

PRACTICAL HOW-TO GUIDE | HUMAN BEHAVIOUR DECODER SERIES

The Ethical Employer's Playbook: Supporting Cognitive Wellbeing at Work.

What good looks like. What harmful looks like. Your legal obligations. And exactly what to do — section by section.

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This playbook is written for line managers, HR professionals and senior leaders. It is structured in seven sections — each covering a distinct dimension of cognitive wellbeing at work. Every section includes what good practice looks like, what harmful practice looks like, and concrete actions to take. The legal obligations section is not legal advice — always consult a qualified employment law professional for your specific circumstances.

Most organisations have a wellbeing policy. Far fewer have a wellbeing culture. The gap between those two things is where cognitive health either flourishes or quietly deteriorates — and where employers either meet their legal and ethical obligations or fail them.

1. Understanding Cognitive Wellbeing at Work

Cognitive wellbeing refers to the capacity to think, remember, concentrate, plan and process information effectively at work. It is distinct from but closely related to mental health — and it is affected by a far wider range of conditions than most employers recognise.

Cognitive health at work is affected by: early-onset dementia and mild cognitive impairment; acquired brain injury; ADHD and autism; depression and anxiety (which significantly impair executive function); long COVID cognitive effects; chronic stress and burnout; sleep disorders; and the natural cognitive changes associated with ageing in the workforce.

Approximately 400,000 people in the UK are managing a condition affecting cognition while in employment. Most have never disclosed it to their employer. Most employers have never asked — or created conditions in which the answer would feel safe.

Cognitive wellbeing is not a niche concern. It is present in your workforce right now. The only question is whether your organisation is equipped to support it.

2. Your Legal Obligations — What the Law Requires

This section provides an overview of the key legal framework. It is not legal advice. Always seek independent employment law guidance for your specific circumstances.

Equality Act 2010 — Disability Definition

A condition is a disability under the Act if it has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. 'Long-term' means lasting or likely to last at least 12 months. Cognitive conditions — including early-stage dementia, acquired brain injury, ADHD and depression — can all qualify. Cancer, HIV and MS are protected from the point of diagnosis.

The Duty to Make Reasonable Adjustments

Once an employer knows or ought reasonably to know that an employee has a disability, they are legally required to make reasonable adjustments to remove or reduce any substantial disadvantage the employee experiences. Failure to do so constitutes unlawful disability discrimination, regardless of intent. Reasonable adjustments must be considered individually — what is reasonable for a large employer may differ from what is reasonable for a small one.

What 'Reasonable' Means in Practice

The Equality Act does not define a fixed list of reasonable adjustments. Adjustments must be effective, practical and proportionate to the employer's size and resources. Examples relevant to cognitive conditions include: flexible working hours; written rather than verbal instructions; reduced workload during a defined recovery period; a phased return to work; a quieter workspace; additional time for tasks; and regular structured check-ins. Access to Work government grants may fund specialist equipment or support — employers should inform employees of this scheme.

Anticipatory Duty Does Not Apply to Employment

Unlike service providers, employers are not required to anticipate the needs of disabled employees in advance. The duty to make reasonable adjustments arises once the employer knows or ought to know about the disability. However, creating a culture of proactive openness — where cognitive health is discussed normally and adjustments are already understood — significantly reduces the barrier to disclosure and is considered best practice by ACAS.

Indirect Discrimination

A policy or practice that applies to all employees but puts those with a cognitive condition at a particular disadvantage may constitute indirect discrimination — even without any discriminatory intent. Common examples include: mandatory attendance at fast-paced group meetings without written follow-up; performance targets that do not account for fluctuating capacity; and appraisal processes that penalise processing speed without adjusting for cognitive conditions.

An employer who does not make reasonable adjustments for a cognitive condition they know about — or ought to know about — is not simply failing ethically. They are failing legally.

3. Disclosure and Psychological Safety

An employee cannot disclose a cognitive health condition if the organisational culture makes disclosure feel dangerous. Building psychological safety around cognitive health is therefore a precondition for everything else in this playbook.

