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TODAY'S SESSION

1. Australian Legislation
2. New Zealand
3. Setting the scene
4. Psychosocial Harm
5. Neurodiversity at work
6. Key take aways

Nicola Knobel

- Master of Law
- Published papers on Leadership
- Published Papers on Employment Relations
- TEDx Speaker
- Author of “Unmasking Leadership”
- AuDHD (Autism and ADHD)

SETTING THE SCENE

AUSTRALIAN LAW

Harmonised WHS laws across most jurisdictions

April 2023: explicit psychosocial risk regulations in force
1 December 2025: Victoria's new OHS (Psychological Health) Regulations commence

Every Australian jurisdiction now has enforceable psychosocial safety laws

SETTING THE SCENE

NZ LAW

Health and Safety at Work Act 2015: same PCBU model

Health defined to include psychological health

No explicit psychosocial regulations yet: guidance only

Current HSWA reform focused on "critical risks": sector concern psychosocial harm may be deprioritised

Some Cases

Things to note for the future

- Culhana v State of New South Wales (NSW Police Force) [2024] NSWPIC 257
- Department of Defence First Commonwealth Prosecution for Psychosocial Harm Death
- The risks were obvious and known. The tools existed. Nobody used them.
- The question is not "will this happen here?" It is "are we willing to be the case that proves it can?"

PSYCHOSOCIAL HAZARDS

Burnout	Traumatic Events
Bullying	Harassement
Fatigue	Lack of Role Clarity
High Workload	Poor Support
Lone or Remote Work	Poor organisational change
Stress	Workplace Related Violence

WORKSAFE SAYS...

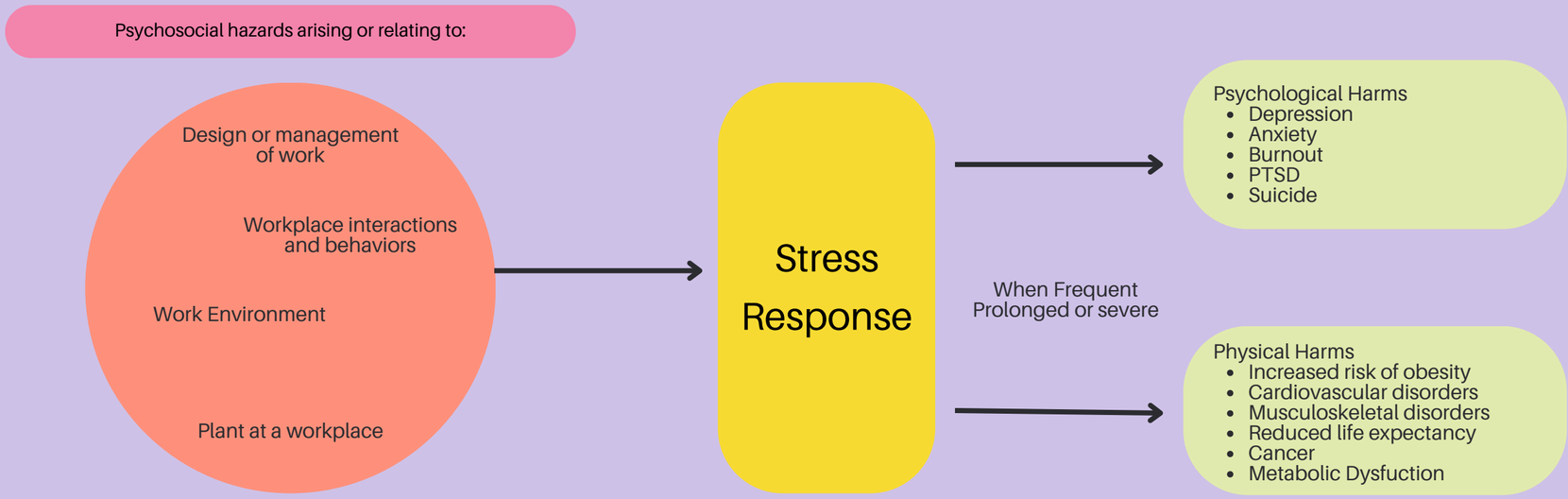
WorkSafe guidance document Psychosocial hazards in work environments and effective approaches for managing them highlights:

