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BREAKING THE SILENCE AT WORK: BARRIERS TO REPORTING PSYCHOSOCIAL HAZARDS AND MENTAL HEALTH PROBLEMS IN CONTEMPORARY WORKPLACES: A NARRATIVE REVIEW

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Abstract:

Psychosocial hazards and work-related mental health have become central concerns in contemporary occupational health and safety practice, yet they remain substantially underreported in many workplaces. Underreporting weakens hazard identification, delays intervention, distorts surveillance data, and permits harmful working conditions to persist. Despite growing recognition of psychosocial hazards, existing research remains fragmented across occupational health, organizational behavior, and regulatory literatures, limiting the development of integrated reporting strategies. This critical narrative review synthesizes recent empirical studies, international guidance, and regulatory developments, with emphasis on work published over the past decade and selected foundational sources. It explains why reporting remains difficult even where mental health policies, employee assistance programs, or psychosocial risk procedures are formally available. Such arrangements often concentrate on supporting individuals after distress has emerged rather than building the organizational capability to receive, protect, interpret, and act on reports of work-related harm. The evidence shows that silence arises from the interaction of stigma, anticipated career penalties, low psychological safety, limited managerial competence, confidentiality concerns, poorly designed channels, and institutional systems that grant psychological injury less legitimacy than physical harm. A consistent pattern emerges employees are more likely to speak when psychological health is treated as a legitimate safety issue, retaliation is credibly prevented, managers respond competently, and visible corrective action follows. Based on

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this synthesis, the review proposes a conceptual Psychosocial Reporting Capability Framework (PRCF), which integrates institutional context, organizational climate, managerial practice, and reporting infrastructure. The PRCF provides a practical framework to guide policy development, reporting-system design, managerial capability building, and organizational learning. The review argues that sustainable psychosocial risk management depends on embedding trusted reporting mechanisms within occupational safety systems and treating psychological health as an integral component of workplace safety governance.

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Keyword:

Mental Health, Occupational Safety and Health, Psychosocial Hazards, Psychological Safety, Psychosocial Safety Climate, Stigma, Workplace Disclosure, ISO45003

Statement of Contribution

This narrative review reframes the underreporting of psychosocial hazards as a systems problem rather than an individual reluctance to disclose. It shows how stigma, career risk, low psychological safety, confidentiality concerns, limited managerial competence, and weak reporting architecture interact to reduce both reporting frequency and reporting accuracy. Based on this synthesis, the article proposes the conceptual Psychosocial Reporting Capability Framework (PRCF), which links institutional legitimacy, organizational climate, relational safety, reporting-system design, managerial response, and visible corrective action. The framework provides a practical basis for policy development, reporting-system design, organizational capability building, and future empirical testing.

Introduction

Psychosocial hazards and work-related mental health have become central concerns in contemporary occupational health and safety practice. Unlike many physical hazards, psychosocial exposures often develop gradually through work design, organizational relationships, and managerial practices, making them less visible and more difficult to report. Contemporary employees may face chronic overload, emotional strain, role ambiguity, low control, workplace bullying, organizational injustice, insecure employment, and related conditions that erode mental health over time (Amoadu et al., 2024; Backhaus et al., 2024; Schulte et al., 2024; Shields et al., 2021). The World Health Organization (WHO) identifies underuse of skills, excessive workloads, long or unsocial hours, limited job control, weak support, negative organizational culture, discrimination, violence, and harassment as material threats to workers' mental health. It further emphasizes prevention, promotion,

accommodation, and return-to-work support as complementary responsibilities (Hammer et al., 2024; Rugulies et al., 2023; Veen et al., 2022). Formal recognition, however, has not resolved the persistent problem of organizational silence (Amoadu et al., 2024; Ballard et al., 2025; Hammer et al., 2024). Employees may experience work-related psychological harm without translating that experience into a formal notification, timely disclosure, or usable organizational evidence (Idris et al., 2023; Kyung et al., 2023; Weiss & Zacher, 2025).

This review begins with a straightforward yet significant proposition: controlling psychosocial hazards becomes challenging if employees do not report them. In physical safety, near-miss systems, permit-to-work controls, and hazard observation programs depend on the steady conversion of local experience into organizational intelligence. In the psychosocial domain, on the other hand, the pathway from experience to report is fragile. Employees must interpret their distress as work-related and legitimate, assess the risks of speaking, and decide whether a trusted channel exists. This includes anticipating how managers will respond and judging whether any disclosure will produce meaningful change. Where these conditions are absent, silence becomes rational. The result is a serious information failure in which the organization underestimates psychosocial risk exposure, misattributes harm to individual weakness, and intervenes too late.

Despite growing recognition of psychosocial hazards, existing research remains fragmented across occupational health, organizational behavior, workplace mental health, and regulatory literatures. This fragmentation limits the development of integrated reporting strategies and leaves a specific question insufficiently addressed: what organizational conditions enable employees to convert psychosocial experience into safe, accurate, and actionable reports? Existing mental health statements, employee assistance programs, and well-being initiatives do not necessarily resolve this problem. Many are designed primarily to support individuals after distress has become visible, whereas effective reporting also requires organizational legitimacy, psychological safety, confidentiality, competent receivers, accessible channels, and accountable follow-up. Consequently, an organization may offer extensive support services while remaining unable to detect or correct the work conditions producing harm. This article addresses that gap by examining barriers to reporting psychosocial hazards and mental health problems through the combined lenses of occupational safety management, organizational behavior, and workplace mental health research. It argues that reporting is best understood as an organizational capability located at the intersection of legitimacy, safety, competence, confidentiality, and accountability.

The paper makes three contributions. First, it distinguishes psychosocial hazard reporting from disclosure of a personal mental health condition, while recognizing that the two may intersect in practice. Second, it develops a multilevel explanation of underreporting by integrating stigma research, Psychosocial Safety Climate (PSC), disclosure studies, regulatory developments, and occupational safety and health management-system logic. Third, based on this synthesis, it proposes the Psychosocial Reporting Capability Framework (PRCF). The PRCF is presented as a conceptual, evidence-informed, and theory-building framework rather than an empirically validated causal model. It organizes the conditions required to translate employee concern into usable organizational intelligence and preventive action. In practical terms, the framework is intended to guide policy development, reporting-system design, managerial capability building, and organizational learning. Although particularly relevant to safety-sensitive and high-consequence sectors, the underlying argument applies across industrial, professional, service, and knowledge-based workplaces.

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Review Approach and Positioning

This article adopts a critical narrative review rather than a systematic review or meta-analysis. Its purpose is interpretive and theory-building: to explain why workplace reporting of psychosocial hazards and mental health concerns remains difficult despite sustained policy attention. The review draws on peer-reviewed empirical research, conceptual and review papers, international guidance, and regulatory developments, with primary emphasis on work published during the past decade and selective use of foundational sources. Because the evidence is dispersed across occupational health and safety, organizational psychology, stigma and disclosure research, management and leadership studies, and workplace regulation, disciplinary integration is treated as part of the analytical task rather than as a supplementary exercise.