✓ WHAT GOOD LOOKS LIKE	✗ WHAT HARMFUL LOOKS LIKE	→ WHAT TO DO NOW
<ul style="list-style-type: none"> ✓ Leaders openly discuss cognitive health as a normal dimension of working life ✓ Disclosure is met with curiosity, not concern about performance implications ✓ Reasonable adjustments are discussed matter-of-factly, without stigma ✓ Confidentiality of disclosure is maintained consistently and visibly ✓ HR processes make it easy and safe to share a diagnosis 	<ul style="list-style-type: none"> ✗ Disclosure triggers an immediate performance management conversation ✗ Managers visibly change their behaviour toward someone who discloses ✗ Confidentiality is breached — formally or informally ✗ The employee is moved to less challenging work without consultation ✗ Colleagues are told without the employee's consent 	<ul style="list-style-type: none"> → Train all line managers in cognitive health disclosure conversations → Create a clear, written disclosure pathway with confidentiality guarantees → Separate the disclosure conversation from the performance conversation entirely → Have an existing reasonable adjustments menu ready — before it is needed → Audit your culture annually: would your people feel safe disclosing here?

4. Reasonable Adjustments — A Practical Reference

Reasonable adjustments for cognitive conditions are frequently misunderstood as complex or expensive. The majority cost nothing and require only a change in how work is organised and communicated.



Written instructions	All verbal briefings followed up in writing same day	Memory impairment, ADHD, anxiety, brain injury
Flexible scheduling	Core hours agreed; start/end times adjusted for energy and medication cycles	Dementia, depression, ADHD, chronic fatigue
Reduced task complexity	Work broken into short, clearly sequenced steps with check-ins	Executive function impairment, early dementia, anxiety
Quiet workspace	Designated low-distraction area or agreed remote working days	ADHD, sensory processing, anxiety, cognitive fatigue
Extended deadlines	Task completion timelines reviewed individually, not against team average	All cognitive conditions affecting processing speed
Regular structured check-ins	Brief 1:1 at agreed frequency to review workload and flag difficulties early	All conditions — early intervention prevents escalation
Technology support	Voice-to-text tools, calendar reminders, task management apps — funded via Access to Work	Memory impairment, dyslexia, executive function difficulties
Phased return to work	Gradual increase in hours and complexity following health episode or diagnosis	All conditions following period of deterioration or treatment

Always agree adjustments with the employee — not for them. What one person finds helpful, another may find patronising or counterproductive. The conversation is the adjustment.

5. Team Culture — Building or Crushing Cognitive Wellbeing

Individual adjustments are necessary but insufficient. A team culture that stigmatises cognitive difference, rewards relentless performance regardless of cost, or treats vulnerability as weakness will undermine every individual support structure an HR policy has ever built.

✓ WHAT GOOD LOOKS LIKE

✗ WHAT HARMFUL LOOKS LIKE

→ WHAT TO DO NOW

<ul style="list-style-type: none"> ✓ Cognitive health discussed at team level without identifying individuals ✓ Mistakes treated as information, not evidence of inadequacy ✓ Variable capacity normalised — 'I need more time on this' is fine to say ✓ Team norms explicitly address overwork, meeting culture and response times ✓ Manager models their own cognitive limits openly — leaves on time, takes breaks 	<ul style="list-style-type: none"> ✗ Cognitive struggles treated as personal failing or lack of commitment ✗ Team culture rewards who stays latest, not who produces best work ✗ Someone's adjustments become visible and a source of resentment ✗ Mental health awareness initiatives divorced from actual working conditions ✗ Managers routinely override boundaries and model unsustainable behaviour 	<ul style="list-style-type: none"> → Run a team norms conversation — co-design how the team will work together → Introduce a 'no explanation needed' policy for reasonable workload requests → Educate the whole team on cognitive health generally — not about anyone specifically → Make manager self-care visibly valued — it gives everyone permission → Review meeting culture: frequency, length, expectation of preparation and response
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6. Manager Capability — The Skill Gap Most Organisations Have

The single most consistent finding in workplace cognitive wellbeing research is this: manager capability is the primary variable. A skilled, empathetic, psychologically informed manager can hold a team member through significant cognitive difficulty. An unskilled one can turn a manageable condition into a crisis, a grievance or a tribunal.

01

Train managers in cognitive health conversations — not just mental health awareness

Mental health first aid training is valuable but insufficient. Managers need specific capability in: how to open a conversation about cognitive change without triggering fear; how to separate a wellbeing conversation from a performance one; how to make and review reasonable adjustments; and how to recognise the difference between a performance issue and a health one.

