



USA

# **MENTAL HEALTH EMERGENCIES IN THE WORKPLACE**

The Practical Guide for Managers and HR

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## Why this guide?

Mental health crises can occur suddenly at work — an employee crying in a meeting, someone withdrawing socially, or expressing suicidal thoughts.

The role of the manager/HR is to:

- Ensure safety,
- Listen without judgement,
- Direct employees to appropriate supports,
- While respecting confidentiality and legal obligations.

⚠ This guide is not a replacement for medical or psychological care. Managers are not therapists — their role is to observe, support, and guide.

## Legal framework & responsibilities

- **OSHA (Occupational Safety and Health Act):** Employers must provide a safe and healthy workplace. This includes mitigating risks such as workplace violence, harassment, and excessive stress.
- **ADA (Americans with Disabilities Act):** Protects employees with mental health conditions from discrimination and requires employers to provide reasonable accommodations (reduced workload, flexible scheduling, remote work, etc.).
- **EOC (Equal Employment Opportunity Commission):** Provides guidance on mental health and work protections.

In practice:

- Employers must assess risks, implement controls, consult workers, and keep records.
- Managers must be trained to recognise warning signs and act appropriately.

## Practical scenarios & actions

### **CASE 1 – EMPLOYEE CRYING DURING A MEETING OR WHILE WORKING**

Immediate actions:

- Pause the meeting or work calmly.
- Suggest stepping outside to a private space.
- Say: “Would you like to take a few minutes together? You don’t have to explain right now.”

Then:

- Schedule a private follow-up conversation (same day or next).
- Ask: “What would help you right now?”
- Share resources: 988 Suicide & Crisis Lifeline, HR/EAP contacts, or their primary care doctor.
- Document the incident factually and confidentially.

### **CASE 2 – EMPLOYEE INCREASINGLY WITHDRAWN**

Immediate actions:

- Invite them to a 1:1 chat: “I’ve noticed you seem a bit withdrawn lately. Would you like to talk about it?”
- If they refuse, don’t insist — just leave the door open.

Then:

- Check in again a few days later.
- Consider short-term workload adjustments.
- Encourage them to connect with EAP, HR, or their doctor.
- If situation worsens, escalate to HR and provide crisis resources.

## **CASE 3 – SUICIDAL THOUGHTS / ACUTE DISTRESS**

Immediate actions:

- Stay with the person — never leave them alone.
- Ask directly: “Are you thinking about harming yourself?”
- If danger is imminent → call 911.
- Otherwise → offer support lines:
  - 988 Suicide & Crisis Lifeline (24/7)
  - NAMI Helpline 1-800-950-6264
  - SAMHSA Helpline 1-800-662-4357

Then:

- Notify HR and ensure immediate follow-up.
- Encourage professional care (doctor, therapist, crisis center).
- Arrange a confidential follow-up meeting after the crisis.

## **CASE 4 – ANGER, AGITATION, UNSAFE BEHAVIOUR**

Immediate actions:

- Remove other staff if necessary.
- Stay calm, use a low, steady voice.
- If violence or threats occur → call 911 immediately.

Then:

- Hold a debrief once the situation has de-escalated.
- Explore possible causes (workload, conflict, external stress).
- Offer mediation or EAP referral.
- Document and escalate to HR/security.
- Review workplace controls and team wellbeing measures.

## **CASE 5 – SPECIAL SITUATIONS**

### **Alcohol / drugs**

Immediate actions:

- Ensure safety at the workplace (remove from safety-sensitive tasks).
- If severely impaired → call 911.
- Arrange safe transportation (contact family if appropriate).

Then:

- Suggest consulting a primary care doctor.
- Refer to substance abuse programs (SAMHSA 1-800-662-4357).
- Document and escalate to HR.

### **Burnout (diagnosed / sick leave)**

Immediate actions:

- Maintain respectful contact during absence.
- Do not pressure the employee with work demands.

Then:

- Create a return-to-work plan with employee, HR, and healthcare provider.
- Provide reasonable accommodations (reduced workload, flexible hours, remote work).
- Schedule regular check-ins.

### **Return after psychiatric hospitalisation**

Immediate actions:

- Arrange a confidential pre-return meeting.
- Ask what they are comfortable sharing with colleagues.

Then:

- Provide reasonable accommodations under the ADA.
- Maintain regular HR/manager check-ins.
- Encourage ongoing clinical follow-up (doctor, therapist, community mental health services).

## **Colleague expresses concern about another employee**

Immediate actions:

- Thank them for speaking up.
- Ask for specific observations (not assumptions).

Then:

- Approach the concerned employee privately and sensitively: “A colleague expressed concern for you. I’d like to check in to see how you’re going.”
- Share support contacts: 988, EAP, HR, doctor.
- Escalate to HR if risks persist.

## **Universal principles**

- Safety and calm first.
- Active listening without judgement.
- Never leave the person alone if at risk.
- Document factually, protect confidentiality.
- Offer resources, not personal diagnoses.

## Key contacts & resources

### Emergencies

- 911 – police, ambulance, fire.

### National Crisis lines

- 988 Suicide & Crisis Lifeline – call or text (24/7)
- NAMI Helpline – 1-800-950-NAMI (Mon–Fri)
- SAMHSA Helpline – 1-800-662-HELP (24/7)

### Workplace & prevention

- EAP (Employee Assistance Programs) – if available.
- EEOC – guidance on mental health at work.
- OSHA – workplace safety regulations.
- ADA – reasonable accommodations for mental health

## If the employee says they don't know where to go

### As a manager, you can:

- Remind them their doctor/primary care provider is a first point of contact.
- Suggest 988, NAMI, or SAMHSA for immediate guidance.
- If imminent danger → call 911.

⚠ Managers should not make appointments on the employee's behalf (except in emergency) — the role is to share information, stay present, and support.



## After the crisis — follow-up & prevention

- Hold a confidential debrief.
- Offer workplace adjustments.
- Encourage professional care and follow-up.
- Document the incident and escalate if needed.
- Provide training (Mental Health First Aid USA, NAMI workplace programs).

## Quick reference tools

### **Crisis checklist**

1. Move to a safe/private space.
2. Listen calmly, without judgement.
3. If imminent danger → 911.
4. Share crisis contacts: 988 / NAMI / SAMHSA.
5. Document and schedule follow-up.

### **Helpful phrases**

- “Would you like a few minutes away from this space?”
- “You don’t need to explain right now — I’m here.”
- “Do you want us to call 988 together?”

### **Avoid**

- Minimising (“You’ll get over it”).
- Giving simplistic advice (“Just relax”).
- Leaving the person alone if at risk.

## Further Resources

OSHA – Workplace safety & health: <https://www.osha.gov>

EEOC – Mental health & employment rights:  
<https://www.eeoc.gov/mental-health>

ADA National Network – Rights & reasonable accommodations:  
<https://adata.org>

SAMHSA – Substance Abuse and Mental Health Services Administration:  
<https://www.samhsa.gov>

988 Suicide & Crisis Lifeline: <https://988lifeline.org>

NAMI – National Alliance on Mental Illness: <https://www.nami.org>

Mental Health America (MHA): <https://www.mhanational.org>

Mental Health First Aid USA: <https://www.mentalhealthfirstaid.org>

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