

Mental Health Peer First Aid at Work

Supporting Safely & What Happens Next

Supporting safely begins with knowing your role

Mental health peer first aid at work means offering a calm first response when a colleague is distressed, not providing therapy or taking responsibility for their recovery. Support may involve noticing a change, listening, helping someone name a practical difficulty and connecting them with appropriate help. A supporter should work within their training, role description and the organisation's safeguarding arrangements. Feeling trusted does not mean being expected to hold every problem alone.

The most useful opening is often modest: "I noticed today has seemed difficult. Would you like a moment to talk, or would some space be more helpful?" Give a genuine choice. Some colleagues may prefer written communication, a different time, or no conversation. Unless an immediate safety concern changes the situation, respecting that preference is part of safe support.

Boundaries make support possible

Peer supporters should agree when and how they are available, whether conversations take place during work time, who supervises them and what happens when they cannot continue. Avoid offering personal contact at all hours, promising to keep every disclosure secret, offering diagnoses or recommending treatment. It is appropriate to say, "I can listen and help you find the next step, but I am not a clinician."

Managers retain responsibility for work-related risks, conduct and reasonable adjustments. Peer supporters should not become an alternative to dealing with bullying, unsafe workloads or inaccessible systems. Where the workplace itself contributes to distress, support should include a route for action on those conditions.

Confidentiality, consent and careful records

Explain privacy limits before inviting sensitive disclosures. Information should ordinarily stay within the authorised support arrangement, but serious safety or safeguarding concerns may require sharing necessary details with designated people. Do not promise absolute confidentiality. Seek consent to make a referral where appropriate, explain what will be shared and why, and avoid circulating private accounts among colleagues.

A peer supporter generally does not need a detailed health history or an unofficial personal case file. If the organisation has a justified recording procedure, follow its data protection and retention rules. Record only what is necessary, factual and authorised; do not store names or identifiable health information in personal notes, spreadsheets or the accompanying workbook.

Communication that remains accessible

Distress does not always look like tears. A person may go quiet, speak rapidly, struggle to retrieve words, become overwhelmed or need additional time to process. Autistic and ADHD employees, people with sensory needs, dyslexia or fluctuating communication access may prefer precise questions, written options or a low-stimulation space. Ask rather than infer: "Would it be easier if I wrote down the options?" Avoid treating silence, eye contact or tone as reliable evidence of willingness or risk.

When to stop, pause or hand over

If a conversation becomes too intense for the supporter, it is safer to pause and involve the appropriate professional or safeguarding lead than to push beyond training. Explain clearly: "I want to make sure you get the right help. I need to involve someone who can support this safely." If there is immediate danger, follow emergency procedures without delaying to complete a worksheet or seek routine approval.

Recognising Risk & Guiding Safely

Recognising risk without acting as a clinician

A peer supporter can notice warning signs, take expressed concerns seriously and ask direct, compassionate questions about immediate safety when indicated; they should not make an independent clinical risk determination. Expressions of hopelessness, talk of suicide, threats of serious harm or a person being unable to remain safe warrant prompt action under organisational policy. If someone may be thinking of suicide, asking calmly and directly does not plant the idea. Stay focused on connecting the person with qualified and emergency help.

For immediate danger to life or serious harm in the UK, call 999 and follow the workplace emergency or safeguarding procedure. Do not leave someone at immediate risk alone if it is safe for you to remain while help arrives. For urgent mental health support without immediate danger, use the appropriate NHS urgent pathway; in England, call NHS 111 and select the mental health option. Local arrangements differ across UK nations and should be checked in advance.

Supportive language in difficult moments

"Thank you for telling me. I am taking what you have said seriously. Are you safe right now?"

"I can stay with you while we contact the right person or service, if you would like that."

Avoid saying "You have nothing to worry about," making promises about what will happen, telling someone to calm down, or treating an immediate concern as a confidential secret. If communication is difficult, use short sentences, give one choice at a time and allow time to respond. Adapt to sensory and accessibility needs without delaying emergency assistance.

Guiding colleagues to the next appropriate service

Support can be internal or external. Depending on the person's wishes and circumstances, options may include their GP, occupational health, an employee assistance programme, a suitably trained manager or HR adviser, NHS services, an independent workplace representative, or a specialist disability service. Explain options neutrally; do not imply that the peer supporter can guarantee treatment, adjustments or a particular employment outcome.