The synthesis proceeded through four linked analytical stages. First, sources were grouped according to the disciplinary problems they addressed: hazard identification and safety-system logic; organizational climate, voice, and silence; stigma and disclosure; managerial response; and regulatory legitimacy. Second, recurring mechanisms were mapped across six levels—institutional, organizational, relational, procedural, capability, and individual. Third, the analysis examined cross-level interaction, particularly how weak symbolic legitimacy, low psychosocial safety climate, distrust, poor confidentiality, and limited managerial competence can combine to make silence a rational response. Finally, the recurrent enabling conditions were consolidated into the PRCF. This sequence was intended to identify structural relationships rather than to produce an exhaustive catalogue of barriers.

A critical narrative approach is appropriate because the evidence base is conceptually heterogeneous and uses different vocabularies, assumptions, and units of analysis (Sharma et al., 2025; Westhuizen & Stanz, 2017; Wieberneit et al., 2024). Statistical aggregation of unlike studies would obscure the mechanisms through which organizational context shapes reporting. The review therefore compares explanatory patterns and examines how individual, relational, organizational, procedural, and institutional conditions operate together. This thematic logic supports an integrative account linking psychological safety, PSC, disclosure processes, management response, and occupational safety governance (Dong et al., 2024; Pujol-Cols & Lazzaro-Salazar, 2021). It also permits closer examination of speaking up within dynamic and "messy" organizational systems and of leadership practices that either reinforce or weaken PSC (Jones et al., 2021; Ip et al., 2025; Laloo et al., 2023).

The resulting PRCF should be read as a design heuristic and testable conceptual proposition, not as a validated diagnostic instrument or causal model. Its construction preserves a critical distinction between reporting rate and reporting accuracy. A high volume of reports does not necessarily indicate a healthy reporting climate if employees omit work-design causes, sanitize accounts, or shift toward symptom-only narratives. Conversely, a low volume of reports cannot be treated as evidence of low exposure. These interpretive boundaries are important because they clarify what the framework can explain at this stage and identify the propositions that require subsequent empirical testing.

Conceptual Foundations: Psychosocial Hazards, Risk, and Reporting

The first requirement for analytical clarity is to distinguish psychosocial hazards from psychosocial outcomes. Psychosocial hazards are features of work design, work organization,

social relations, or managerial practice that can cause psychological or physical harm (Jespersen & Hasle, 2016; Metzler & Bellingrath, 2017; Schulte et al., 2024; Taibi et al., 2022). By contrast, psychosocial risk refers to the likelihood and severity of harm arising from exposure to such hazards (Jespersen et al., 2016; Schulte et al., 2024). This distinction matters since a worker may report a hazard before any diagnosable mental health condition is present, just as one might report a faulty handrail before a fall occurs. This proactive reporting of hazards is critical for primary prevention, allowing for interventions that mitigate potential risks before they manifest as adverse health outcomes (Charles et al., 2024). In other words, recognizing and addressing these antecedent conditions can prevent the escalation of stressors into chronic issues that undermine employee well-being (Sharma et al., 2025).

A strong PSC, with open communication and responsive leadership, is important for creating a space where employees feel safe reporting potential hazards without fear of punishment, making it possible for early intervention (Amoadu et al., 2023; Wawersik et al., 2023). In organizations with high psychological safety, employees feel secure enough to voice concerns, knowing that their feedback will be received constructively and lead to corrective action, rather than being met with blame or indifference (Awar et al., 2023; Walker, 2025).

A second distinction is equally important: hazard reporting is not the same as mental health disclosure. Hazard reporting concerns conditions of work, for example, chronic understaffing, hostile supervision, impossible deadlines, sustained role conflict, or normalized humiliation (O'Dare et al., 2025; Schulte et al., 2024). Meanwhile, mental health disclosure pertains to the articulation of a personal condition, experience, symptomatology, or requirement for assistance (Hunt et al., 2021; Zamir et al., 2022). In reality, these two issues often coexist. A worker may describe exhaustion, anxiety, sleep disturbance, or burnout since these are the most tangible manifestations of exposure (Steffey et al., 2023; Stevens et al., 2022). Conversely, workers may disclose a mental health condition primarily to obtain accommodation without explicitly identifying the work arrangements that contributed to it (Gignac et al., 2020). Nevertheless, organizations that fail to distinguish between the two tend to over-psychologize what are in fact design and governance problems (Gignac et al., 2020, 2021). This encourages downstream support without upstream correction.

Occupational health and safety management, psychological health and safety at work, Guidelines for managing psychosocial risks (ISO 45003) and the WHO guidelines on mental health at work have helped shift the field toward a systems orientation. This can be achieved by framing psychological health as a management responsibility rather than a private matter belonging solely to individual workers (Deady et al., 2024; Jain et al., 2021; Malik et al., 2023; Memish et al., 2017). WHO's guidance emphasizes organizational interventions, manager training, and worker training alongside individual support and return-to-work measures (Malik et al., 2023). What remains unresolved, however, is the practical interface between these broad preventive commitments and the everyday act of speaking up. The concept of reporting capability developed in this article addresses that gap.

Why Reporting Remains Difficult: A Multilevel Analysis of Barriers

Stigma, Anticipated Discrimination, and Career Risk

The most widely documented barrier to workplace reporting is stigma (Delker et al., 2020; Dewa et al., 2021; Horbach et al., 2020; Laar et al., 2019). Previous research indicated that

stigma interferes with help-seeking and participation in care by shaping expectations of judgment, exclusion, and loss of status (Beukering et al., 2021; Dewa et al., 2021; Hanisch et al., 2016; Laar et al., 2019). In workplaces, these concerns are amplified by the fact that disclosure can influence performance evaluations, access to desirable work, promotion decisions, and informal reputation (Beukering et al., 2022; Brouwers et al., 2019; Dewa et al., 2021; Gignac et al., 2021; Hanisch et al., 2016; Moll, 2014; Poddar & Chhajer, 2024; Rutherford et al., 2023; Woticky et al., 2024). Stigma therefore operates through several channels. Public stigma is expressed in colleagues' and managers' reactions, self-stigma in shame and concealment, and structural stigma in policies, reward systems, and routines that imply mental health problems are less legitimate than physical injuries (Follmer & Jones, 2017; Kadhim & Jabur, 2024; King et al., 2021; Moll, 2014; Ramírez-Vielma et al., 2023; Schuller et al., 2024; Staland-Nyman et al., 2024). Consequently, individuals may postpone treatment, exacerbating the risk of experiencing multiple concurrent mental health issues and increasing both short-term and long-term consequences (Kamkar & Baril, 2024). Moreover, the perception of stigma frequently deters employees from utilizing available support mechanisms, creating a systemic barrier to early intervention and effective management of psychosocial hazards (Maben et al., 2024).

