



Mental Health and Neurodivergence Disclosure Risk Mitigation in Private Higher Education Institutions: An Integrated Risk-Protection Framework to Support Sustainable Development Goals (SDGs)

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ABSTRACT

This study examines mental health and neurodivergence disclosure risk mitigation in private higher education institutions through an Integrated Risk-Protection Framework to support Sustainable Development Goals (SDGs). A quantitative cross-sectional survey was conducted involving 297 academic and non-academic staff from selected private higher education institutions in Selangor, Malaysia. The data were analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM). Structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards reduce psychological safety in disclosure. Perceived enforceability of protection moderates these relationships and strengthens the explanatory power of the model. This study highlights perceived enforceability of protection as a key risk mitigation mechanism for developing inclusive, psychologically safe, and sustainable higher education governance.

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1. INTRODUCTION

Mental health and neurodivergence have become increasingly important issues in higher education institutions because they influence employee wellbeing, institutional inclusion, professional performance, retention, and sustainable organisational development. In private higher education institutions, academic and non-academic staff are expected to work within demanding environments that often involve performance evaluation, contractual employment, hierarchical governance, and institutional accountability. Within such environments, the decision to disclose a mental health condition or neurodivergent identity is not simply a personal matter. It is also shaped by the extent to which employees perceive the institution as safe, fair, confidential, and protective [1].

Disclosure of mental health conditions and neurodivergent identities remains challenging even when awareness of workplace wellbeing and inclusion has increased. Employees may avoid disclosure because they fear stigma, discrimination, exclusion, damaged reputation, limited promotion opportunities, or job loss [2]. These concerns are especially relevant in higher education workplaces, where professional identity, academic credibility, and organisational evaluation systems can influence employees' sense of security. Therefore, non-disclosure should not be interpreted only as a lack of awareness or unwillingness to seek support. It may also represent a rational risk mitigation response to institutional environments perceived as unsafe or insufficiently protective [3].

In the context of private higher education, disclosure risk is closely connected with organisational governance. Employees do not make disclosure decisions in isolation. They assess whether leaders can be trusted, whether policies are implemented consistently, whether confidentiality is protected, and whether safeguards are available if negative consequences occur. Workplace disclosure is influenced by organisational support, supervisor reactions, stigma, trust, and the availability of credible protection mechanisms [4]. Mental health and neurodivergence disclosure should be examined not only as an individual psychological decision but also as an institutional governance issue.

Traditional explanations of mental health and neurodivergence disclosure often focus on individual-level factors, such as stigma, mental health literacy, awareness, help-seeking attitudes, and personal readiness. These factors are important, but they do not fully explain why employees may remain hesitant to disclose even in organisations that promote inclusion and wellbeing. Employees may continue to conceal their conditions when they believe that disclosure could create professional risk or when institutional protection is seen as symbolic rather than enforceable [5]. This limitation shows the need for a broader framework that connects individual disclosure behaviour with structural, organisational, and institutional conditions.

Private higher education institutions provide an important setting for examining this issue. These institutions often depend on performance-based systems, institutional rankings, student satisfaction, staff productivity, and competitive market positioning. Such conditions can increase employees' perception of vulnerability, especially when disclosure may be interpreted as reduced competence or lower professional reliability. In this setting, disclosure safety depends not only on the existence of mental health policies but also on employees' confidence that institutional protection will be applied fairly and consistently [6].

This study positions disclosure risk mitigation as an important component of inclusive higher education governance. Risk mitigation refers to institutional efforts to reduce the negative

consequences that employees may associate with disclosing mental health or neurodivergent conditions. These risks include stigma anticipation, power imbalance, institutional trust deficit, and absence of safeguards. When these risks are not addressed, employees may choose silence, concealment, or avoidance, which can reduce access to support and reasonable accommodation. Conversely, when institutions provide credible and enforceable protections, employees may feel more psychologically safe to disclose and seek support. Previous studies show that disclosure decisions are influenced by workplace beliefs and behaviours, institutional sustainability, organisational legitimacy, and perceived organisational support [7-10].

Theoretically, this study draws on Labour Process Theory, Institutional Theory, and Stigma Theory. Labour Process Theory helps explain how power relations, managerial control, and employment dependency can shape disclosure decisions in the workplace. Institutional Theory explains why formal policies may not be sufficient if employees do not trust the institution or doubt the consistency of policy implementation. Stigma Theory explains how anticipated social judgment, stereotyping, and discrimination can discourage employees from revealing concealable conditions. Together, these perspectives support the view that disclosure is shaped by the interaction between organisational risk and institutional protection.

Based on these theoretical foundations, this study develops an Integrated Risk-Protection Framework for mental health and neurodivergence disclosure in private higher education institutions. The framework proposes that structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards reduce psychological safety in disclosure. It also proposes that perceived enforceability of protection moderates these relationships. In other words, employees may feel safer to disclose when they believe that organisational policies, legal protection, confidentiality mechanisms, and institutional commitments are genuinely enforceable.

