Mental Health First Aid at Work and the HR Protocol Canadian Employers Need Before There’s a Crisis



Mental Health First Aid Is Useful, But It’s Not a Workplace System

Mental health first aid has become a familiar concept in Canadian workplaces. The idea is practical and humane: train people to recognize signs of mental distress, respond calmly, provide initial support, and connect the person with appropriate help. For organizations trying to build healthier workplaces, that kind of training can be valuable.

But there’s a problem. Many employers treat mental health first aid as if the training itself is the protocol.

A manager attends a course. A few HR staff complete certification. A poster goes up in the lunchroom or on the intranet. The organization tells employees it supports mental health.

Then something real happens.

An employee starts missing deadlines and appears withdrawn. Another employee has a panic attack at work. A supervisor hears a worker say they “can’t do this anymore.” A team member discloses that they’re struggling with depression. Someone returns from leave but seems overwhelmed. A manager suspects substance use or addiction may be affecting attendance or safety. Suddenly, everyone wants to help, but no one is quite sure what they’re allowed to say, what they should document, when HR should be involved, whether accommodation duties have been triggered, or what to do if the situation escalates.

That’s where mental health first aid training needs to be supported by an HR protocol.

The Canadian Centre for Occupational Health and Safety describes a psychologically healthy and safe workplace as one that promotes workers’ mental wellbeing and does not harm employee mental health through negligent, reckless, or intentional actions. CCOHS also notes that organizational commitment should start at the top. That’s an important point for HR because mental-health support cannot depend on the instincts of individual managers alone. It has to be part of how the organization operates.

(CCOHS)

The National Standard of Canada for Psychological Health and Safety in the Workplace, CSA Z1003, also gives employers a broader framework. CSA describes the standard as a voluntary standard that sets out a documented and systematic approach to developing and sustaining a psychologically healthy and safe workplace. The Mental Health Commission of Canada describes the standard as a set of voluntary guidelines, tools, and resources intended to help organizations promote mental health and prevent psychological harm at work. (CSA Group)

That's the standard HR should aim for. Not a one-off training session. Not a slogan. Not a vague instruction to "be supportive." A clear, practical, documented response process.

The Workplace Needs a First Response, Not a Diagnosis

The first principle of any workplace mental-health protocol is simple: managers are not clinicians.

They should not diagnose depression, anxiety, addiction, trauma, suicidal ideation, or any other mental-health condition. They should not speculate about medication. They should not ask intrusive medical questions. They should not try to become counsellors.

But managers do have a role. They're often the first people to notice changes in behaviour, attendance, performance, communication, mood, or safety. They may see an employee who's suddenly withdrawn, unusually irritable, overwhelmed, tearful, distracted, or behaving in a way that creates concern.

The manager's role is to notice workplace behaviour, express concern respectfully, connect the employee to appropriate support, and escalate to HR when needed.

That means the conversation should stay grounded in observable facts. A manager should not say, "I think you're depressed." A better approach is: "I've noticed you've missed several deadlines this month and you seem quieter than usual in meetings. I wanted to check in and see if there's anything work-related affecting you or any support you need."

That kind of language matters. It avoids diagnosis, reduces stigma, and keeps the discussion tied to workplace impact and support.

HR protocols should give managers sample language because most managers are not naturally comfortable with these conversations. They're afraid of saying the wrong thing. They may avoid the issue entirely. Or they may overstep by asking questions that are too personal.

A good protocol gives managers confidence without giving them authority they shouldn't have.

HR Must Define the Escalation Triggers

A mental health first aid protocol should clearly identify when a manager must involve HR.

Not every emotional conversation requires formal escalation. Employees have hard days. People experience stress, grief, conflict, and personal difficulties. A manager can often provide initial support by listening, reminding the employee about resources, adjusting immediate workload priorities if appropriate, and checking in

again.

But some situations require HR involvement. These include any disclosure that suggests a disability or need for accommodation, concerns about self-harm or harm to others, substance use affecting safety-sensitive work, repeated absenteeism or performance issues where health may be a factor, conflict involving harassment or bullying, requests for leave, concerns about violence risk, or any situation where the manager feels unsure about how to proceed.

The protocol should make escalation feel normal, not punitive. Employees should not experience HR involvement as a sign they're in trouble. HR's role is to protect privacy, assess workplace obligations, coordinate accommodation where needed, and support both the employee and the manager.

One of the biggest risks is inconsistency. One manager may respond compassionately and escalate appropriately. Another may ignore warning signs. Another may move too quickly to discipline. Another may ask intrusive questions. This inconsistency creates legal risk, but it also damages trust.

Employees should receive a reasonably consistent response regardless of which manager they happen to report to.

The Duty to Inquire Is a Critical HR Issue

Mental health concerns often intersect with the employer's duty to accommodate.