Recent disclosure studies strengthen this conclusion (Bogaers et al., 2022; Brouwers et al., 2019; Dewa et al., 2021; Follmer & Jones, 2017, 2021; King et al., 2021; Schuller et al., 2024; Stuetzle et al., 2023). Previous research highlighted that workers' expectations of disclosure outcomes vary systematically and that anticipated consequences influence willingness to disclose (Bogaers et al., 2022; Brouwers et al., 2019; Dewa et al., 2021; McGrath et al., 2023; Richard et al., 2025; Stratton et al., 2018; Woods et al., 2019). Positive supervisor reactions to mental health disclosure are associated with greater work ability, stronger intention to stay, and lower perceived stigma. Negative or dismissive responses produce the opposite pattern (Barth & Wessel, 2021; Bogaers et al., 2022; Dewa et al., 2021; King et al., 2021; Pischel et al., 2025; Richard et al., 2025; Volkov et al., 2025). Employees therefore judge disclosure in relation to its anticipated social and career consequences within a specific workplace. They do not make this decision in the abstract (Beukering et al., 2021; Brouwers et al., 2019; Dewa et al., 2021; Follmer et al., 2019; Gignac et al., 2021, 2025; Jones & King, 2013; Lyubykh et al., 2025; Rengers et al., 2019; Toth & Dewa, 2014). This apprehension is further compounded by the fear of negative repercussions, such as being perceived as less capable or reliable, which can significantly impede career progression and job security (Coppens et al., 2023; Hammer et al., 2024). Furthermore, employees often harbor concerns that disclosing mental health issues could lead to social rejection or reputational damage, thereby limiting their engagement with organizational support systems (Bruhn et al., 2025; Rutherford et al., 2023). The impact of anticipated discrimination is further evidenced by studies indicating that employees fear being judged or dismissed if they disclose mental health issues, with concerns about confidentiality also deterring open communication (Poddar & Chhajer, 2024).

A supportive climate materially alters that calculation (Dewa et al., 2021; Follmer & Jones, 2021; Gignac et al., 2021; Lyubykh et al., 2025; Schrader et al., 2013; Toth & Dewa, 2014). Organizational support may take the form of low anticipated discrimination, accessible resources, and reliable social support. Together, these conditions are associated with a greater willingness to speak up and with better work outcomes (Barth & Wessel, 2021; Beukering et al., 2022; Bogaers et al., 2022; Brouwers et al., 2019; Dewa et al., 2021; Kavanagh & Heffernan, 2023; King et al., 2021; Lyubykh et al., 2025; Richard et al., 2025). In effect, support changes the perceived utility of disclosure (Brouwers et al., 2019; Dewa et al., 2021; McGrath

et al., 2023; Reavley et al., 2017). When employees believe that disclosure will lead to understanding, accommodation, or corrective action, reporting becomes a rational safety behavior (Batolas et al., 2022; Cakir et al., 2022; Curcuruto et al., 2020; Curcuruto & Griffin, 2018; Song et al., 2020; Tucker et al., 2008). When they think they will be pathologized, staying quiet is the safer choice (Barth & Wessel, 2021; Dewa et al., 2021; Follmer & Jones, 2021; Gignac et al., 2021; Johnson et al., 2020; Toth & Dewa, 2014). On the other hand, employees are much less likely to discuss their mental health if they do not trust that the company cares about their psychological safety and well-being (Cahill et al., 2022; Dewa et al., 2021). This suggests that fostering psychological safety is paramount, as it directly mitigates the perceived risks associated with mental health disclosure, thereby promoting a more open and supportive workplace culture (Kavanagh & Heffernan, 2023). The absence of such a culture can lead to a significant proportion of employees choosing not to disclose mental health challenges due to fear of negative repercussions, including damage to future career opportunities (Bjørndal et al., 2022; Mellifont, 2021). Approximately one-third of workers are concerned about work-related repercussions if they seek mental health care, highlighting the pervasive fear of negative outcomes associated with disclosure (Hammer et al., 2024).

Career risk and job insecurity intensify these mechanisms (Baader et al., 2024; Dewa et al., 2021; Gignac et al., 2021; Wawersik et al., 2023). Employees in insecure labor-market positions, early-career roles, contingent employment, or highly competitive internal labor markets may see disclosure as strategically dangerous (Dewa et al., 2021; Elraz, 2017; Follmer et al., 2019; Follmer & Jones, 2021; Gignac et al., 2021; Toth & Dewa, 2014; Wheat et al., 2010). For instance, younger workers are often assumed to be more psychologically open, yet emerging evidence suggests that many remain acutely concerned about long-term career labeling (Bonaccio et al., 2019; Eberlein et al., 2023; Lindsay et al., 2017). In these circumstances, underreporting is not best interpreted as ignorance or denial. Instead, it is a credible response to organizational power asymmetries.

Psychological Safety, Psychosocial Safety Climate, and Worker Voice

Psychological safety provides the relational substrate on which reporting either flourishes or collapses (Derickson et al., 2014; Jung, 2023; Kyung et al., 2023; Sun et al., 2022; Tuyl & Rana, 2021; Wawersik et al., 2023; Westhuizen & Stanz, 2017). In high-psychological-safety environments, workers believe they can raise concerns without humiliation, retaliation, or social exclusion (Bahadurzada et al., 2024; Frazier et al., 2016; Song et al., 2020; Sun et al., 2022; Weiss et al., 2023). In environments with low psychological safety, individuals view speaking up as an interpersonal risk (Cartland et al., 2022; Eldor et al., 2023; Milch & Laumann, 2018; Newman et al., 2017; Song et al., 2020). This concept is central to reporting since psychosocial hazards often implicate managers, teams, norms, or organizational priorities themselves (Bahadurzada et al., 2024; O'Donovan & McAuliffe, 2020; Song et al., 2020; Wawersik et al., 2023). Thus, a robust psychological safety framework is essential to cultivate an environment where individuals feel secure enough to voice concerns without fear of reprisal or adverse career implications, particularly when these concerns pertain to systemic issues (Ip et al., 2025). To report them is therefore to challenge existing conditions and the legitimacy of how work is organized (Bahadurzada et al., 2024; Jespersen et al., 2016; Jespersen & Hasle, 2016; Manapragada & Bruk-Lee, 2016; Pavithra et al., 2022). Consequently, it is critical to foster a culture of psychological safety where employees perceive low interpersonal risk in voicing concerns, as such an environment promotes the disclosure of psychosocial hazards and mental health issues (Poddar & Chhajer, 2024).

The PSC literature offers a powerful extension of this insight (Amoadu et al., 2023, 2024; Dollard et al., 2012; Fattori et al., 2022; Laloo et al., 2023; Mansour & Tremblay, 2019; Zadow et al., 2019). Prior studies defined PSC as the collective perceptions of employees regarding organizational policies, practices, and procedures aimed at safeguarding psychological health and safety (Amoadu et al., 2024, 2025; Binti, 2013; Dollard & Bakker, 2009; Frazier et al., 2016; Handayani, 2025; Hu et al., 2021; Loh et al., 2025; Mansour & Tremblay, 2018, 2019). More recent work has demonstrated that PSC is not a niche or culturally bounded idea (Amoadu et al., 2024, 2025; Binti, 2013; Fattori et al., 2022; Hu et al., 2021; Karatuna et al., 2025; Loh et al., 2024; Mansour & Tremblay, 2018; Wang & Ning, 2024). In practical terms, PSC functions as an antecedent climate signal. When management is perceived to prioritize psychological health alongside productivity, employees are more likely to regard reporting as legitimate and worthwhile (Amoadu et al., 2023, 2024, 2025; Andersen et al., 2025; Laloo et al., 2023; Loh et al., 2024, 2025; Loh & Dollard, 2024; Mansour & Tremblay, 2019; Yulita et al., 2017).