This issue is also relevant to Sustainable Development Goals (SDGs) [11]. Safe disclosure environments in higher education can support SDG 3 by promoting mental health and wellbeing, SDG 8 by contributing to decent work and sustainable employment, SDG 10 by reducing inequality for neurodivergent employees and employees with mental health conditions, and SDG 16 by strengthening institutional accountability, fairness, and inclusive governance. Therefore, mental health and neurodivergence disclosure risk mitigation is not only a workplace issue but also part of sustainable and inclusive higher education development [12].

Although previous studies have discussed mental health disclosure, neurodivergence, stigma, institutional trust, and workplace protection, there is still limited research that integrates these factors into a single risk-protection framework for private higher education institutions. Existing studies often examine stigma, disclosure, organisational support, or policy protection separately. This fragmented approach does not fully capture how structural power, institutional trust, stigma anticipation, absence of safeguards, and perceived enforceability of protection interact to shape psychological safety in disclosure.

Therefore, this study aims to examine mental health and neurodivergence disclosure risk mitigation in private higher education institutions through an Integrated Risk-Protection Framework to support SDGs. The novelty of this study lies in its integrated framework that connects disclosure risk factors, institutional protection, psychological safety, and SDG-oriented higher education governance. By examining academic and non-academic staff in

Malaysian private higher education institutions, this study contributes to the development of more inclusive, psychologically safe, and sustainable educational workplaces.

2. LITERATURE REVIEW

2.1. Mental Health and Neurodivergence Disclosure in Higher Education

Mental health and neurodivergence disclosure is an important issue in higher education institutions because universities are not only academic organisations but also workplaces that must protect employee wellbeing, inclusion, and sustainability. In private higher education institutions, academic and non-academic staff may face performance evaluation, contractual employment, hierarchical management, and institutional accountability. These conditions can influence whether employees feel safe to disclose mental health conditions or neurodivergent identities. Disclosure is not always a simple act of openness. Employees may disclose when they expect support, understanding, and reasonable accommodation. However, they may choose not to disclose when they fear stigma, discrimination, damaged reputation, reduced career opportunities, or job insecurity [13]. In higher education workplaces, this decision is more sensitive because professional identity and institutional performance are closely connected. Therefore, non-disclosure should not be viewed only as personal reluctance but also as a response to perceived institutional risk. Employees with mental health conditions or neurodivergent identities may use concealment or masking strategies to avoid negative consequences [14]. Although concealment may protect employees in the short term, it can reduce access to support and increase psychological distress. Thus, disclosure safety must be understood as part of inclusive higher education governance.

2.2. Disclosure Risk and Institutional Protection

Earlier studies often explain disclosure through individual factors such as stigma, mental health literacy, awareness, help-seeking attitudes, and disclosure readiness [15, 16]. These factors are important, but they do not fully explain why employees remain hesitant to disclose even when organisations promote wellbeing and inclusion. Employees may still choose silence if they do not believe that institutional protection is credible, confidential, and enforceable [4]. Disclosure risk in private higher education institutions can be shaped by four main organisational factors. First, structural power asymmetry may make employees feel vulnerable because supervisors and institutional leaders influence contract renewal, workload, promotion, and performance evaluation [17]. Second, institutional trust deficit can reduce disclosure safety when employees doubt confidentiality, fairness, or policy implementation. Third, stigma anticipation can discourage disclosure because employees may expect negative judgement, stereotyping, or discrimination [7]. Fourth, absence of safeguards can increase risk when there are no clear anti-retaliation policies, reporting channels, or accountability mechanisms. Psychological safety is therefore central to disclosure risk mitigation because employees are more likely to disclose sensitive conditions when they believe that they can do so without punishment, humiliation, or professional disadvantage. In educational contexts, psychological well-being and emotional conditions influence how individuals respond to institutional pressure, support, and perceived risk [18, 19]. Employees are more likely to disclose sensitive conditions when they believe that they can do so without punishment, humiliation, or professional disadvantage [20]. In higher education institutions, psychological safety is not only an individual perception but also an institutional outcome shaped by governance, trust, and protection.

2.3. Integrated Risk-Protection Framework

This study is grounded in Labour Process Theory, Institutional Theory, and Stigma Theory. Labour Process Theory explains how workplace power relations and employment dependency shape employee behaviour [8]. Institutional Theory explains why formal policies may not be enough if employees do not trust their implementation [9]. Stigma Theory explains how anticipated judgement and discrimination influence the management of concealable identities. Disclosure is shaped by the interaction between organisational risk and institutional protection. The Integrated Risk-Protection Framework proposes that structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards reduce psychological safety in mental health and neurodivergence disclosure. The framework also positions perceived enforceability of protection as a moderating factor. When employees believe that institutional policies, legal protections, confidentiality procedures, and safeguards are genuinely enforceable, disclosure-related risks may be reduced. The proposed framework is presented in **Figure 1**. The framework illustrates how organisational risk factors influence psychological safety in disclosure and how perceived enforceability of protection can mitigate these risks in private higher education institutions.

