

Mental Health at the Front Line

A working cheat sheet for non-clinical helping staff who meet people in mental health distress every shift.

FOR USE

During a shift, in supervision,
in the moment something is off

I Notice PAY ATTENTION BEFORE YOU RESPOND

Watch for *what* is changing in the person you serve, not *what* is wrong with them.

COMMON SIGNS

- A change from baseline (mood, sleep, eating, hygiene, talkativeness, attendance)
- Slowed or pressured speech
- Withdrawal or unusual urgency
- Mention of hopelessness or wanting to stop

2 Slow Down YOUR PACE SHAPES THEIRS

When something hard is in the room, the most useful move is usually to slow time down.

IN THE MOMENT

- Lower your voice
- Lower your body (sit if you can)
- Give space; don't crowd
- Match the person's pace, not the schedule's

3 Ask DIRECT QUESTIONS, PLAIN WORDS

You cannot help with what you have not asked about. Asking does not make things worse.

TRY

- "What is happening for you right now?"
- "What would help in this moment?"
- "Are you thinking about killing yourself?"
- "Is there something you have not been able to say yet?"

4 Listen LESS TALKING, MORE PRESENCE

The clinical move is often to take in what the person is saying without rushing to fix.

HELPFUL

- Reflect back what you heard
- Stay quiet long enough for them to keep going
- Ask one more question before offering anything

AVOID

- "Everything happens for a reason"
- "I know how you feel"
- "You should..."

5 Refer or Hold WHEN TO ESCALATE, WHEN TO STAY

Some moments call for a warm handoff. Some call for you to stay and accompany.

REFER WHEN

- Safety is at stake (yours, theirs, someone else's)
- The need is beyond your scope or training
- The person asks for clinical care

HOLD WHEN

- Person is distressed but safe
- Referral is made; they need company until handoff
- Slowing down is what is needed

THE CONTINUUM: WHERE IS THIS PERSON RIGHT NOW

Well

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Stressed

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Distressed

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In crisis

Distress and crisis are not the same. Distress can usually be met with presence, listening, and a referral plan. Crisis (active suicidal intent, serious harm to self or others, loss of contact with reality, severe impairment) calls for immediate help and usually a different system response.

IF A PERSON IS IN CRISIS

Call or text 988

988 Suicide and Crisis Lifeline. Free, 24/7, confidential. Available in Spanish, with options for Veterans, LGBTQ+ youth, and Native and Strong Lifeline (for AIAN callers in some states).

WHEN YOU DO NOT KNOW WHAT TO DO

Stay. Slow down. The smallest move that protects the person is almost always enough until you can get to supervision, consultation, or a clinical resource. You do not have to fix this alone.

YOUR OWN WELL-BEING IS PART OF THE WORK

Frontline mental health work pulls on you whether or not you notice. Caseload size, supervision access, pay, and the team around you shape what you can sustainably hold; the conditions of your work are not separate from your wellbeing. Build in regular supervision or peer consultation, end-of-shift transitions that actually transition you, and a self-check rhythm you can sustain. The conditions that make steadiness possible are part of the work too. The full toolkit (cheat sheets, scripts, decision aids, vignettes, and the self-paced course) goes deeper on every section above. Find it at thesocialworkprogressive.com.