The importance of psychological safety is also evident in qualitative work on detection and disclosure (Baader et al., 2024; Hald et al., 2020; Klinefelter et al., 2020; Mansour & Tremblay, 2019; Roekel & Schott, 2021; Sumanth et al., 2024; Yulita et al., 2017). A previous study in workplaces identified three clusters of factors relevant to disclosure: minimizing inhibitors such as stigma, denial, and underestimation of organizational capability. Maximizing enablers such as psychological safety and social support, and building supportive organizational practices through awareness, manager strengthening, leadership advocacy, and clear processes (Bernard et al., 2022; Hammer et al., 2024; Hees et al., 2022; Hunt et al., 2021; King et al., 2021; Paterson et al., 2024; Poddar & Chhajer, 2024). The results of their research are particularly enlightening, illustrating that mere encouragement does not facilitate disclosure (Hammer et al., 2024; King et al., 2021; Lyubykh et al., 2025; Poddar & Chhajer, 2024). Workers need evidence that the organization can receive and act on what they disclose (Dewa et al., 2021; Mrowiec, 2022; Park et al., 2018).

Leadership behavior is therefore not peripheral; it is constitutive of reporting capability (Amore et al., 2022; Cakir et al., 2022; Coutifaris & Grant, 2021; Jiang et al., 2023; Liu et al., 2015; Mayer et al., 2013; Sumanth et al., 2024). When leaders invite feedback but punish bad news, or publicly emphasize well-being while rewarding chronic overwork, they create a credibility gap that discourages reporting (Amore et al., 2022; Coutifaris & Grant, 2021; Flynn & Lide, 2022; Hald et al., 2020; Montgomery et al., 2022; Schaerer et al., 2017). Under such conditions, employees learn that the organization values the appearance of openness more than the operational consequences of genuinely hearing concerns.

Confidentiality, Privacy, and the Design Limits of Conventional Reporting Systems

Confidentiality concerns form another core barrier (Smith & Brunner, 2017; Westhuizen & Stanz, 2017). Psychosocial reports often involve highly sensitive personal information, social relationships, and judgments about supervisors or organizational culture (Deisenhofer et al., 2023; Klasen et al., 2021; Murphy et al., 2023). Thus, employees contemplate more than just whether they can report something (Klinefelter et al., 2020; Kyung et al., 2023; Wawersik et al., 2023). They also contemplate who will know, how records will be kept, whether the information will go into personnel files, and whether future line managers or senior leaders will be able to see it (Baader et al., 2024; Berry, 2004; Mrowiec, 2022). Even organizations that

claim to support mental health can lose credibility quickly if they lack clear informational boundaries (Dewa et al., 2021; King et al., 2021; Narayanasamy et al., 2020).

The disclosure literature repeatedly shows that privacy and trust are inseparable (Bovopoulos et al., 2016; Brohan et al., 2013; Brouwers et al., 2019; Dewa et al., 2021; Hielscher & Waghorn, 2015; Lyubykh et al., 2025; Poddar & Chhajer, 2024; Toth et al., 2021). Workers are more likely to use reporting channels when they know who receives the info, why it is used, how anonymity is protected, and how follow-up can happen without exposing them (Batolas et al., 2022; Mayer et al., 2013). The problem is especially acute for psychosocial hazards since the alleged source of harm may be relational or structural rather than event-based (Jung, 2023; Kyung et al., 2023; Manapragada & Bruk-Lee, 2016; Oswald et al., 2018; Rachul et al., 2025). For example, an employee who reports bullying, role overload, humiliating supervision, or exclusion from team communication is rarely protected by simplistic promises of secrecy if the system fails to anticipate these dynamics (Farley et al., 2023; Hodgins et al., 2020; Johnson, 2023; Nielsen et al., 2022; Pheko et al., 2017).

Poorly designed reporting systems compound the problem (Ballard & Easteal, 2018; Hald et al., 2020; Leake et al., 2025; Mannion & Davies, 2015; Pavithra et al., 2022). Traditional OSH systems were built around discrete incidents, physical conditions, and readily observable events (Havinga et al., 2021; Jung, 2023; Macrae, 2015; Navajas & Badia, 2020; Stavropoulou et al., 2015; Wall et al., 2016; Westhuizen & Stanz, 2017). Psychosocial hazards are frequently cumulative, diffuse, relational, and interpretative (Beck & Lenhardt, 2019; Jemai et al., 2021; Jespersen, Hasle, et al., 2016; Jespersen, Hohnen, et al., 2016; Jespersen & Hasle, 2016; Lakatos & Drégelyi-Kiss, 2023; Leka et al., 2014; Liff et al., 2017; Metzler & Bellingrath, 2017; Taibi et al., 2022). Note that standard incident forms rarely document duration, ambiguity, recurrent low-level exposure, work design antecedents, or the interplay between demands and resources (Amoadu et al., 2025; Amponsah-Tawiah et al., 2013; Elovainio et al., 2022; Jespersen et al., 2016; Jespersen & Hasle, 2016; Taibi et al., 2022). The result is a mismatch between worker experience and bureaucratic categories (Azaroff et al., 2002; Kok et al., 2022; Oswald et al., 2018; Reindl et al., 2021; Stefana et al., 2021; Sujan et al., 2016). Consequently, employees might overlook important information, only discuss symptoms, or not use formal channels at all (Gill, 2018; Jespersen et al., 2016; Kyung et al., 2023; Liff et al., 2017). This problem distorts reporting accuracy as much as it depresses reporting rate.

Reporting systems must therefore be designed for psychosocial data, not merely extended from physical safety formats (Brown et al., 2018; Jung, 2023; Kyung et al., 2023). Psychosocial Risk Assessment and Management at Workplace (PRisMA) by Department of Safety & Health (DOSH) Malaysia (2024) is a positive example of such an approach, as it sees psychosocial risk assessment as a structured process. It includes recognizing hazards, talking to workers, hiring trained staff, setting priorities, putting controls in place, and using reactive indicators like absenteeism, presenteeism, turnover, complaints, and notifications (Shukor & Khalid, 2025). This wider view recognizes that organizations cannot rely solely on voluntary self-disclosure. They must build surveillance systems capable of identifying psychosocial hotspots even when individual workers remain cautious.

Managerial Competence as the Pivot of Reporting Quality

Managerial capability is arguably the hinge variable linking policy intent to frontline reporting reality (Amoadu et al., 2023; Beck & Lenhardt, 2019; Jespersen et al., 2016; Kayas, 2023).

