MENTAL HEALTH FIRST AID AT WORK

Support. Listen. Guide. Empower.

A practical, detailed workplace article from **Space to Breathe Therapy**.

Why mental health first aid belongs at work

Mental health first aid is an early, supportive response when someone appears distressed or tells you that they are struggling. In a workplace, the purpose is to notice, respond respectfully, listen and help the person find appropriate support. It is not a licence to diagnose, provide counselling or make promises that a colleague will recover quickly. A conversation may be the start of support, but the organisation must also address conditions that contribute to distress.

Work can offer routine, purpose, relationships and security, but it can also involve unmanageable demands, unsafe relationships, unclear responsibilities, exclusion, sensory overload or financial insecurity. An effective approach therefore has two responsibilities: responding well to individuals and improving the systems around them. A programme that teaches employees to cope while ignoring recurring workplace harms is incomplete.

The framework in this article is **Support. Listen. Guide. Empower.** These four principles are flexible rather than a rigid checklist. A person in immediate danger needs emergency support rather than a standard wellbeing conversation. Others may simply need a chance to be heard, a quieter workspace or a clearer plan for work.

Support: notice without diagnosing

Changes in punctuality, energy, concentration, communication, confidence or participation may invite a caring check-in. None of these signs, individually or together, proves depression, anxiety or another condition. Physical illness, fatigue, grief, work pressure, disability, medication, relationship difficulties and different communication styles can look similar from the outside. Describe what you have actually noticed instead of announcing what you believe is wrong.

Choose a suitable moment and a place that protects privacy. You might say: *“I noticed the deadlines have felt particularly intense this week. Is there anything about the workload we should look at together?”* Or: *“You seem to have had a difficult morning. Would it help to talk, or would another time be better?”* These phrases offer a choice and avoid demanding a personal disclosure. If someone says they are fine, respect that answer unless there are immediate safety concerns. Leave the door open to practical support.

Employees should not be required to disclose a diagnosis or personal history to a peer supporter. Managers may need information about functional work needs, risks and reasonable adjustments, but should limit inquiries to what is necessary and use authorised processes. Respecting privacy can make help more approachable, especially when staff worry that speaking up will affect their role, reputation or career progression.

Listen: make room for the person’s meaning

Listening is an active skill. Give the person adequate time, limit interruptions, avoid distractions and resist jumping into advice. Acknowledge what you hear without suggesting you know exactly how they feel. *“That sounds exhausting,” “Thank you for telling me,”* and *“What would be most helpful from me right now?”* can be more useful than *“Everyone feels like that,”* or *“Try not to worry.”* Ask permission before discussing options.

People vary in how they show distress. Someone may become tearful, go quiet, speak rapidly, struggle to find words, avoid eye contact or appear outwardly calm. Autistic colleagues, people with ADHD, dyslexia, hearing difficulties or other communication needs may benefit from a written question, fewer simultaneous demands, extra processing time, a quieter location or the option to return to the conversation later. Do not read a lack of eye contact or delayed answers as dishonesty or disinterest.

Clarify the difference between feelings, observations and interpretations. A colleague might say, *“My manager hates me.”* Rather than confirming or dismissing that belief, ask: *“What happened that left you feeling that way?”* This preserves the reality of their distress while exploring the situation fairly. It also leaves room to recognise genuine bullying, discriminatory behaviour or humiliation when the evidence points there.

Guide: practical choices, boundaries and referrals

Guidance is collaborative rather than directive. Ask whether the person wants information about occupational health, a GP, employee assistance services, counselling, HR, a trusted manager, a trade union representative or independent support. The right pathway depends on the problem and the employee's wishes. If work conditions are central, consider changes to deadlines, duties, staffing, communication, supervision, meeting format, breaks, working hours or sensory environment. Reasonable adjustments may be required by law where disability is involved.

Clarify the supporter's role. Peer supporters are not therapists, investigators or emergency responders. They should have appropriate training, supervision, an agreed referral route and an option to decline or hand over a situation that goes beyond their competence. Explain confidentiality at the start: a private conversation is not an absolute promise of secrecy. Serious immediate risks, safeguarding duties or other legal obligations may require sharing only necessary information with the right people.