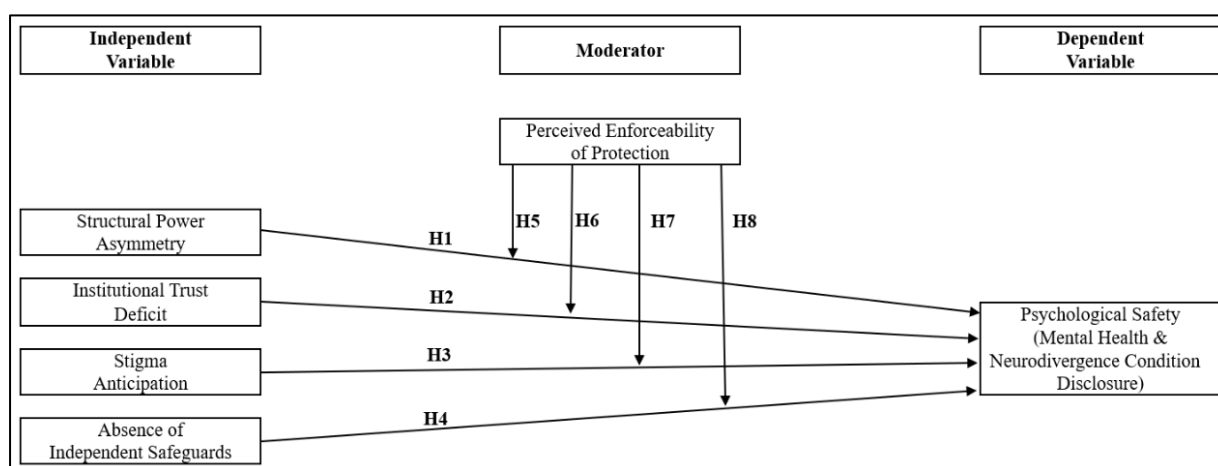


Figure 1. Integrated Risk-Protection Framework for mental health and neurodivergence disclosure risk mitigation in private higher education institutions.

2.4. Disclosure Risk Mitigation and SDGs

Disclosure risk mitigation is closely related to SDGs. It supports SDG 3 by promoting mental health and wellbeing, SDG 8 by encouraging decent work and sustainable employment, SDG 10 by reducing inequality for neurodivergent employees and employees with mental health conditions, and SDG 16 by strengthening accountable and inclusive institutions. For private higher education institutions, disclosure risk mitigation requires more than awareness campaigns. Institutions need credible protection, transparent procedures, confidentiality, and enforceable safeguards. Therefore, this study positions disclosure risk mitigation as part of inclusive and sustainable higher education governance.

3. METHODOLOGY

3.1. Research Design

This study employed a quantitative cross-sectional survey design to examine mental health and neurodivergence disclosure risk mitigation in private higher education institutions. This

design was selected because the study aimed to analyse the relationships among structural power asymmetry, institutional trust deficit, stigma anticipation, absence of safeguards, perceived enforceability of protection, and psychological safety in disclosure at one point in time. A quantitative design was also suitable because the study tested an integrated framework using statistical modelling. The study focused on selected private higher education institutions in Selangor, Malaysia. These institutions were selected because private higher education workplaces often involve performance-oriented systems, contractual employment, hierarchical governance, and institutional accountability. Such conditions are relevant for examining disclosure risk and psychological safety among academic and non-academic staff.

3.2. Population and Sample

The population of this study consisted of academic and non-academic staff working in selected private higher education institutions. The study collected data from five private universities with high employee turnover rates. These institutions were considered relevant because high-turnover environments may reflect employment uncertainty, perceived organisational instability, reduced institutional trust, and job insecurity. A total of 297 responses were collected using convenience sampling. This sampling technique was used because a complete sampling frame could not be accessed within the available research period. All respondents participated voluntarily. They were informed about the purpose of the study, and confidentiality and anonymity were assured to protect both individual respondents and participating institutions.

3.3. Research Instrument

Data were collected using a structured questionnaire. The questionnaire measured six main constructs: structural power asymmetry, institutional trust deficit, stigma anticipation, absence of safeguards, perceived enforceability of protection, and psychological safety in mental health and neurodivergence disclosure. All items were measured using a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The measurement items were adapted from established instruments and previous studies to ensure content validity and comparability. Structural power asymmetry was adapted from the Employment Precariousness Scale. Institutional trust deficit was adapted from the Organizational Trust Inventory. Stigma anticipation was adapted from workplace mental health disclosure literature. Absence of safeguards was adapted from perceived organisational support literature. Perceived enforceability of protection was adapted from regulatory and compliance motivation literature. Psychological safety was adapted from the Psychological Safety Scale.