Even when employees decide to speak, the outcome depends heavily on how managers interpret, contain, and respond to the disclosure (Adler-Milstein et al., 2011; Mrowiec, 2022). Psychosocial concerns often find their first voice in managers, the initial representatives of the organization (Amoadu et al., 2023; Jespersen et al., 2016; Martín et al., 2018). If managers lack knowledge, skill, confidence, or authority, disclosure becomes futile. Conversely, managers who possess strong psychosocial literacy and are empowered to act can transform a mere report into a meaningful intervention, thereby reinforcing trust in the reporting system (Amoadu et al., 2024).

The evidence here is increasingly strong. Previous research observed that both personal stigma and contextual stigma are associated with managers' reduced willingness or perceived possibility to take preventive actions for employees with mental health problems (Corrigan et al., 2014; Dewa et al., 2021; Evans-Lacko & Knapp, 2018; Gunasekaran et al., 2022). In other words, stigma silences employees and narrows management's action repertoire (Brouwers, 2020; Dewa et al., 2021). Related research indicates that managers frequently experience constraints due to time pressure, performance expectations, insufficient training, and ambiguous organizational support (Laar et al., 2019; Martín et al., 2018; Schuller et al., 2024). When they perceive mental health issues as private, insurmountable, or outside their responsibilities, they may react with avoidance, procedural evasion, or misguided yet well-meaning sympathy (Hennekam et al., 2020; Paterson et al., 2024). Still, effective psychosocial risk management necessitates a systematic approach that incorporates robust training and support for managers, enabling them to effectively address and mitigate workplace stressors (Akkaya & Ocaktan, 2023; Genrich et al., 2022).

Conversely, manager-focused training can improve both capability and organizational outcomes (Berglund et al., 2024). WHO's guidelines explicitly recommend manager training as part of mental health at work interventions (Deady et al., 2024; Miguel et al., 2023). Controlled trials and observational studies support that direction (Malik et al., 2023; Tsutsumi et al., 2019). Previous research highlighted that workplace mental health training for managers improved manager confidence and was associated with reduced sick leave in employees (Hassard et al., 2024; Tsutsumi et al., 2019). Furthermore, previous research indicated that an online training intervention for workplace managers improved confidence and preventive behaviors (Gayed et al., 2018). Prior research further substantiated the assertion that mental health training for line managers correlates with various beneficial organizational outcomes. This includes employee recruitment and retention, customer service enhancement, improved business performance, and a reduction in long-term sickness absence attributable to mental health issues (Åkerström et al., 2021; Hassard et al., 2024). These positive outcomes underscore the significance of equipping line managers with the necessary knowledge, skills, and abilities to foster psychologically safe environments and effectively address mental health concerns (Dulal-Arthur et al., 2024).

These findings have direct implications for reporting. If employees infer from everyday interaction that their line manager can recognize early distress, respond non-defensively, preserve confidentiality, and mobilize support or corrective action, the threshold for speaking decreases. Where managers are unprepared, the threshold rises sharply. Reporting capability is therefore inseparable from managerial competence.

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Regulatory Legitimacy, Compensation Logic, and the Hierarchy of Controls

A final barrier sits at the institutional level: many legal, compensation, and regulatory systems still grant psychological harm less obvious legitimacy than physical injury (Jespersen et al., 2016; Schuller, 2019; Weissbrodt & Giauque, 2017). This matters symbolically as much as procedurally. Where workers believe that psychological injury claims are challenging to substantiate, easily dismissed, or framed as consequences of 'reasonable management action,' they may conclude that formal reporting is futile (Kim, 2013; Kyung et al., 2023; Potter et al., 2018; Sanatkar et al., 2022). Organizational practice often mirrors this broader institutional ambivalence.

The contrast across jurisdictions is instructive. WHO and the International Labour Organization (ILO) have issued a joint policy brief framing mental health at work as public policy and employer responsibility rather than a private wellness issue (Harnois et al., 2000; Malik et al., 2023; Memish et al., 2017; Minshall et al., 2024). Australia has shifted toward stronger regulation through psychosocial codes of practice and positive-duty approaches, while Malaysia has issued a dedicated psychosocial risk assessment and management guideline through DOSH Malaysia (Anwar, 2023; Azmi et al., 2022; Dollard & Potter, 2025; Potter et al., 2018, 2025; Rajandiran et al., 2022; Shukor & Khalid, 2025). Nonetheless, in many settings, implementation remains uneven, and employers still treat psychosocial risk as secondary to conventional safety hazards or as a matter for individual coping.

The hierarchy of controls debate illustrates the same tension. Previous research argued that psychosocial hazards should be addressed through a psychosocial hierarchy of controls that prioritizes changes to work design and organizational conditions rather than defaulting to individual-level coping interventions (Boot et al., 2024; Dalgaard et al., 2025; Kjærgaard et al., 2024; Leka et al., 2014; Loh et al., 2024; Schulte et al., 2024; Takahashi, 2017). This is crucial since reporting will remain weak if employees learn that reports of overload, injustice, or unsafe relational climates merely trigger resilience workshops, mindfulness applications, or wellness messaging (Amoadu et al., 2024; Montgomery et al., 2022; Montgomery & Lainidi, 2023; Nigam et al., 2023; Woods et al., 2019). Additionally, when workers believe that exposure conditions can change, they report more readily (Amoadu et al., 2023, 2024; Montgomery & Lainidi, 2023).

Taken together, the evidence indicates that underreporting is sustained by a systemic alignment problem (Amoadu et al., 2024; Hansen et al., 2018; Klinefelter et al., 2020; Kyung et al., 2023; Marrocco et al., 2025). Policies, manager behavior, reporting systems, organizational culture, and regulatory legitimacy must point in the same direction. When one or more of these domains contradict each other, employees receive mixed signals, leading to suppressed reporting.

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Table 1: Multilevel Barriers to Reporting Psychosocial Hazards and Mental Health Concerns at Work.

Level	Barrier	Mechanism Suppressing Reporting	Likely Organizational Consequence
Institutional	Weak legal and symbolic legitimacy of psychological injury	Workers infer that psychosocial harm is harder to prove, less serious, or less actionable than physical injury.	Low formal reporting, delayed claims, and organizational minimization.
Organizational	Low psychosocial safety climate	Management signals that productivity takes priority over psychological health and worker voice.	Silence, normalized overwork, and recurring psychosocial hotspots.
Relational	Low psychological safety and distrust of managers	Employees anticipate dismissal, retaliation, or social exclusion if they raise concerns.	Late disclosure, informal venting, and bypassing of formal channels.
Procedural	Poor confidentiality and inadequate reporting channels	Workers fear exposure, reputational damage, and mishandling of sensitive information.	Underutilized systems, partial reports, and weak case follow-up.
Capability	Limited managerial competence	First-line receivers of reports lack confidence, knowledge, or authority to respond effectively.	Poor response quality, erosion of trust, and repeated hazard exposure.
Individual	Stigma, shame, and career-risk appraisal	Workers conceal distress, sanitize reports, or reframe psychosocial harm as physical symptoms.	Distorted surveillance data and delayed preventive action.

