



AUSTRALIA

# **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

- **Work Health and Safety Act 2011 (WHS Act):** employers/PCBUs have a duty of care to protect the health and safety of workers, including mental health. Psychosocial risks must be managed just like physical hazards.
- **Managing Psychosocial Hazards at Work Code of Practice (2024):** provides practical steps to identify, assess, and control psychosocial risks (workload, bullying, harassment, emotional demands, violence, etc.).
- **Compliance:** following this Code helps demonstrate WHS compliance.

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?”
- Remind them of support options (EAP if available, GP, Head to Health, or Lifeline 13 11 14 if in crisis).
- Document the incident factually and confidentially (WHS requirement).

### **CASE 2 – EMPLOYEE INCREASINGLY WITHDRAWN**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- Invite them to a 1:1 chat: “I’ve noticed you seem a bit withdrawn lately.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 seek help from their GP or Head to Health for tailored support.
- If withdrawal worsens, inform HR and discuss referral options (triage lines, EAP).

## **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 000.
- Otherwise → offer support lines:
  - Lifeline 13 11 14 (24/7)
  - Suicide Call Back Service 1300 659 467
  - Beyond Blue 1300 22 4636
  - 13YARN 13 92 76 (for Aboriginal & Torres Strait Islander people).

Then:

- Alert HR/security where appropriate.
- Encourage follow-up with GP, Head to Health, or a state mental health triage line.
- Arrange a confidential follow-up meeting after the crisis.

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

Immediate actions:

- Remove other staff if necessary.
- Speak calmly and firmly, avoid confrontation.
- If violence or threats occur → call 000 immediately.

Then:

- Hold a debrief once the situation has de-escalated.
- Explore possible causes (workload, conflict, external stress).
- Offer mediation or support if appropriate.
- Document the incident (WHS compliance).
- Review organisational controls (psychosocial hazards, workload, conflict management).

## **CASE 5 – SPECIAL SITUATIONS**

### **Alcohol / drugs**

Immediate actions:

- Ensure safety (remove from machinery/vehicles).
- If severely impaired → call 000.
- Contact a trusted person for safe transport home.

Then:

- Suggest they consult their GP for assessment.
- Recommend addiction support services via Head to Health.
- Inform HR and document the event under WHS obligations.

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

Immediate actions:

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

Then:

- Develop a return-to-work plan with:
  - Employee, HR, GP, possibly EAP.
  - Allow for gradual return (reduced hours, workload adjustments).
  - 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 adjustments (WHS + Disability Discrimination Act).
- Maintain ongoing support (manager + HR check-ins).
- Encourage continued medical follow-up (GP, public mental health team via triage line).

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

Immediate actions:

- Thank them for raising the concern.
- 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 resources: GP, Lifeline, Head to Health, state triage line.
- Escalate to HR if the situation persists or worsens.

## **Universal principles**

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

## Key contacts & resources

### Emergencies

- 000 – police, ambulance, fire.

### Crisis lines

- Lifeline: 13 11 14 (24/7)
- Suicide Call Back Service: 1300 659 467 (24/7)
- Beyond Blue: 1300 22 4636
- 13YARN: 13 92 76 (First Nations support, 24/7)

### Orientation & information

- Head to Health: federal portal to local, online and phone-based services.
- Healthdirect mental health helplines: overview of national & state services.

### State triage lines (examples)

- NSW Mental Health Line: 1800 011 511 (24/7)
- QLD 1300 MH CALL: 1300 642 255 (24/7)
- (Other states: see Head to Health / Healthdirect for numbers.)

### Workplace prevention & training

- Safe Work Australia: psychosocial hazards Code of Practice.
- Black Dog Institute: workplace wellbeing programs & resources.
- Mental Health First Aid (MHFA) Australia: certified training for managers & employees.



## If the employee says they have no doctor / no access to care

As a manager, you can:

- Remind them their GP can assess, prescribe time off, and provide referrals.
- Suggest Head to Health for tailored service options.
- In acute crisis → provide 000, Lifeline 13 11 14, Suicide Call Back Service 1300 659 467, 13YARN.

⚠ 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.
- Adjust workload/hours short term if needed.
- Encourage clinical follow-up.
- Document and review WHS psychosocial controls.
- Invest in manager training (Black Dog Institute, MHFA).

## Quick reference tools

### **Crisis checklist**

1. Move to a safe/private space.
2. Listen calmly, without judgement.
3. If immediate danger → 000.
4. Share crisis lines: 13 11 14 / 1300 659 467 / 13 92 76.
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.”
- “Shall we call Lifeline or Head to Health together?”

### **Avoid**

- “You’ll be fine” or minimising.
- Giving quick-fix advice.
- Leaving the person alone if at risk.

## Further Resources

Safe Work Australia – Psychosocial hazards Code of Practice:  
<https://www.safeworkaustralia.gov.au>

Head to Health – Australian Government mental health portal:  
<https://www.headtohealth.gov.au>

Healthdirect – Mental health helplines:  
<https://www.healthdirect.gov.au/mental-health-helplines>

Lifeline Australia: <https://www.lifeline.org.au>

Beyond Blue: <https://www.beyondblue.org.au>

Black Dog Institute – Workplace wellbeing:  
<https://www.blackdoginstitute.org.au/workplace>

Mental Health First Aid (MHFA) Australia: <https://mhfa.com.au>

13YARN – Aboriginal & Torres Strait Islander crisis support:  
<https://13yarn.org.au>

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