3.4. Validity and Pilot Testing

Before full-scale data collection, the questionnaire was reviewed by three experts in organisational behaviour, human resource management, and mental health research. The expert review was conducted to evaluate the clarity, relevance, and contextual appropriateness of the questionnaire items. Revisions were made based on the experts' feedback. A pilot test was then conducted with 35 participants to examine reliability, wording clarity, and questionnaire suitability. The pilot test results showed satisfactory reliability, with Cronbach's alpha values above 0.70. Therefore, the instrument was considered suitable for the main data collection.

3.5. Data Collection Procedure

The data collection process was conducted among academic and non-academic staff in selected private higher education institutions. The names of the participating institutions were not disclosed to protect institutional confidentiality and ensure ethical compliance. This was necessary because the study involved sensitive issues related to mental health, neurodivergence, disclosure safety, institutional trust, and workplace protection. Respondents were informed that participation was voluntary and that their responses would be treated confidentially. The anonymity of respondents and institutions was maintained throughout the study. These ethical procedures were important to encourage honest responses and reduce possible fear related to disclosure-sensitive topics.

3.6. Data Analysis

The data were analysed using IBM SPSS Statistics Version 29 and SmartPLS Version 4.0. SPSS was used for preliminary analysis, including data screening and descriptive analysis. SmartPLS was used to conduct Partial Least Squares Structural Equation Modelling (PLS-SEM). PLS-SEM was selected because the study tested a complex model involving multiple independent variables, a dependent variable, and moderating effects. The analysis included measurement model assessment and structural model assessment. The measurement model was evaluated using reliability, composite reliability, convergent validity, and discriminant validity. The structural model was assessed using collinearity analysis, direct effect analysis, moderation analysis, coefficient of determination, model fit, and predictive relevance.

3.7. Ethical Considerations

This study involved sensitive information related to mental health, neurodivergence, workplace disclosure, institutional trust, and perceived protection. Therefore, ethical considerations were applied throughout the research process. Respondents were assured that their participation was voluntary, their identities would remain anonymous, and their responses would be used only for research purposes. The names of participating institutions were also withheld to avoid reputational risk and to protect institutional confidentiality. These procedures were important because employees may be reluctant to discuss disclosure-related issues if they believe their responses could affect their professional position. Maintaining confidentiality and anonymity helped create a safer research environment and supported the collection of honest responses.

4. RESULTS AND DISCUSSION

4.1. Data Screening and Normality

Data screening was conducted before the measurement and structural model analyses to ensure that the dataset was suitable for further statistical testing. The analysis involved 297 responses from academic and non-academic staff in selected private higher education institutions. The screening process examined the presence of extreme outliers using the Mahalanobis procedure with a significance threshold of $p < 0.001$. No case met the criterion for extreme outliers. Therefore, all 297 responses were retained for the next stage of analysis.

The normality assessment was then conducted using skewness and kurtosis values. As shown in **Table 1**, all constructs had skewness and kurtosis values within the acceptable range. The skewness values ranged from -1.564 to -0.837, while the kurtosis values ranged from -0.094

to 2.383. The data distribution was acceptable for further analysis based on the recommended range for skewness and kurtosis. The descriptive results also show that the mean scores for all constructs were relatively high. Respondents generally perceived structural power asymmetry, institutional trust deficit, stigma anticipation, absence of safeguards, psychological safety, and perceived enforceability of protection as important issues in mental health and neurodivergence disclosure in private higher education institutions. The high mean scores are important because they show that disclosure-related issues are relevant in the institutional context studied. In particular, the high mean scores for stigma anticipation and absence of safeguards indicate that employees may still perceive disclosure as risky despite increasing attention to mental health and neurodivergence in workplace settings. This supports the argument that disclosure safety cannot be understood only through personal awareness or individual willingness. Instead, disclosure decisions are also shaped by institutional conditions, including trust, safeguards, power relations, and enforceability of protection.

Table 1. Descriptive statistics, skewness, and kurtosis.

CONSTRUCT	N	MEAN	STD. DEVIATION	SKEWNESS	STD. ERROR	KURTOSIS	STD. ERROR
MeanSPA	297	4.113	0.722	-0.837	0.121	0.512	0.241
MeanITD	297	4.231	0.754	-0.945	0.121	0.508	0.241
MeanSA	297	4.465	0.714	-1.564	0.121	2.383	0.241
MeanASG	297	4.559	0.563	-0.909	0.121	-0.094	0.241
MeanPSNMH	297	4.679	0.483	-1.372	0.121	1.168	0.241
MeanPEP	297	4.352	0.476	-0.875	0.121	1.984	0.241

Note: SPA = Structural Power Asymmetry; ITD = Institutional Trust Deficit; SA = Stigma Anticipation; ASG = Absence of Safeguards; PSNMH = Psychological Safety in Neurodivergence and Mental Health; PEP = Perceived Enforceability of Protection.