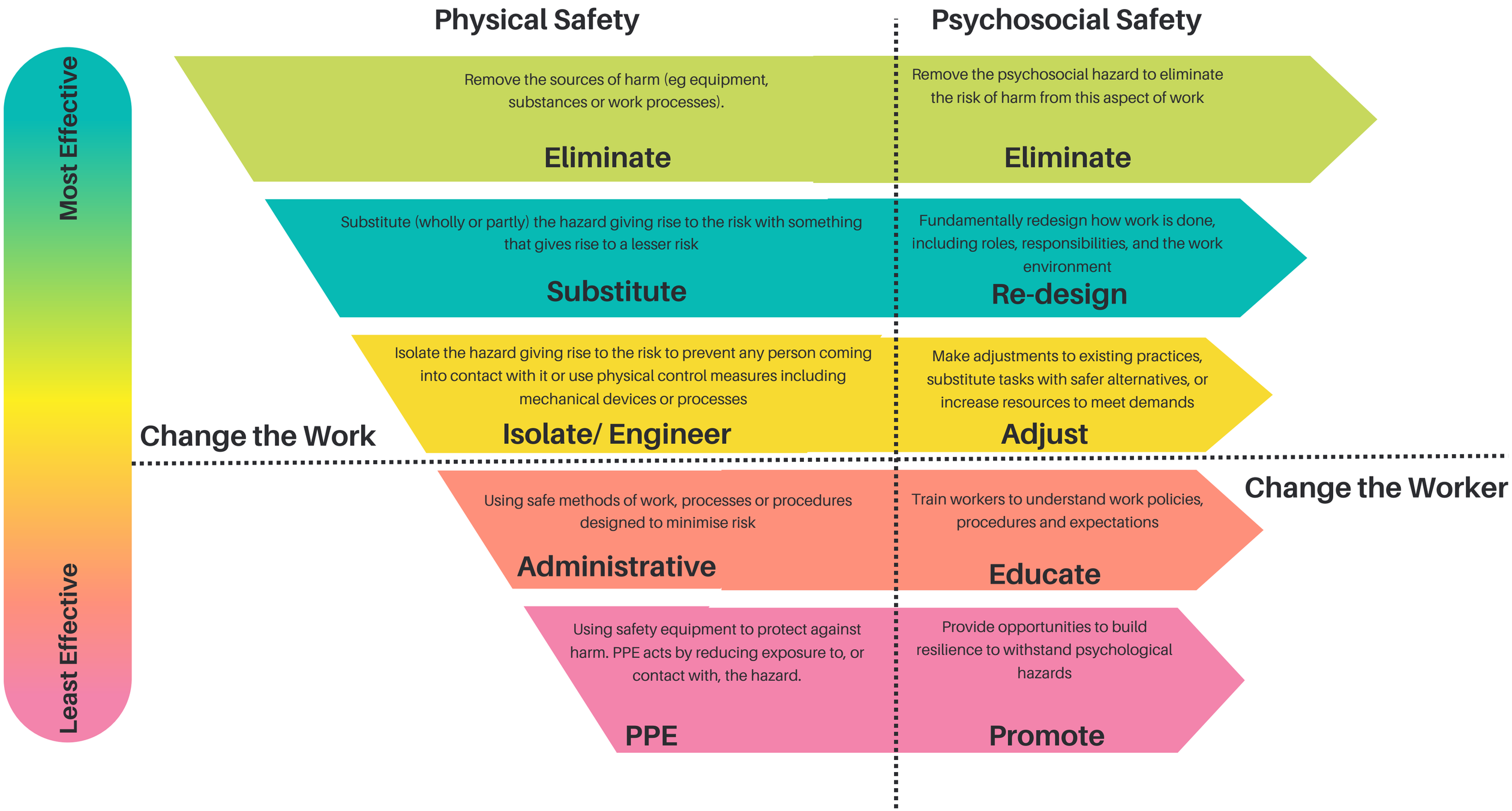
- potential psychosocial hazards at work
- relevant international standards (mostly European)

WorkSafe defines psychosocial hazards as:

- The aspects of the design and management of work and its social and organisational contexts that may have the potential for causing psychological or physical harm

How do Psychosocial Hazards cause harm?