02

Give managers a conversation framework

Most managers avoid difficult conversations not because they are unkind but because they do not know how to start them. A simple framework — notice, approach, listen, support, agree, review — gives enough structure to make the conversation feel navigable. The framework matters less than the practice of having the conversation at all.

03

Remove the performance pressure that prevents good management

A manager who is under sustained performance pressure will default to managing for output, not for people. Organisations that want managers to support cognitive wellbeing must ensure that doing so is not professionally costly. If a manager's metrics do not include team wellbeing, they are being incentivised to deprioritise it.

04

Create a clear escalation pathway

Every manager needs to know: when to involve HR, when to recommend occupational health, when to suggest an Access to Work assessment, and when to bring in an EAP. Managers who do not know these pathways either do nothing — or do too much. Both are harmful.

7. The Ethical Employer Self-Assessment Checklist

Use this checklist to assess your organisation's current position across the key dimensions of cognitive wellbeing support. Be honest. The gaps you identify are the starting point.

Legal Compliance

- We have a current reasonable adjustments policy that covers cognitive conditions
- All managers know their legal obligations under the Equality Act 2010
- We have a documented process for receiving and acting on disability disclosure
- We are aware of and communicate the Access to Work government scheme
- We regularly review our policies against ACAS guidance

Psychological Safety

- Our culture makes it genuinely safe to disclose a cognitive health condition
- Disclosure does not result in immediate performance concern or role change
- Confidentiality of health disclosure is consistently maintained
- Senior leaders visibly model openness about their own cognitive health
- We have evidence — not assumption — that people feel safe here

Reasonable Adjustments

- We have an existing adjustments menu that managers can draw from immediately
- All adjustments are agreed with the individual, not decided for them

- Adjustments are reviewed regularly as conditions and roles evolve
- We do not require medical proof before beginning an informal adjustment
- We treat adjustment requests as a normal part of managing people

Team Culture

- Cognitive health is discussed at team level as a normal topic
- Our working culture does not systematically reward overwork
- We have reviewed our meeting culture for cognitive load impact
- No individual's adjustments have become a source of visible resentment
- We distinguish between a performance issue and a health one in practice

Manager Capability

- All managers have received training beyond mental health first aid
- Managers have a clear conversation framework for cognitive health discussions
- Manager performance metrics include team wellbeing indicators
- Every manager knows our escalation pathway — EAP, OH, HR, Access to Work
- We review management practice around cognitive health annually

Every unchecked box is a gap between where your organisation is and where the law, the evidence and your people need it to be. Start with one. Then the next.

Want Help Working Through the Gaps?

This playbook gives you the framework. Implementing it — in a specific organisation, with a specific team, within a specific culture — requires a different kind of support.

I work with organisations to audit their cognitive wellbeing practice, train managers in the conversations that matter, and build the psychological safety infrastructure that makes genuine support possible — not as a policy exercise, but as a measurable cultural shift.

The checklist tells you where you are. Let's talk about where you need to be.

References & Resources

- ACAS (2024) *Reasonable adjustments at work*. Available at: acas.org.uk [Accessed March 2026].
- Alzheimer's Society (2024) *Dementia UK: Update*. London: Alzheimer's Society.
- Citizens Advice (2024) *If you've been refused reasonable adjustments*. Available at: citizensadvice.org.uk.
- Deloitte (2023) *Mental health and employers: The case for investment*. London: Deloitte.
- Edmondson, A. (1999) 'Psychological safety and learning behavior in work teams', *Administrative Science Quarterly*, 44(2), pp. 350–383.
- Equality Act 2010. London: HMSO.
- Equality and Human Rights Commission (2024) *Disability: Your rights*. Manchester: EHRC.
- GOV.UK (2024) *Access to Work: get support if you have a disability or health condition*. Available at: gov.uk.
- GOV.UK (2024) *Reasonable adjustments for workers with disabilities or health conditions*. Available at: gov.uk.
- Maslach, C. and Leiter, M.P. (1997) *The Truth About Burnout*. San Francisco: Jossey-Bass.
- Mind (2023) *Mental health at work: The facts*. London: Mind.
- Rock, D. (2008) 'SCARF: A brain-based model for collaborating with and influencing others', *NeuroLeadership Journal*, 1, pp. 44–52.

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