4.2. Common Method Variance and Measurement Model

Common method variance was assessed to ensure that the results were not dominated by measurement bias. As presented in **Table 2**, the first component explained 35.375% of the total variance, which is below the 50% threshold. Common method variance was not a major concern in the dataset, following the common threshold used in behavioural research [21]. The data were considered appropriate for measurement model analysis using SmartPLS. The absence of serious common method variance strengthens the reliability of the findings. Since the study used self-reported survey data, this step was important to reduce concerns that the relationships among constructs were caused mainly by the measurement method. The result suggests that the observed relationships among disclosure risks, psychological safety, and perceived enforceability of protection can be interpreted with greater confidence. The measurement model was then evaluated using internal consistency, composite reliability, and convergent validity. As shown in **Table 3**, all constructs met the recommended reliability thresholds. Cronbach's alpha values ranged from 0.701 to 0.827, while composite reliability values also exceeded the minimum value of 0.70. The items used to measure each construct were internally consistent [22]. The average variance extracted values were also above 0.50, confirming convergent validity [23].

Table 2. Total variance explained.

COMPONENT	INITIAL EIGENVALUES: TOTAL	INITIAL EIGENVALUES: % OF VARIANCE	INITIAL EIGENVALUES: CUMULATIVE %	EXTRACTION SUMS OF SQUARED LOADINGS: TOTAL	EXTRACTION SUMS OF SQUARED LOADINGS: % OF VARIANCE	EXTRACTION SUMS OF SQUARED LOADINGS: CUMULATIVE %	ROTATION SUMS OF SQUARED LOADINGS: TOTAL	ROTATION SUMS OF SQUARED LOADINGS: % OF VARIANCE	ROTATION SUMS OF SQUARED LOADINGS: CUMULATIVE %
1	15.310	35.375	35.375	15.310	35.375	35.375	5.117	15.507	15.507
2	3.167	9.570	44.945	3.167	9.570	44.945	4.992	15.126	30.634
3	1.876	5.987	50.932	1.876	5.987	50.932	4.757	14.415	45.049
4	1.425	4.281	55.213	1.425	4.281	55.213	3.529	10.693	55.742
5	1.049	3.199	58.412	1.049	3.199	58.412	3.500	10.605	66.347
6	1.037	3.174	61.586	1.037	3.174	61.586	2.065	6.257	72.603
7	0.844	2.470	64.056	-	-	-	-	-	-

Table 3. Internal consistency, composite reliability, and convergent validity.

CONSTRUCT	CRONBACH'S ALPHA	COMPOSITE RELIABILITY (ρ_{α})	COMPOSITE RELIABILITY ($\rho_{\alpha c}$)	AVERAGE VARIANCE EXTRACTED (AVE)
Structural Power Asymmetry	0.827	0.829	0.842	0.632
Institutional Trust Deficit	0.823	0.825	0.839	0.587
Stigma Anticipation	0.798	0.800	0.818	0.564
Absence of Safeguards	0.786	0.803	0.809	0.539
Psychological Safety in Neurodivergence and Mental Health	0.800	0.810	0.826	0.616
Perceived Enforceability of Protection	0.701	0.710	0.716	0.568

The constructs used in the Integrated Risk-Protection Framework were measured reliably. Structural power asymmetry, institutional trust deficit, stigma anticipation, absence of safeguards, perceived enforceability of protection, and psychological safety were therefore appropriate for further hypothesis testing. This is important because the framework depends on the ability of each construct to capture a distinct dimension of disclosure risk and institutional protection.

Discriminant validity was assessed using the Heterotrait-Monotrait Ratio. As shown in **Table 4**, the HTMT values were within acceptable limits, indicating that the constructs were sufficiently distinct from each other. Each construct measured a different aspect of the disclosure risk-protection process. For example, institutional trust deficit is conceptually related to absence of safeguards, but the discriminant validity result shows that they are not identical constructs. The use of HTMT is appropriate because it is widely recommended for assessing discriminant validity in variance-based structural equation modelling [24].

Table 4. Heterotrait-Monotrait Ratio.

CONSTRUCT	SPA	ITD	SA	ASG	PEP	PSNMH
Structural Power Asymmetry	-	-	-	-	-	-
Institutional Trust Deficit	0.587	-	-	-	-	-
Stigma Anticipation	0.608	0.707	-	-	-	-
Absence of Safeguards	0.816	0.674	0.794	-	-	-
Perceived Enforceability of Protection	0.628	0.739	0.529	0.639	-	-
Psychological Safety in Neurodivergence and Mental Health	0.517	0.841	0.751	0.667	0.823	-

Note: SPA = Structural Power Asymmetry; ITD = Institutional Trust Deficit; SA = Stigma Anticipation; ASG = Absence of Safeguards; PSNMH = Psychological Safety in Neurodivergence and Mental Health; PEP = Perceived Enforceability of Protection.

The measurement model results confirm that the research instrument was reliable and valid. This supports the use of the model for examining mental health and neurodivergence disclosure risk mitigation in private higher education institutions. The results also provide a sound basis for analysing the structural relationships among risk factors, psychological safety, and perceived enforceability of protection.