A Conceptual Psychosocial Reporting Capability Framework

Based on the synthesis developed in this review, the article proposes a conceptual Psychosocial Reporting Capability Framework (PRCF). The PRCF is an evidence-informed, theory-building framework rather than a statistically validated causal model, diagnostic instrument, or prescriptive standard. Its purpose is to organize mechanisms identified across the literature into a coherent account of how reporting becomes possible or is suppressed. The framework contains three upstream domains: institutional and regulatory context, organizational climate and governance, and managerial-relational conditions. These domains shape a central organizational capability comprising six elements: legitimacy, psychological safety, confidentiality, access channels, managerial competence, and visible corrective action. When these elements are strong, early hazard identification, accurate reporting, and organizational learning become more likely. When they are weak, silence, data distortion, delayed intervention, and recurring harm are more likely.

The PRCF is built around the premise that the absence of formal reports is not evidence of an absence of risk. In weak reporting environments, silence may be a calculated response to anticipated social, procedural, or career costs. The framework therefore treats reporting as an

organizational feedback function: worker experience must be converted into protected information, interpreted without blame, and translated into preventive control. When any link in this chain is unreliable, organizations may receive fewer reports, delayed reports, or accounts that conceal the work-design source of harm.

The idea of **legitimacy** is foundational. Specifically, regulatory frameworks and organizational policies that explicitly recognize the equivalence of psychological and physical harm are critical for fostering an environment where employees perceive that their reports will be taken seriously and acted upon (Dobson et al., 2024). This includes establishing clear reporting procedures and counseling units that allow employees to report individual or collective difficulties to management without fear of negative repercussions (Sandrin et al., 2022). As such, workers must perceive psychosocial hazards as 'real safety issues' rather than personal weaknesses or interpersonal oversensitivity. At the same time, legitimacy is signaled through policy language, executive communication, inclusion in risk registers, manager behavior, and the seriousness with which prior reports were treated (Amoadu et al., 2023; Leka et al., 2014). Conversely, psychological safety, defined as the shared belief that the workplace is safe for interpersonal risk-taking, further encourages reporting by mitigating fears of negative repercussions for speaking up (Cahill et al., 2022). A strong PSC cultivates an environment where the organization explicitly prioritizes mental health, establishing mechanisms for reporting and managerial support, which in turn enhances the perceived legitimacy of such concerns (Sandrin et al., 2022). This includes an organizational culture that fosters an informed, reporting, learning, just, and flexible approach to safety, thereby integrating psychological well-being into its core operational values (Cahill et al., 2022).

Psychological Safety then determines whether workers believe they can speak without retaliation. This concept extends beyond mere freedom from punitive measures to encompass an environment where individuals feel secure in expressing concerns, mistakes, or new ideas without fear of negative social or professional repercussions (O'Reilly et al., 2025). Accordingly, this necessitates fostering an informed culture where employees understand the risks, a reporting culture that encourages speaking up, a just culture that supports fair consequences without fear of blame, a learning culture that drives continuous improvement, and a flexible culture that adapts to emerging challenges (Cahill et al., 2022). This comprehensive understanding of psychological safety is crucial for facilitating disclosure and mitigating the underreporting of psychosocial hazards (Poddar & Chhajer, 2024). In contrast, a low PSC, characterized by management prioritizing productivity over psychological health, actively suppresses worker voice and contributes to the normalization of overwork (Loh & Dollard, 2024).

Confidentiality shapes whether the act of reporting feels contained. This ensures that sensitive information is handled discreetly, thereby encouraging employees to come forward without fear of their concerns being widely disseminated or their privacy compromised. Moreover, robust access channels are essential, providing clear, easily navigable pathways for employees to report concerns without undue burden or complexity. A well-designed reporting system must offer efficient communication channels where employees can openly report safety concerns and incidents without fear of reprisal, ensuring that reported issues lead to timely corrective actions (Fiore et al., 2023). Likewise, the perceived effectiveness of error reporting systems, particularly the guarantee of reporter confidentiality, significantly influences employees' willingness to disclose incidents. This principle is further reinforced by the need for clear distinctions between violations and honest mistakes, ensuring that punitive measures are

reserved for intentional misconduct rather than inadvertent errors. Essentially, this fosters a culture of trust and open reporting (Durmaz et al., 2024).

Access Channels determine whether a route exists that fits different comfort levels, for example, direct manager, trained peer, occupational health, human resources, anonymous platform, or external program. Access channels are critical since they determine the practical reach of a reporting system by accommodating differences in trust, risk perception, role dependency, stigma sensitivity, and desired confidentiality. This increases the likelihood of timely disclosure, organizational responsiveness, and preventive action (Stavropoulou et al., 2015). Many workplace concerns, especially those related to psychosocial distress, harassment, bullying, discrimination, or unsafe practices, remain unreported since the most obvious channel is also the one most entangled with power dependence (Morrison, 2022). For instance, workers often refrain from reporting incidents to their direct supervisors due to fears of retaliation, job loss, or a lack of confidentiality (Sharon et al., 2022). This highlights the necessity for alternative reporting mechanisms, such as independent bodies or external platforms, that operate outside the traditional hierarchical structure to ensure psychological safety and encourage comprehensive reporting (Craig, 2023).

Managerial Competence determines whether the first receiver of information can respond helpfully. This competency encompasses their ability to acknowledge receipt, maintain communication with the reporter, and demonstrate an impartial and competent approach to following up on the report (Berendt & Schiffner, 2022). An independent entity, distinct from senior management, can bolster the integrity of the reporting system by providing an alternative avenue for employees to express concerns without the apprehension of management suppression or obstruction (Krambia-Kapardis et al., 2019). Furthermore, it is paramount for managers to establish and maintain a just culture where issues are openly discussed without punitive responses to ensure an effective error reporting system (Wiśniewska et al., 2023). This includes ensuring that managers are adequately trained to understand what constitutes a reportable error, how to document it properly, and how to utilize appropriately designed reporting forms (Alalaween & Karıa, 2024; Hajihosseini et al., 2022). This comprehensive training should also equip managers with the skills to actively listen, express confidence in their employees' capabilities, and encourage the sharing of ideas, thereby fostering an inclusive and trusting work environment (Brimhall et al., 2023).

Visible Corrective Action determines whether the organization learns from the report rather than absorbing it defensively. This necessitates a transparent feedback mechanism whereby employees are apprised of the measures implemented in response to their reports, thereby reinforcing the concept that their contributions result in concrete enhancements (Igwe-Nmaju & Anadozie, 2022). Such transparency in error management and the visible implementation of corrective measures is pivotal in fostering a culture of continuous learning and adaptation within the organization (Hajihosseini et al., 2022). This approach cultivates an environment where accountability is balanced with learning, encouraging employees to report incidents without fear of reprisal and ensuring that the organization can effectively address systemic weaknesses to prevent future harm (Kumah, 2025; Sharon et al., 2022). Accordingly, this necessitates moving away from a blame culture toward one that actively encourages the reporting of incidents and near misses, allowing for a thorough analysis of root causes rather than focusing on individual culpability (Yusof & Razali, 2024).

