What You Can Do and Say

Practical words and actions when a colleague may be struggling

Space to Breathe Therapy | Workplace mental-health first aid: educational guide

The purpose of this guide

You do not have to diagnose, counsel or fix another person to offer meaningful support. A useful response is to notice possible changes, approach respectfully, listen without judgement, explore practical help, signpost where appropriate and follow up within your role. Workplace support must also consider whether working conditions are contributing to distress.

This is an educational resource, not an accredited Mental Health First Aid England qualification. It does not replace clinical care, emergency assistance, safeguarding procedures, occupational health, HR or legal advice.

1. Notice changes without diagnosing

You might notice a colleague withdrawing, struggling to concentrate, appearing unusually tired, missing deadlines, becoming quieter, expressing worry or seeming more irritable. Such signs have many possible explanations, including physical health, disability, caring demands, neurodivergence, sleep or workplace pressures. Do not interpret a sign as proof of a particular diagnosis.

• Notice a change from the person's usual pattern rather than judging against your own expectations.

• Avoid discussing speculation about someone's health with colleagues.

• Choose a private, accessible and unhurried moment to check in.

• If you manage the person, distinguish performance conversations from wellbeing support while considering both appropriately.

2. Approach: words that open rather than close

Try: "I have noticed you seem under pressure lately. How are things going?" or "You do not have to share anything personal, but would it help to talk about what is making work difficult?" A colleague may decline. You can respond: "That is okay. If you want to talk later, let me know. We can also look at practical changes to the work."

Avoid pressuring someone to disclose a diagnosis, demanding details, promising absolute secrecy, or saying "everyone has it hard" or "just stay positive."

3. Listen and respond

Allow pauses. Ask one question at a time. Reflect back what you heard: "It sounds as though the unpredictable changes are exhausting." Check whether they want listening, practical problem-solving, or help identifying support. Do not rush into your own experience or make guarantees about outcomes.

Helpful questions include: “What feels most difficult right now?” “Is there anything at work we could change?” “Would written follow-up be easier?” “What would you like to happen next?”

4. Accessible and neurodivergent conversations

Ask about communication preferences rather than assuming them. Some people prefer written questions, extra processing time, direct language, a quiet space, or a scheduled conversation. Do not insist on eye contact. Summarise agreed actions in writing with consent, and allow the person to correct misunderstandings.

5. Support within professional boundaries

Explain your role and limits. Information should be handled discreetly under organisational policy, but confidentiality may need to be shared appropriately if there is a serious safety or safeguarding concern. Never promise to keep information secret in all circumstances. Do not become a substitute therapist, provide diagnoses or take on responsibilities you cannot safely maintain.

If you are a manager, consider appropriate adjustments and occupational-health or HR input where relevant. Agree what information needs to be shared, with whom, and why. Keep health details separate from ordinary team discussion.

6. When work itself is part of the problem

Support is incomplete if the organisation ignores harmful conditions. Consider the Health and Safety Executive management standards: demands, control, support, relationships, role and change. Explore workload, unclear priorities, unreasonable deadlines, conflict, inaccessible processes, lack of breaks and repeated last-minute changes. Practical responses might include clear priorities, predictable check-ins, quieter workspaces, flexible communication, workload review and reasonable adjustments.

7. Helping the person find next steps

Ask permission before suggesting options. Depending on need, these may include a GP, occupational health, employee assistance programme, a union representative, a trusted manager, HR, a mental-health professional or a workplace adjustment conversation. In the UK, disability-related reasonable adjustments may be required under the Equality Act 2010. The person should be involved in identifying what is useful.

8. Urgent and emergency situations

If someone is in immediate danger or has a serious medical emergency, call 999 in the UK. If there is urgent mental-health distress but no immediate danger, NHS 111 can help direct them to urgent mental-health support in England; local arrangements differ across the UK. If someone mentions suicide or self-harm, take it seriously, ask directly and calmly about immediate safety, and seek appropriate urgent help. Do not leave someone at immediate risk alone if it is safe for you to remain, and follow workplace safeguarding procedures.

Samaritans offer confidential listening on 116 123, 24 hours a day in the UK and Ireland. They are not an emergency-response service.

9. Follow up without overstepping

Agree whether and when to check back. Example: “Would it be useful if I checked in next week about the workload changes we discussed?” Follow through on commitments; explain any delays. Do not interpret silence as proof that the difficulty has ended. Respect a person’s decision not to discuss personal matters.

10. Practical action tracker

Date / concern	What was noticed or shared	Agreed support / owner	Review date / outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Keep records factual, proportionate and secure. Do not include unnecessary personal health information or remove confidential employer information.

11. Reflection worksheet

What changes have I noticed without making assumptions?

_____

What words could I use to invite, rather than force, a conversation?

_____

Which workplace pressures or barriers might be relevant?

_____

What support can I offer safely within my role?

_____

What should be escalated, and through which route?

_____

What action or follow-up have I agreed?

_____

12. Questions for managers and organisations

• Are staff trained to listen and signpost without acting as clinicians?

• Can people raise concerns without retaliation or stigma?

• Are workload, relationships and organisational risks reviewed as well as individual coping?

• Are adjustment requests discussed individually and reviewed?

• Are confidentiality, escalation and follow-up responsibilities clear?

• Are supporters given supervision, boundaries and access to their own support?

13. Support and further guidance

• NHS: nhs.uk/mental-health/

• Samaritans: samaritans.org | 116 123

• Acas: acas.org.uk — workplace rights, disputes and adjustments

• Health and Safety Executive: hse.gov.uk/stress — workplace stress management standards

• Mind: mind.org.uk — mental-health information and support

• Mental Health First Aid England: mhfaengland.org — accredited training information

A message from Space to Breathe Therapy

You do not need perfect words to make a supportive difference. Notice, ask, listen and guide with care. The most helpful response respects the individual, acknowledges the limits of your role and considers practical changes to the workplace itself. Support. Listen. Guide. Empower.