4.3. Structural Model and Direct Effects

Before testing the direct relationships, multicollinearity was examined using the inner Variance Inflation Factor. As presented in **Table 5**, all VIF values were below the threshold of 5.0. Multicollinearity was not a major issue in the structural model, so the independent variables could be included without serious concern that overlapping predictors would distort the results.

The direct effect analysis is presented in **Table 6**. All four disclosure risk factors had significant negative effects on psychological safety in mental health and neurodivergence disclosure. Structural power asymmetry had the strongest negative effect on psychological safety, followed by institutional trust deficit, stigma anticipation, and absence of safeguards. This result supports the main assumption of the Integrated Risk-Protection Framework: disclosure safety is shaped not only by individual attitudes but also by institutional and organisational conditions.

Table 5. Inner variance inflation factor.

PREDICTOR	VIF
Structural Power Asymmetry	3.41
Institutional Trust Deficit	2.17
Stigma Anticipation	2.50
Absence of Safeguards	3.59
Perceived Enforceability of Protection	4.21

Note: Dependent variable = Psychological Safety in Neurodivergence and Mental Health.

Table 6. Direct effects on psychological safety in mental health and neurodivergence disclosure.

RELATIONSHIP	ORIGINAL SAMPLE (B)	STANDARD DEVIATION	T STATISTICS	P VALUES
Structural Power Asymmetry → Psychological Safety in Neurodivergence and Mental Health	-0.325	0.063	5.159	0.000
Institutional Trust Deficit → Psychological Safety in Neurodivergence and Mental Health	-0.214	0.050	4.280	0.000
Stigma Anticipation → Psychological Safety in Neurodivergence and Mental Health	-0.182	0.050	3.640	0.000
Absence of Safeguards → Psychological Safety in Neurodivergence and Mental Health	-0.122	0.040	3.041	0.002

Structural power asymmetry had a significant negative effect on psychological safety. Employees who perceive greater power imbalance in their institution are less likely to feel safe disclosing mental health or neurodivergent conditions. In private higher education institutions, power asymmetry may appear through contract renewal, promotion systems, workload distribution, managerial evaluation, and performance-based employment practices. This result is consistent with Labour Process Theory, which explains how workplace power relations and managerial control shape employee behaviour [8].

Institutional trust deficit also had a significant negative effect on psychological safety. Employees who do not trust institutional systems, leadership, confidentiality procedures, or policy implementation are less likely to perceive disclosure as safe. This finding is consistent with Institutional Theory, which emphasises that organisational legitimacy depends not only on formal rules but also on credibility and consistent implementation [9]. If institutions fail to demonstrate accountability, disclosure may remain risky even when formal support mechanisms exist.

Stigma anticipation was also found to reduce psychological safety. Employees who expect negative judgement, stereotyping, discrimination, or career disadvantage after disclosure may avoid revealing their mental health or neurodivergent conditions. This result is consistent with Stigma Theory, which explains how individuals manage concealable identities to avoid social and professional penalties. However, stigma was not the strongest predictor in the model, suggesting that disclosure risk in private higher education is also connected with governance, power, and institutional protection.

Absence of safeguards had a significant negative effect on psychological safety. Employees feel less safe to disclose when there are no clear protection mechanisms, confidential

reporting channels, anti-retaliation policies, or accountability procedures. Although this factor had the smallest direct effect among the four predictors, it remains significant. Safeguards are still necessary for creating a safe disclosure environment.

4.4. Moderating Effect of Perceived Enforceability of Protection

The moderation analysis examined whether perceived enforceability of protection could reduce the negative effects of disclosure risk factors on psychological safety. As shown in **Table 7**, perceived enforceability of protection significantly moderated all four proposed relationships. The interaction effects were positive and significant, indicating that stronger perceived enforceability weakened the negative influence of disclosure risks on psychological safety. This finding supports the role of perceived enforceability of protection as a risk mitigation mechanism in private higher education institutions.

Table 7. Moderating effect of perceived enforceability of protection.

RELATIONSHIP	ORIGINAL SAMPLE (B)	SAMPLE MEAN	STANDARD DEVIATION	T STATISTICS	P VALUES
Enforceability of Protection × Structural Power Asymmetry → Psychological Safety in Neurodivergence and Mental Health	0.102	0.101	0.048	2.124	0.034
Enforceability of Protection × Institutional Trust Deficit → Psychological Safety in Neurodivergence and Mental Health	0.275	0.273	0.058	4.741	0.000
Enforceability of Protection × Stigma Anticipation → Psychological Safety in Neurodivergence and Mental Health	0.255	0.254	0.065	3.923	0.000
Enforceability of Protection × Absence of Safeguards → Psychological Safety in Neurodivergence and Mental Health	0.363	0.361	0.111	3.270	0.001

The strongest moderating effect was found in the relationship between absence of safeguards and psychological safety. When employees believe institutional protection is enforceable, the negative effect of weak safeguards becomes less severe. In other words, employees may still feel safer to disclose when they believe that available policies, reporting systems, or protection mechanisms will actually be implemented. This finding is important for higher education governance because institutional protection must be more than symbolic. Protection must be credible, accessible, and consistently enforced.