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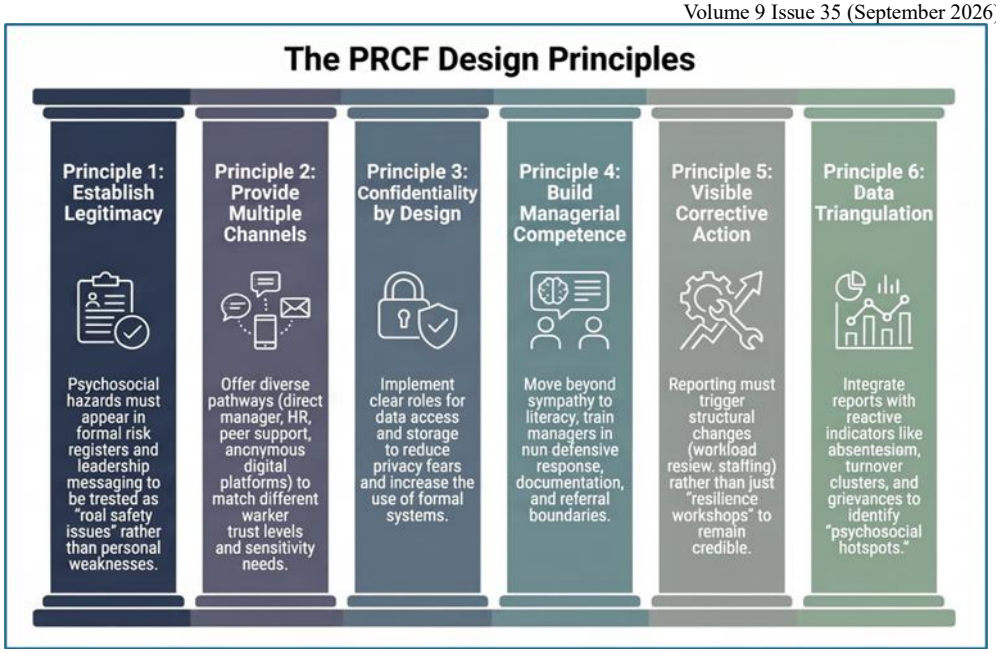

Figure 1: PRCF Design Principles

The framework also explains why reporting rate and reporting accuracy are distinct outcomes. An employee may report but sanitize the account, omit the organizational source, or present distress as purely physical if the system feels unsafe. A mature reporting-capable organization, therefore, does not measure success only by the number of reports. It evaluates whether reports occur early, whether they identify upstream determinants, whether patterns are triangulated with other indicators, and whether response actions address conditions of work as well as individual support needs.

This distinction changes the meaning of common reporting metrics. Report volume is an activity indicator, not a direct measure of openness or control effectiveness. A credible system examines timeliness, completeness, attribution of upstream causes, protection of the reporter, response quality, and recurrence after corrective action. It then triangulates reports with surveys, absenteeism, turnover, grievances, overtime, complaints, and qualitative feedback. Such triangulation helps distinguish a genuinely low-risk environment from one in which organizational silence has merely suppressed the visible signal.

This framework aligns with, yet extends, existing PSC theory. PSC captures the climate signal that management prioritizes psychological health. Reporting capability translates that climate signal into a more actionable design logic for OSH systems. It examines whether the organization has built a practical architecture that converts concern into speak-up behavior, speak-up behavior into usable intelligence, and intelligence into prevention. The PRCF should therefore be treated as both a testable conceptual proposition and a practical heuristic design; its dimensions and proposed relationships require empirical validation across sectors and jurisdictions.

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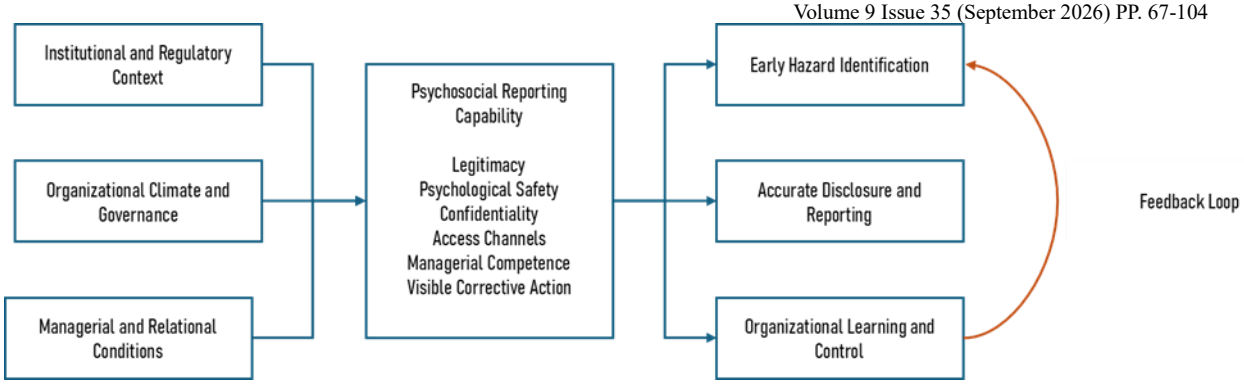

Figure 2: PRCF Proposed by the Present Review.

Implications for Occupational Safety and Health Management Systems

The PRCF provides a practical framework to guide policy development, reporting-system design, managerial capability building, and organizational learning. Its central implication is that psychosocial reporting should not be treated as an optional, employee-initiated welfare process. It should be embedded within the organization's core safety management architecture. Several design principles follow.

The six design principles summarized in Table 2 translate the framework into an auditable architecture of voice: establish legitimacy, provide multiple channels, protect confidentiality by design, build managerial competence, demonstrate visible corrective action, and triangulate data. Their value lies in their interdependence. A confidential channel without competent follow-up becomes a secure route to inaction, whereas managerial training without protected alternatives leaves employees dependent on the very hierarchy that may be implicated in the hazard.

First, psychosocial hazards should be incorporated explicitly into routine risk identification, assessment, and control rather than addressed only after clinical symptoms appear. This requires psychosocial considerations in inspections, management reviews, learning teams, and post-incident analyses, supported by survey and administrative indicators such as overtime, absenteeism, presenteeism, grievances, complaints, turnover, and attrition clusters. The purpose is to connect these signals to work design and organizational controls, not merely to downstream wellness support. Such integration moves psychosocial risk management from individual-focused intervention toward systematic prevention across the organization.

Second, organizations should provide multiple reporting pathways instead of assuming that direct line management is always appropriate. Workers differ in their trust, role dependence, privacy needs, and perceived exposure to retaliation. Some may prefer an anonymous or confidential digital channel; others may choose a private discussion with human resources, occupational health, a trained peer, or a designated psychosocial safety officer. A multi-channel architecture improves accessibility while allowing employees to choose the level of identification and interpersonal contact. It also reduces dependence on a single authority figure, particularly when the line manager may be implicated in the concern.

Third, managers should be trained to recognize distress and respond in ways that protect dignity, clarify confidentiality, document concerns appropriately, and initiate both individual

support and systems-level review. The evidence base is sufficiently developed to justify manager training as a standard preventive investment rather than an experimental addition. Training should include psychosocial hazard literacy, active listening, supportive supervision, referral boundaries, documentation requirements, and escalation pathways. These capabilities are especially important because workers may approach a manager informally before they are willing to use a formal channel.