Canadian human rights law generally requires employers to accommodate employees with disabilities to the point of undue hardship. Mental-health disabilities can fall within that framework. The challenge is that employees do not always use formal language. They may not say, "I'm requesting accommodation." They may say, "I'm not coping," or "I'm having panic attacks," or "I can't keep up since my medication changed," or "I'm dealing with a relapse," or "My doctor says I need time away."

Sometimes the employer may have enough information to trigger what's often called the duty to inquire. In practical terms, that means the employer may need to ask whether there's a health-related reason affecting work before moving directly to discipline or termination.

This does not mean employers must excuse every performance issue. It does not mean HR has to guess at undisclosed medical conditions. It does mean HR should be alert when behaviour, attendance, performance, or safety issues may be connected to a disability or mental health concern.

The protocol should help managers recognize when they need to pause and involve HR before taking corrective action. For example, if an employee with a strong performance history suddenly becomes unreliable, visibly distressed, and begins missing work, it may be risky to treat the issue purely as misconduct. HR should consider whether accommodation or medical leave may need to be explored.

This is where a good protocol protects everyone. It ensures the employee is not punished for a disability-related issue without proper assessment, and it helps the employer maintain reasonable performance and safety expectations through a legally sound process.

Confidentiality Has to Be Built Into the Process

Mental health information is sensitive. Employees may hesitate to seek support if they believe their manager will share personal details with colleagues, senior

leaders, or other departments.

A workplace mental health protocol should be very clear about confidentiality.

Managers should understand that if an employee discloses personal health information, they should share it only with those who need to know for legitimate workplace reasons. In many cases, the manager does not need to know a diagnosis. They need to know functional limitations, work-related restrictions, expected duration where available, and what adjustments are needed to support the employee.

HR should be the central point for managing sensitive information. Medical notes, accommodation documentation, and return-to-work information should be handled carefully and stored separately from general personnel files where appropriate.

The protocol should also explain what confidentiality cannot cover. If there is a risk of serious harm, workplace violence, safety-sensitive impairment, harassment, or legal obligation to act, the organization may need to disclose limited information to appropriate people. But even then, disclosure should be controlled and purposeful.

The test should be: who needs to know, what do they need to know, and why?

Without that discipline, mental-health support can quickly become workplace gossip. And once employees see that disclosures are not handled carefully, they will stop disclosing.

Crisis Situations Need a Separate Response Path

Most mental health concerns in the workplace are not emergencies, but some are. A protocol should separate routine support, accommodation processes, and crisis response.

A crisis may involve an employee expressing suicidal thoughts, threatening harm to others, appearing severely disoriented, experiencing a panic episode that requires urgent support, showing signs of impairment in safety-sensitive work, or behaving in a way that creates immediate safety concern.

Managers should not be expected to improvise in those moments.

The protocol should identify who to contact, when to call emergency services, when to involve security, when to contact HR or senior leadership, how to stay with or support the employee safely, and how to protect other employees in the area. It should also address what happens after the immediate situation has passed, including documentation, follow-up, accommodation review, return-to-work planning, and support for witnesses or colleagues who were affected.

The goal is not to make every manager a crisis expert. The goal is to prevent delay and confusion when time matters.

This is also where employers should coordinate mental-health protocols with existing workplace violence, first aid, emergency response, disability management, and OHS processes. CCOHS notes that all Canadian jurisdictions require workplaces to provide at least some level of first aid, with requirements depending on factors such as number of workers, workplace hazards, and distance to medical assistance. (CCOHS) WorkSafeBC similarly states that employers are responsible for first aid in the workplace and that workplaces should assess first aid needs and put effective procedures in place. (WorkSafeBC)

Mental health crisis response should be integrated into that broader safety thinking.

It should not sit off to the side as an informal wellness initiative.

Documentation Should Be Respectful and Work-Focused

Documentation is necessary, but it must be handled carefully.

Managers should document observable workplace facts, not amateur medical conclusions. For example, “Employee missed three scheduled shifts and did not call in according to procedure” is appropriate. “Employee seemed bipolar” is not. “Employee stated they were overwhelmed and asked to speak with HR about leave options” is appropriate. “Employee is mentally unstable” is not.

HR should document steps taken, resources offered, accommodation discussions, safety considerations, communications with the employee, and any workplace adjustments. If the matter later becomes a human rights complaint, OHS concern, grievance, or performance issue, the organization will need to show it responded reasonably.

But documentation should never feel like surveillance. Employees should not be made to feel that every emotional moment becomes evidence against them. The tone and content of records matter.

A respectful record shows that the employer noticed a workplace concern, responded appropriately, protected privacy, and followed a fair process.