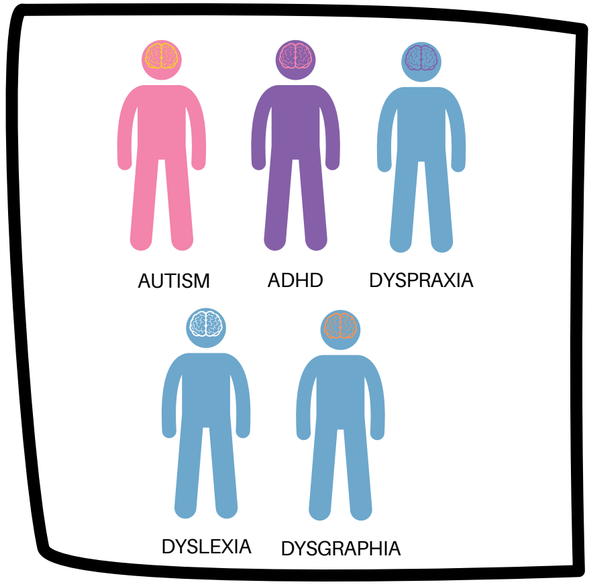

Physical Safety
Psychosocial Safety
Most Effective
Least Effective
Remove the sources of harm (eg equipment, substances or work processes).
Eliminate
Remove the psychosocial hazard to eliminate the risk of harm from this aspect of work
Eliminate
Substitute (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk
Substitute
Fundamentally redesign how work is done, including roles, responsibilities, and the work environment
Re-design
Isolate the hazard giving rise to the risk to prevent any person coming into contact with it or use physical control measures including mechanical devices or processes
Isolate/ Engineer
Make adjustments to existing practices, substitute tasks with safer alternatives, or increase resources to meet demands
Adjust
Change the Work
Change the Worker
Using safe methods of work, processes or procedures designed to minimise risk
Administrative
Train workers to understand work policies, procedures and expectations
Educate
Using safety equipment to protect against harm. PPE acts by reducing exposure to, or contact with, the hazard.
PPE
Provide opportunities to build resilience to withstand psychological hazards
Promote

PROJECT PROPOSAL

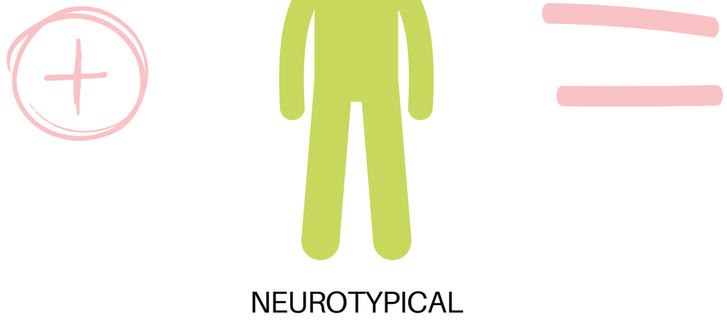
Neurodiversity

The term was first used in the late 1990s by sociologist and autistic academic Judy Singer. It is a concept.