Ask what would make the next step accessible. Someone might want a contact link in writing, support organising questions for an appointment, help scheduling a private conversation, or clarity about whether a referral is voluntary. Make the handover specific: who will contact whom, by when, and with what consent. If a concern is outside peer-support scope, transfer responsibility to the authorised person or service rather than waiting indefinitely.

When work itself needs to change

Repeated anxiety or distress may signal conditions that require organisational attention: unrealistic demands, limited control, insufficient management support, conflict, role confusion, discrimination, inaccessible communication or disruptive changes. HSE work-related stress guidance highlights demands, control, support, relationships, role and change as key areas of concern. Managers should address underlying hazards rather than suggesting that staff simply become more resilient.

Practical conversations can focus on workload priorities, quiet spaces, predictable schedules, written instructions, processing time, flexible arrangements and reasonable adjustments where appropriate. Do not promise a change you cannot authorise. Agree who is responsible for assessing the request and provide a clear route for review.

Protecting the supporter

Listening to distress can affect the peer supporter. Regular supervision, protected time, opportunities to step back and post-incident support should be part of the programme. Debriefing must not become an excuse to disclose unnecessary personal information. Supporters should be free to say they are unavailable and direct colleagues to the agreed alternative pathway.

After the Conversation

What happens after the first conversation?

A supportive first conversation is a beginning, not a resolution. Before ending, summarise what you heard, check you understood, and agree only realistic next steps. It may help to ask: “What would make the next working day manageable?” and “Would you like a check-in, or would you rather contact us if needed?” Some people want follow-up; others need control over how much contact takes place.

Follow-up should not become informal surveillance. Where adjustments or workload changes are agreed, the responsible manager or service should review whether they are helping. A difficult day does not automatically mean the return or support plan has failed; neither should repeated distress be dismissed as an ordinary part of work.

A clear handover example

A colleague tells a peer supporter that constant interruptions and last-minute requests are making work unmanageable. The supporter listens, checks whether any urgent safety issue is present, and asks whether the colleague would like information about workplace options. With the colleague's agreement, they identify an appropriate manager or HR route for reviewing priorities and communication demands. The supporter does not diagnose burnout or promise a new schedule. They agree whether a brief check-in would be useful and allow the organisation to own the adjustment process.

Making a simple next-step plan

A useful plan can be short: **Concern:** what is creating difficulty, in the person's own words where possible. **Immediate support:** what helps them feel safe and heard today. **Next contact:** the appropriate service, manager or designated professional. **Consent and privacy:** what can be shared and with whom. **Review:** whether a follow-up is wanted and who is responsible. Keep sensitive notes only through approved systems.

If the colleague declines further help, respect that choice where there is no immediate safety or safeguarding reason to act otherwise. Make the route back to support clear. Avoid making them justify their decision repeatedly.

Five reflection questions for peer supporters

Before closing a conversation, consider: **1.** Did I hear the person's actual concern rather than assume the cause? **2.** Have I kept within my role and training? **3.** Have I explained relevant privacy and safeguarding limits? **4.** Is the next step realistic, consent-based and accessible? **5.** Do I need supervision or support myself? These prompts are for reflection, not clinical assessment.

Useful UK routes and further guidance

For an immediate emergency: **999**. For urgent NHS mental health support in England: **NHS 111** and the mental health option. **Samaritans:** 116 123, free 24 hours a day in the UK and Ireland ([samaritans.org](https://www.samaritans.org)). **Shout:** text SHOUT to 85258 for UK text support (giveusashout.org). For workplace guidance: **HSE** (hse.gov.uk/stress), **ACAS** (acas.org.uk), and **Mind** (mind.org.uk). Check current organisational contacts and local services before circulating the guide.

A final message from Space to Breathe Therapy

You do not have to fix another human being to make a difference. Safe peer support means recognising a concern, listening with compassion, respecting limits, connecting people with appropriate help and challenging harmful workplace conditions where possible. A healthy programme supports the colleague and the supporter, while making the organisation responsible for the conditions it can change.

Space to Breathe Therapy — Support • Understand • Belong. This educational guide is not an accredited Mental Health First Aid qualification, medical advice, or a replacement for safeguarding, occupational health, HR or emergency procedures.