If somebody describes possible suicide or serious self-harm, take the concern seriously. Asking clearly and sensitively about immediate safety is appropriate; do not make assumptions based on appearance. Follow training and local policy, involve suitable professional support, and do not leave a person in immediate danger without arranging emergency assistance where it is safe to remain with them. In the UK, call **999** if there is immediate danger. For urgent non-emergency mental health help in England, **NHS 111** offers a mental health option; elsewhere use the applicable NHS pathway.

Empower: preserve choice and create sustainable changes

Empowerment means helping somebody retain agency, rather than treating them as a problem to solve. Ask which options feel possible and what a manageable next step might look like. Some people will want a written summary; others prefer a follow-up conversation. Small, agreed actions are often more sustainable than an ambitious plan imposed during a moment of distress. Offer help with identifying one priority, making an appointment or asking for an adjustment if that is wanted.

Workplace adjustments may include clearer written priorities, predictable rotas, regular review meetings, flexible starts, quiet working areas, alternative ways of contributing to meetings, temporary workload changes or protected breaks. Adjustments should be based on needs, not stereotypes. They should be reviewed with the employee, because something useful in the first week may not be the right approach after a month.

A manager can say: *"We can agree the most important work for this week and review the plan on Friday. You don't need to explain everything about your health for us to discuss what helps you work safely."* A peer supporter might ask: *"Would you like to write down the two things you want raised, or would you prefer to speak to someone yourself?"* Both approaches avoid taking ownership away from the person.

What happens when the workplace contributes to distress?

The Health and Safety Executive identifies demands, control, support, relationships, role and change as important dimensions of work-related stress. These are organisational conditions, not personal weaknesses. Where several people describe the same pressures, the response should not be limited to more resilience training, wellbeing apps or individual coping strategies. Leaders need to examine whether workload expectations, conflicts, management practices, accessibility or change processes need redesign.

Peer support also requires a safe route for concerns about a manager or peer supporter. An employee may be unwilling to disclose anything to a system managed by the person they fear. Provide alternative channels and clear explanations of what happens next. Do not use the peer-support programme as a replacement for investigating bullying, discrimination or other formal workplace concerns.

Follow-up, supporter wellbeing and a practical action plan

Follow-up should be proportionate and agreed. Ask what has improved, what remains difficult and whether any changes to the plan are needed. Avoid turning check-ins into surveillance. A difficult day is not automatic evidence that someone is deteriorating, and a good day does not prove that all support can be withdrawn. Workplace support needs to be adaptable as health, responsibilities and circumstances change.

Those offering first aid need protection too: boundaries on availability, time for supervision, access to debriefing after difficult incidents and permission to step away when necessary. A colleague's safety is never meant to rest on one volunteer. Programme leaders should monitor access and effectiveness at an anonymised, proportionate level while protecting people's private information.

Try this four-part reflection: (1) What did I observe rather than assume? (2) What did the person say they need, if anything? (3) Which support or workplace change could be offered, and who is responsible? (4) When, if appropriate, will we review it? Record only necessary work-related actions, not personal health details, in unauthorised notes.

Workplace examples

After a difficult meeting: An employee becomes quiet and leaves early. Instead of saying, “You must be upset,” a colleague asks privately, “Was that meeting manageable for you, or would it help to follow up in writing?” The employee explains that fast interruptions made it impossible to contribute. The manager agrees to share agendas early and invite written comments after meetings.

Repeated checking: An employee constantly asks for reassurance about minor tasks. The manager first explores whether expectations are unclear and whether prior public criticism has made errors feel dangerous. Together they introduce a clear definition of a completed task, a reasonable checking process and constructive private feedback.

Someone says they are overwhelmed: A peer supporter listens, checks whether there is any immediate safety concern, and asks what the employee wants next. With consent, they provide information about available support. Separately, the relevant manager reviews workload and capacity rather than expecting the employee to manage through exhaustion alone.

UK support routes and professional limitations

For general health and mental health information, see **nhs.uk/mental-health**. For emotional listening, Samaritans can be contacted free on **116 123**. Shout offers a UK text service: text **SHOUT to 85258**. For employment guidance, see **acas.org.uk**; for managing workplace stress risks, see **hse.gov.uk/stress**. Organisations should check current service arrangements and local policies before distributing contact details.

This Space to Breathe Therapy article is educational. It is not an accredited Mental Health First Aid England course or qualification and cannot replace medical, psychological, occupational health, safeguarding, HR or legal advice. The essential principle is simple: **support with care, listen without judgement, guide without taking over and empower people while improving the conditions around them.**