Perceived enforceability of protection also significantly moderated the relationship between institutional trust deficit and psychological safety. Even when employees have doubts about institutional trust, their perception of disclosure safety can improve if they believe that protection mechanisms are enforceable. This supports the argument that institutional trust is closely connected with accountability and policy implementation. A

university may formally promote inclusion and wellbeing, but employees will remain cautious if they do not believe that protection will be applied fairly.

The moderating effect was also significant for stigma anticipation. Enforceable protection can reduce the negative effect of anticipated stigma on psychological safety. Employees who fear negative judgement, stereotyping, or discrimination may feel safer when they believe that the institution has clear and enforceable procedures to prevent unfair treatment. Stigma reduction should not depend only on awareness campaigns. It also requires institutional protection that employees perceive as reliable.

The moderation effect was significant but weaker for structural power asymmetry. Enforceable protection can reduce the negative effect of power imbalance, but it may not completely remove the influence of hierarchical control, employment dependency, and performance-based evaluation. In private higher education institutions, employees may still perceive disclosure as risky when institutional leaders have strong influence over contracts, promotion, workload, and performance assessment. Therefore, disclosure risk mitigation must address both enforceable protection and structural power relations.

The simple slope analysis in **Table 8** further supports the moderation results. The negative effects of structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards were strongest when perceived enforceability of protection was low. At the mean level of enforceability, the negative effects became weaker. At high levels of enforceability, the negative effects were substantially reduced. Perceived enforceability of protection functions as a protective buffer in the Integrated Risk-Protection Framework.

Table 8. Simple slope analysis of conditional direct effects.

LEVEL OF PERCEIVED ENFORCEABILITY OF PROTECTION	STRUCTURAL POWER ASYMMETRY → PSYCHOLOGICAL SAFETY	INSTITUTIONAL TRUST DEFICIT → PSYCHOLOGICAL SAFETY	STIGMA ANTICIPATION → PSYCHOLOGICAL SAFETY	ABSENCE OF SAFEGUARDS → PSYCHOLOGICAL SAFETY
+1 SD, High Enforceability	-0.123	-0.081	-0.072	-0.059
Mean	-0.325	-0.214	-0.182	-0.122
-1 SD, Low Enforceability	-0.527	-0.489	-0.437	-0.485

Disclosure risk mitigation in private higher education institutions depends not only on reducing risk factors but also on strengthening employee confidence in protection mechanisms. Policies, guidelines, and wellbeing initiatives may have limited effect if employees perceive them as symbolic or inconsistently applied. Therefore, private higher education institutions should strengthen confidentiality procedures, anti-retaliation mechanisms, reporting channels, and accountability systems. These mechanisms can help increase psychological safety for employees who consider disclosing mental health conditions or neurodivergent identities.

4.5. Explanatory Power, Model Fit, and Predictive Relevance

The explanatory power of the model was evaluated using the coefficient of determination. The model without perceived enforceability of protection as a moderator explained 68.8% of the variance in psychological safety, with $R^2 = 0.688$ and adjusted $R^2 = 0.689$. This indicates substantial explanatory power, showing that structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards are important predictors of psychological safety in disclosure. Higher R^2 values indicate stronger explanatory capacity of the model.

After perceived enforceability of protection was included as a moderating variable, the explanatory power increased to 81.3%, with $R^2 = 0.813$ and adjusted $R^2 = 0.818$. Perceived enforceability of protection substantially strengthened the model. Disclosure safety is not determined only by the presence of organisational risks, but also by employees' belief that institutional protection is credible and enforceable.

The increase in R^2 from 0.688 to 0.813 provides strong support for the Integrated Risk-Protection Framework. Perceived enforceability of protection plays an important role in explaining psychological safety in mental health and neurodivergence disclosure. For private higher education institutions, policies must be supported by implementation mechanisms. Employees need evidence that the institution will protect them if disclosure leads to negative treatment, confidentiality breaches, or professional disadvantage.

Model fit was assessed using the Standardised Root Mean Square Residual. As presented in **Table 9**, the SRMR value was 0.075 for both the saturated and estimated models. This value is within the acceptable range, indicating that the model had an adequate level of fit [25]. Although some model fit indices were not available, this is common in PLS-SEM analysis. The SRMR result therefore supports the adequacy of the proposed model for explaining psychological safety in disclosure.

Table 9. Model fit assessment.