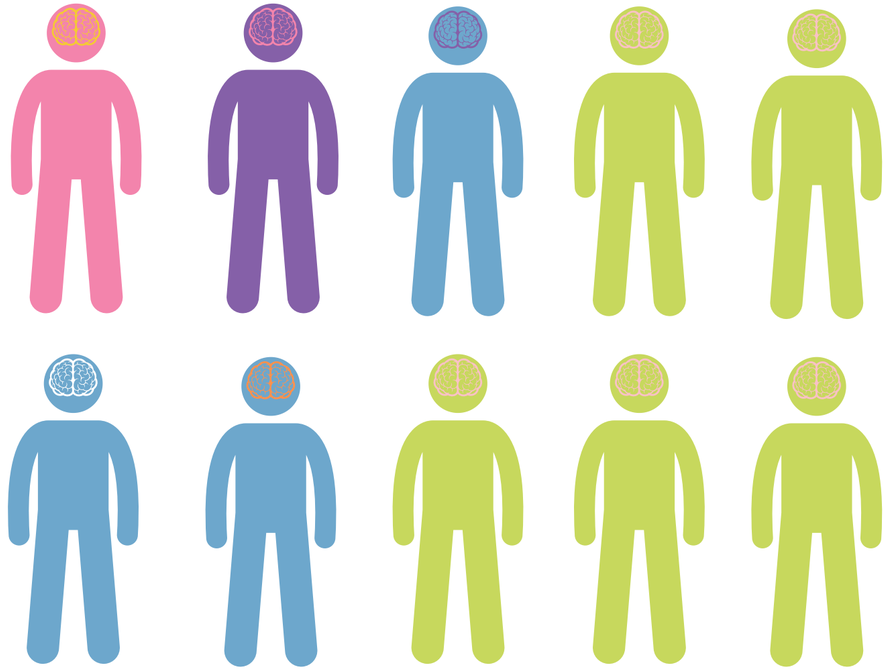
It refers to the natural variation in how human brains develop, process information, and function.



