
- How will the scheme continue when trained colleagues change roles or leave?

## 14 Useful words for peer supporters

### Opening a conversation

“I have some time to listen, if you would find that helpful. We can focus on what you need now, and you do not have to share anything you are uncomfortable discussing.”

### Offering choice

“Would you prefer to talk, write things down or look at support options together?”

### Keeping role boundaries

“I can listen and help you find the right support, but I cannot provide clinical advice or make decisions about your employment.”

### When workplace conditions are part of the issue

“It sounds as though there may also be practical problems at work. Would information about adjustments or a formal workplace support route help?”

### Ending support constructively

“Before we finish, is there one next step you would like to take? You can choose what feels appropriate, and there are other support routes available.”

## 15 UK support and further reading

- **Emergency services:** 999 for an immediate threat to life or serious harm.
- **NHS:** [nhs.uk/mental-health/](https://www.nhs.uk/mental-health/) and NHS 111 (England) for urgent mental health help.
- **Samaritans:** 116 123, free to call in the UK and Ireland; [samaritans.org](https://www.samaritans.org).
- **Shout:** Text SHOUT to 85258; [giveusashout.org](https://giveusashout.org).
- **ACAS:** [acas.org.uk](https://www.acas.org.uk) for employment relations and reasonable adjustments.
- **Health and Safety Executive:** [hse.gov.uk/stress/](https://www.hse.gov.uk/stress/) for management of work-related stress.
- **Mental Health First Aid England:** [mhfaengland.org](https://www.mhfaengland.org) for accredited course information.

**From Space to Breathe Therapy:** A peer network can open an important door, but it must never become the whole building. The lasting goal is a workplace where people can ask for help without fear, find skilled support when needed, and experience meaningful changes to working conditions.  
**Support • Understand • Belong.**

Educational resource only. Not an accredited qualification and not a replacement for clinical, emergency, safeguarding, legal, HR or occupational-health advice. Support routes may change; verify locally before publishing.