FIT INDEX	SATURATED MODEL	ESTIMATED MODEL
SRMR	0.075	0.075
d_{ULS}	3.700	3.638
d_G	n/a	n/a
Chi-square	∞	∞
NFI	n/a	n/a

Predictive relevance was evaluated using Q^2 predict, RMSE, and MAE values. The Q^2 predict value was 0.686, indicating strong predictive relevance. The RMSE value was 0.565, while the MAE value was 0.392. The model has good predictive capability for psychological safety in mental health and neurodivergence disclosure. Predictive assessment is important in PLS-SEM because it evaluates whether the model can predict outcomes beyond explaining relationships among variables [26].

The explanatory power, model fit, and predictive relevance results confirm that the Integrated Risk-Protection Framework is statistically acceptable and practically meaningful. The framework explains a large proportion of variance in psychological safety and demonstrates that perceived enforceability of protection is a key mechanism in disclosure risk mitigation.

4.6. Disclosure Risk Mitigation, Higher Education Governance, and SDGs

Mental health and neurodivergence disclosure risk mitigation in private higher education institutions requires more than awareness programmes or general wellbeing policies. Structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards all reduced psychological safety. Disclosure is not only an individual decision but also an institutional governance issue. Employees are more likely to perceive disclosure as unsafe when they experience unequal power relations, distrust institutional systems, anticipate stigma, or do not see clear protection mechanisms.

Among the direct predictors, structural power asymmetry had the strongest negative effect. Disclosure risk is deeply connected with employment vulnerability and institutional hierarchy. In private higher education institutions, employees may depend on contract renewal, promotion, workload allocation, and managerial evaluation. When these conditions are perceived as unequal, disclosure may be seen as a threat to professional security. Therefore, institutions must address not only stigma but also the structural conditions that make disclosure risky.

The findings also highlight the importance of institutional trust and safeguards. Employees need confidence that disclosure will be handled confidentially, fairly, and without retaliation. Formal policies alone are insufficient if employees do not believe that they will be enforced. The significant moderating role of perceived enforceability of protection confirms this point. When employees believe protection is enforceable, the negative effects of disclosure risk factors become weaker.

These results are relevant to SDGs. Disclosure risk mitigation supports SDG 3 by promoting mental health and wellbeing, SDG 8 by supporting decent work and sustainable employment, SDG 10 by reducing inequality for neurodivergent employees and employees with mental health conditions, and SDG 16 by strengthening accountable and inclusive institutions [12]. Therefore, private higher education institutions should treat disclosure safety as part of sustainable educational governance.

In practical terms, universities should strengthen confidential disclosure channels, anti-retaliation policies, reasonable accommodation procedures, supervisor training, and accountability mechanisms. These steps can help shift disclosure from a personal risk into a protected pathway for support. Inclusive higher education governance depends not only on policy availability but also on enforceability, credibility, and employee trust.

4.7. Limitations

This study has several limitations. First, the study used a cross-sectional survey design; therefore, the results explain relationships among variables at one point in time and cannot fully establish causal relationships. Future studies may use longitudinal designs to examine how psychological safety and disclosure risk mitigation change over time.

Second, the study focused only on selected private higher education institutions in Selangor, Malaysia. Although this context is relevant for examining disclosure risk in performance-oriented higher education workplaces, the findings may not be fully generalisable to public universities, other regions, or different organisational sectors. Future research should include wider institutional contexts to strengthen external validity.

Third, the study relied on self-reported survey data. Although statistical procedures were applied to examine common method variance, responses may still be influenced by social desirability or respondents' personal perceptions. Future studies may use mixed methods, such as interviews or focus group discussions, to gain deeper insight into employees' lived experiences of mental health and neurodivergence disclosure.

Finally, this study examined perceived enforceability of protection as a moderating factor, but it did not directly evaluate the actual implementation of institutional protection mechanisms. Future research should assess how formal policies, confidentiality procedures, anti-retaliation mechanisms, and reasonable accommodation practices are implemented in higher education institutions.

5. CONCLUSION

This study examined mental health and neurodivergence disclosure risk mitigation in private higher education institutions through an Integrated Risk-Protection Framework. Structural power asymmetry, institutional trust deficit, stigma anticipation, and absence of safeguards significantly reduce psychological safety in disclosure. Among these factors, structural power asymmetry had the strongest negative effect, indicating that disclosure risk is closely related to institutional hierarchy, employment vulnerability, and governance conditions. The study also confirms the important role of perceived enforceability of protection as a risk mitigation mechanism. When employees believe that institutional policies, confidentiality procedures, legal protections, and safeguards are genuinely enforceable, the negative effects of disclosure risks on psychological safety become weaker. The increase in explanatory power after including perceived enforceability of protection further supports the value of the Integrated Risk-Protection Framework. Disclosure safety in private higher education institutions cannot depend only on awareness campaigns or general wellbeing initiatives. Institutions must strengthen trust, confidentiality, anti-retaliation mechanisms, reasonable accommodation procedures, and accountable protection systems. In this way, mental health and neurodivergence disclosure risk mitigation can support inclusive higher education governance and contribute to SDG 3, SDG 8, SDG 10, and SDG 16.

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7. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. The authors confirmed that the paper is free of plagiarism.

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