Training Must Include the Boundaries

Mental health first aid training often focuses on recognition and initial support, which is valuable. But workplace training should also include boundaries.

Managers need to know what they should say, what they should not say, and when to stop trying to handle the matter alone. They need to understand that empathy does not mean unlimited flexibility, and accountability does not mean ignoring disability or distress.

A manager can say, “I’m concerned about you, and I want to connect you with the right support.” A manager should not say, “Tell me exactly what your diagnosis is.” A manager can say, “We need to understand what support you may need to meet the requirements of your role.” A manager should not say, “You don’t seem fit to be here.” A manager can say, “I need to involve HR so we handle this properly.” A manager should not promise secrecy if the situation may require action.

That kind of practical guidance is what makes training operational.

HR should also train managers on stigma. Comments such as “everyone is stressed,” “just take a few days off,” “we need people who can handle pressure,” or “this job may not be for you” can do significant harm and may create legal risk. Managers do not need perfect language, but they need to avoid dismissive or judgmental reactions.

The Protocol Should Connect Employees to Real Supports

A mental health first aid protocol should include a clear referral pathway.

That may include an Employee Assistance Program, benefits provider, disability management contact, crisis line, family physician, community mental-health service, addiction support, union representative, peer support, occupational health resource, or emergency service depending on the situation.

The protocol should not merely say, “Contact EAP.” EAPs can be valuable, but they are

not the full solution. Some employees may need medical leave, modified duties, schedule adjustments, workload review, treatment support, return-to-work planning, or accommodation.

HR should also check whether employees know how to access resources. Many organizations offer supports that employees rarely use because they do not understand them, do not trust confidentiality, or cannot find the information when they need it.

Support must be visible before crisis. If employees hear about the EAP only after they are in distress, the organization has waited too long.

Return to Work Is Part of the Protocol

Mental health support does not end when an employee takes leave or enters treatment.

Return to work can be one of the most sensitive stages. The employee may feel embarrassed, anxious, or uncertain about how colleagues will react. The manager may be unsure what to say. Coworkers may have carried extra work and may feel strained. If the leave involved a visible incident, gossip may already exist.

HR should manage return to work carefully. The plan should focus on functional abilities, restrictions, gradual reintegration where appropriate, workload expectations, check-in points, and confidentiality. The manager should be told what they need to know to support the employee, not every personal detail.

The organization should also consider whether the workplace conditions that contributed to the issue have been addressed. If the employee returns to the same excessive workload, unresolved conflict, bullying behaviour, or unclear expectations, the return-to-work plan may fail.

This is where mental health first aid connects to psychological health and safety. The goal is not only to help employees cope. It’s to prevent work from causing or worsening harm where the employer can reasonably intervene.

A Practical HR Protocol for Mental Health First Aid

A workplace protocol should be simple enough that managers can use it and detailed enough that HR can defend it.

It should begin with recognition. Managers should be trained to notice changes in workplace behaviour, attendance, communication, performance, emotional presentation, or safety.

It should then define the first conversation. Managers should approach employees privately, describe observable concerns, express support, avoid diagnosis, and ask whether workplace support is needed.

Next, it should identify escalation triggers. HR should be involved when there may be accommodation needs, safety concerns, repeated performance or attendance issues, substance use concerns, harassment or violence, leave requests, or uncertainty about next steps.

The protocol should then address privacy. Personal health information should be protected, shared only as needed, and handled through HR wherever possible.

It should include an accommodation pathway. HR should assess whether disability or another protected ground may be involved, request appropriate functional information where needed, and explore reasonable accommodations.

It should include a crisis pathway. Managers should know when to contact emergency services, security, HR, senior leadership, or other designated responders.

It should include documentation standards. Records should be factual, respectful, work-focused, and stored appropriately.

It should include return-to-work procedures. HR should coordinate reintegration, restrictions, manager communication, and follow-up.

Finally, it should include review. HR should periodically assess whether the protocol is working, whether managers are using it properly, and whether employees trust the process.

The Culture Test

Employees judge mental-health support by what happens in real moments.

It is easy for an organization to say it supports mental health. It is harder to respond well when an employee is struggling, a manager is frustrated, a team is under pressure, or performance is affected.

That is why protocols matter. They turn good intentions into consistent action.

Mental health first aid can help people recognize distress and respond with humanity. But HR must build the system around it. Without a protocol, managers may overstep, underreact, breach confidentiality, ignore accommodation duties, or move too quickly to discipline. With a protocol, they have a path.

For Canadian HR professionals, the goal is not to medicalize the workplace or make every manager responsible for employee wellbeing. The goal is to create a workplace where mental health concerns are recognized early, handled respectfully, escalated appropriately, and managed within a clear legal and operational framework.

That’s how employers move from awareness to real support.