NEURODIVERGENT



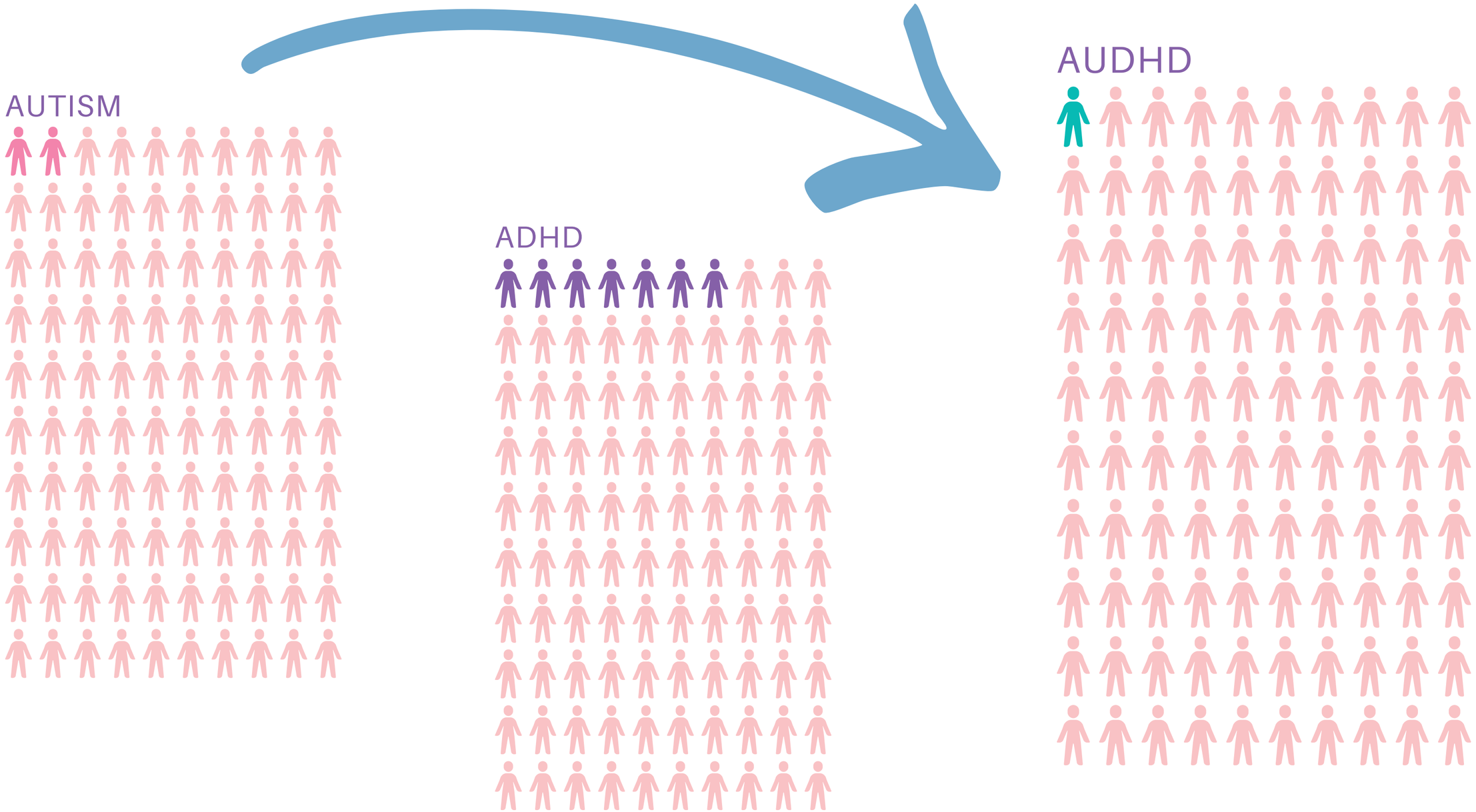
NEUROTYPICAL



NEURODIVERSITY

- Dyslexia: ~10% of population
- ADHD: 3--5% of adults globally
- Dyspraxia/dyscalculia: ~5--6% each
- 1 in 2 people with ADHD also have dyslexia
- 1 in 2 people with ADHD also have dyspraxia
- ADHD: 8x more likely to also meet autism criteria
- Up 70% with Autism also have ADHD

Human Icon by Leremy Gan and Human Brain by DLC Studio

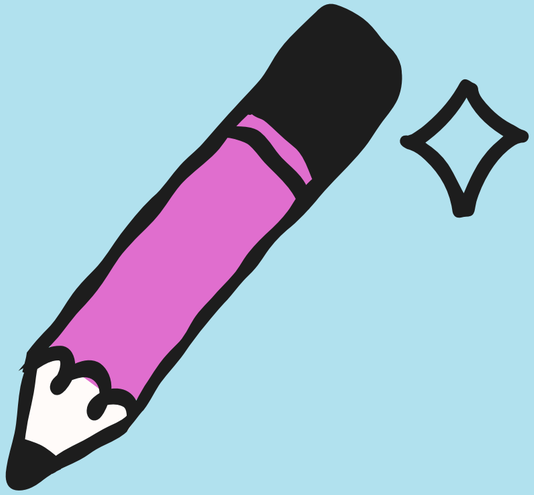


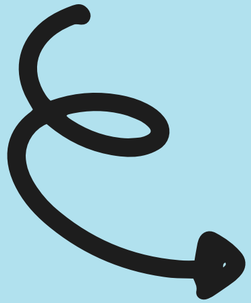
[1] Centers for Disease Control and Prevention (CDC). Autism prevalence estimates, 2023.
[2] Kessler, Ronald C. et al. (April 2006). The Prevalence and Correlates of Adult ADHD in the United States: Results From the National Comorbidity Survey Replication, American Journal of Psychiatry 163(5):716-723.
[3] Lau-Zhu A, Fritz A, McLoughlin G. Overlaps and distinctions between attention deficit/hyperactivity disorder and autism spectrum disorder in young adulthood: Systematic review and guiding framework for EEG-imaging research. Neurosci Biobehav Rev. 2019 Jan;96:93-115. doi: 10.1016/j.neubiorev.2018.10.009.

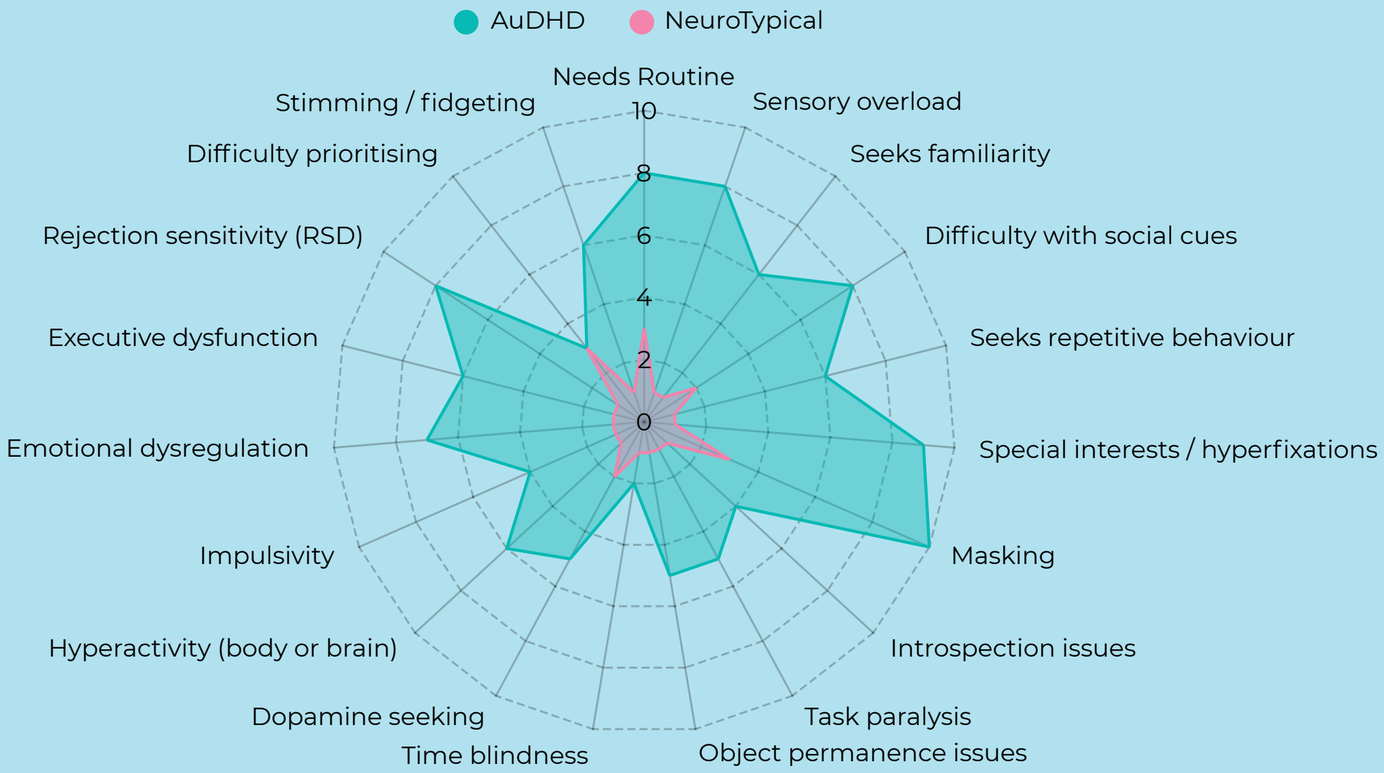
NEURODIVERSITY IS NOT LINEAR

Less Autistic

Very Austic







NEURODIVERSITY 101

Masking

Masking is the process by which neurodivergent people learn to suppress, hide, or imitate behaviours in order to appear neurotypical. It is not a choice in the sense of a deliberate strategy, for many people it is an automatic response developed over years of being told, explicitly or implicitly, that the way they naturally are is wrong.

NZ LEGAL PROTECTIONS

Human Rights Act 1993

Disability defined to include "intellectual or psychological disability" and "any loss or abnormality of psychological, physiological, or anatomical structure or function." Autism and ADHD are covered.

Direct AND indirect discrimination prohibited

Neutral policies that disproportionately disadvantage neurodivergent workers -- timed tests, verbal-only performance conversations, open-plan without quiet options -- may constitute indirect discrimination.

No diagnosis required

The disability exists whether or not it has been formally identified. Employers are required to consider reasonable accommodations based on disclosed need, not diagnosis.

ADHD/SAFETY CASE FROM THE UK

BURNS V GITPOD (UK EMPLOYMENT TRIBUNAL, 2025)

- VP Engineering, £220k salary, ADHD and dyslexia disclosed
- Attended work off-site in Austria, April 2023
- Lost hotel key (ADHD-related forgetfulness + alcohol)
- Ended up sleeping in sauna
- Dismissed one month later

Neurodiversity: Psychological Safety at Work

www.nicolaknobel.com

Feature	Neurotypical	ADHD - Inattentive	ADHD - Hyperactive/Impulsive	ADHD - Combined	Autism	AuDHD (co-occurring autism + ADHD)
What Psychological Safety Feels Like	Comfortable sharing ideas, confident to speak up or challenge.	Feels safe when expectations are clear and follow-up is gentle. Structured pace (Khan et al., 2023).	Feels safe when allowed to speak freely and energy is accepted.	Feels safe when authenticity and spontaneity are valued, balance of flexibility + priority clarity (Hennekam et al., 2023).	Feels safe when communication is predictable, respectful, and literal, respect for sensory needs (Tomczak et al., 2024; Oxford 2024)	Feels safe when honesty is welcome and sensory/emotional needs are respected.
Common Threats to Safety	Unclear expectations, power imbalance.	Harsh feedback, being interrupted or dismissed mid-thought. Interruptions / time pressure (Szulc 2024).	Being told to "tone it down," punished for energy or impulsivity. (Khan et al., 2023).	Inconsistent rules; forced masking (Doyle 2020; Bradley et al., 2023).	Unwritten rules, ambiguity, sarcasm, unpredictable social cues, sensory overwhelm.	Both social unpredictability and task chaos; punished for intensity or directness.
How Safety Breaks Down	Stops speaking up or disengages.	Avoids meetings, overthinks (Halgin & Whitbourne 2020).	Becomes defensive or argumentative. (Hennekam et al., 2023).	Oscillates between over-sharing / silence (Garrison et al., 2023).	Masks harder → burnout (Raymaker et al., 2020; Cage & Troxell-Whitman 2019). Internalises stress, may shut down.	Cycles between over-engagement and total withdrawal. Over-performance → exhaustion
Preferred Safety Signals	Supportive leaders, inclusion in decisions. Inclusion in dialogue, transparent decisions.	Calm tone, private check-ins, clear structure, recaps (Szulc 2024).	Active listening, quick acknowledgement of ideas, coaching not control (Khan et al., 2023).	Transparency, Humour + predictable routines (Doyle 2020).	Clear communication norms, explicit inclusion, sensory respect. Fair processes.	Consistent routines, space to regulate, validation of both logic and emotion. Fair and just processes.
What Helps Build Safety	Trust, feedback, consistency, learning culture (Edmonson 2014)	Clear written guidance, scaffolded feedback.	Space for energy expression, coaching not control. Empathic leadership + visible inclusion (Khan et al., 2023).	Clarity of priorities, visible allyship, Strengths-based roles (Doyle 2020; Austin & Pisano 2017)	Predictability, respectful curiosity, structured dialogue, Co-designed adjustments + predictable workflow (Oxford 2024).	Integrated support: scaffolds + acceptance of divergent communication.
What Usually Erodes It	Micromanagement, inconsistent leadership.	Being overlooked or rushed.	Negative tone / punitive feedback (Hennekam et al., 2023).	Broken promises, lack of transparency, unclear deadlines	Being misinterpreted or socially excluded. Token inclusion / social ambiguity (Tomczak et al., 2024).	Inauthentic inclusion, sensory overload, emotional invalidation. "One-size-fits-all" culture (Khan et al., 2023).
Organisational Supports That Work	Open-door leadership, team debriefs. Open feedback + learning loops (Edmondson 2014).	Written agendas, follow-up summaries, compassionate managers.	Clear behavioural expectations, mentorship.	Authentic feedback culture, visible inclusion efforts, flexible pacing + job fit	Neuroinclusion training, structured communication norms.	Co-designed policies, flexible environments, trauma-informed leadership.

Neurodiversity: Burnout at work

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Feature	ADHD	Autism	AuDHD (co-occurring autism and ADHD)	Neurotypical
Burnout Triggers	Constant task-switching, rejection sensitivity, lack of scaffolds.	Chronic masking, sensory overload, lack of predictability.	Combination of masking + executive function strain, conflicting demands.	Excessive workload, low autonomy, unclear expectations.
Masking / Camouflaging	Less central, but may "act organised" to hide overwhelm.	Core driver of burnout — hiding traits drains energy and prolongs recovery.	Double impact: masking + ADHD impulsivity or distraction = high exhaustion.	Rare; not typically a major factor in burnout.
Executive Function Strain	Major driver: task initiation, time-blindness, working memory overload.	Less central; more about sensory/social demand than Executive Function.	Critical — both sensory strain and Executive Function dysfunction compound each other.	Usually intact; struggles come from workload volume, not EF deficits.
What Burnout Looks Like at Work	Missed deadlines, emotional outbursts, after-hours "catch-up sprints."	Withdrawal, increased errors, shutdowns or meltdowns.	Inconsistent attendance or performance, cycling between chaos and shutdown.	Reduced motivation, detachment, presenteeism.
Recovery Arc	Days to weeks, especially if scaffolds are added.	Weeks to months; recovery needs deep rest and reduced masking demands.	Longest and most complex recovery, often needing layered supports.	Lifts more quickly once workload stressors are reduced.
What Helps	Externalise Executive Function (reminders, focus blocks, body-doubling).	Reduce masking, adjust sensory environment, allow routine.	Blend both sets of supports: scaffolds + reduced masking.	Job redesign, workload balancing, better supervisor support.
What is Usually Offered	Time-management training, "be more organised," generic wellness apps. Performance Improvement Plans.	"Resilience training," wellbeing days, mindfulness without accommodations.	One-size-fits-all wellbeing programmes, productivity coaching.	Resilience workshops, wellbeing days, mindfulness sessions.

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SHINE

S: Systems first, people second
H: Hear what silence is saying
I:Identify risk upstream, not downstream
N: Neuro-lens everything
E: Evaluate continuously, not just annually

SHINE

S: Who was this designed for?
H: Who is not speaking up, and why?
I:Are we preventing harm or just responding to it?
N: Have we considered how this affects different brains?
E: Evaluate continuously. How do we know our controls are working?

WHAT CAN YOU DO ON MONDAY?

- Review how you gather hazard information; add individual, private, asynchronous options
- Map current psychosocial controls against the hierarchy of controls; be honest about where they sit

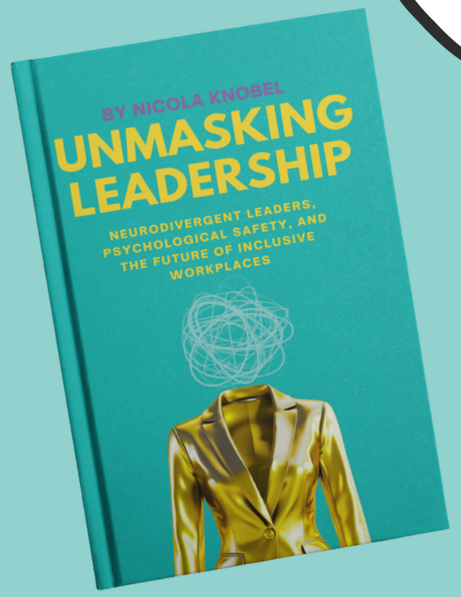
- Add neurodivergent experience as an explicit dimension of your next risk assessment
- Bookmark WorkSafe's Managing Psychosocial Risks at Work guidelines (April 2025)

- Review return-to-work plans -- ask what will be different this time
- Train managers in neurodivergent burnout profiles, not just generic psychological safety theory

- Audit recruitment, performance management, and grievance processes for neuroinclusive design
- Shift reasonable adjustment trigger from "diagnosis" to "disclosed need"

NICOLA KNOBEL

THANK YOU



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