Fourth, organizations should audit whether their responses privilege individual coping over work redesign. Reporting systems lose credibility when employees repeatedly observe that structural hazards produce only downstream wellness interventions. Instead, a comprehensive approach should focus on reviewing and improving the rules and procedures of the organization, conducting needs and risk assessments, and ensuring that everyone knows what risks they face. This shift in focus from individual-level interventions to systemic changes is crucial for addressing the root causes of psychosocial hazards and ensuring sustained improvements in workplace mental health. This necessitates a re-evaluation of existing mental health interventions, particularly those focused solely on individual-level solutions, which have shown limited effectiveness compared to comprehensive organizational-level strategies.

Fifth, reporting systems should be evaluated for trustworthiness. The central questions are straightforward but rarely asked rigorously: Do employees know what happens after a report is made? Do they understand who sees the information? Can they choose between named, confidential, or semi-anonymous pathways? Can they receive updates without exposing themselves? Are patterns of psychosocial reports discussed at the governance level and linked to control actions? These are the operational tests of reporting capability. Developing a clear framework that addresses these questions and provides transparent mechanisms for feedback and accountability is essential for building trust in the reporting system and encouraging proactive engagement from employees. This systematic approach helps minimize work-related psychological harm and fosters positive mental health within the organization.

Sixth, organizations should triangulate voluntary reports with other psychosocial risk signals. Reporting data should be interpreted alongside pulse surveys, validated risk assessments, absenteeism, presenteeism, overtime, turnover, grievances, complaints, exit interviews, and patterns of work-group instability. The purpose is not to infer individual diagnoses but to locate clusters in which work design, supervision, staffing, or change processes may be generating harm. This reduces dependence on self-disclosure and supports intervention before formal cases accumulate.

For policymakers and regulators, the review suggests that guidance should move beyond broad exhortations to care about mental health and specify what a satisfactory psychosocial reporting infrastructure looks like. DOSH Malaysia, for instance, provides a promising approach by focusing on trained personnel, structured assessment, and the implementation of reactive indicators via the PRiSMA Framework Program (Akkaya & Ocaktan, 2023; Masuri et al., 2025). Organizations need similar practical details more widely to translate principles into operational consistency.

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Table 2: Design Principles for a Reporting-Capable Psychosocial Risk Management System.

Design Principle	Operational Expression	Expected Reporting Benefit
Legitimacy	Psychosocial hazards appear in policy, risk registers, leadership messaging, and management review.	Workers perceive that speaking up about concerns for safety rather than personal weakness.
Multiple Channels	Direct manager, occupational health, HR, peer support, digital reporting, and external assistance pathways coexist.	Employees can choose routes that match their trust level and sensitivity of concern.
Confidentiality by Design	Clear rules govern access, storage, escalation, and feedback; anonymous or semi-anonymous options are available where appropriate.	Lower privacy fear and greater use of formal reporting systems.
Managerial Competence	Managers are trained in recognition, response, documentation, and referral, and are supported by specialists.	Higher quality first response and reduced drop-off after initial disclosure.
Visible Corrective Action	Reports trigger review of workloads, role design, staffing, team functioning, supervision, and change management.	Increased confidence that reporting leads to prevention rather than symbolic listening.
Data Triangulation	Survey results, reactive indicators, complaints, turnover, absenteeism, and qualitative feedback are reviewed together.	Better detection of psychosocial hotspots even when individual disclosure remains limited.

The integrated overview in Figure 2 brings together the multilevel barriers, the six design principles, the distinction between reporting rate and reporting accuracy, and the required movement from optional welfare support to core safety governance. It makes it explicit that the PRCF is not a standalone reporting form; it is an organizational architecture linking legitimacy, protected voice, competent response, structural correction, and learning..

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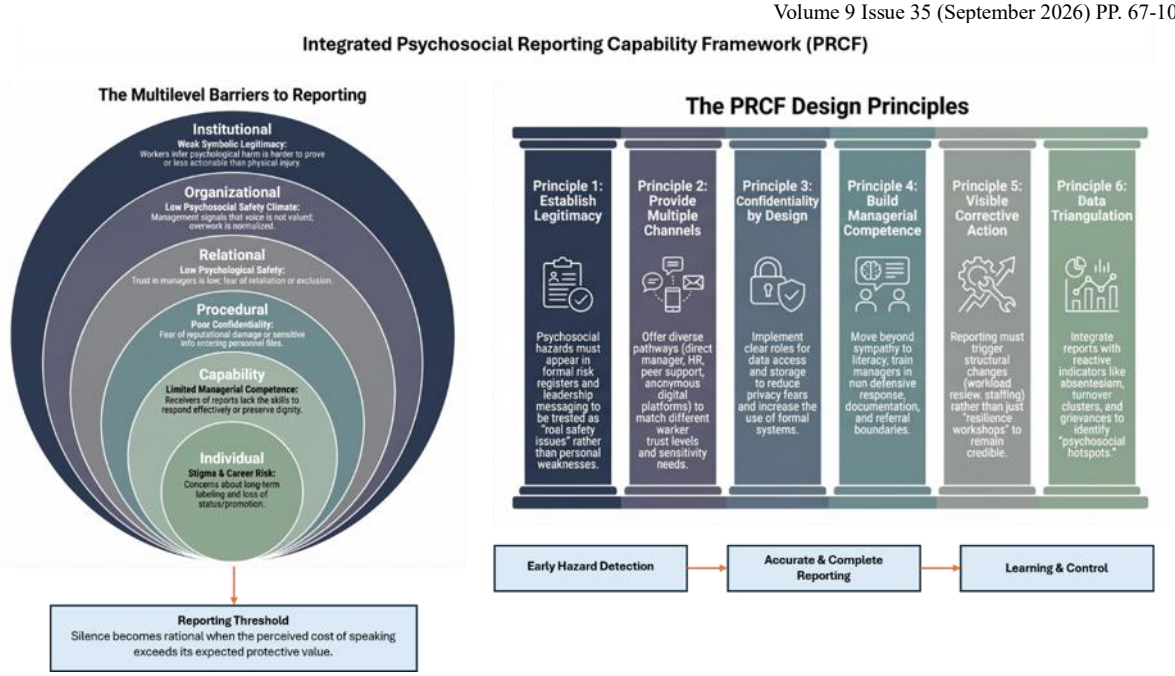

Figure 2: Integrated PRCF Architecture: Multilevel Barriers, Design Principles, and System Outcomes

Future Research Recommendations

Several research priorities follow from this review. First, scholars should distinguish more carefully between psychosocial hazard reporting and mental health condition disclosure. The conflation of these constructs obscures prevention pathways and leads to measurement ambiguity. Second, research should develop and validate instruments that assess psychosocial reporting capability as an organizational construct. This includes its dimensions of legitimacy, confidentiality, channel accessibility, managerial response quality, and visible corrective action.

Third, future studies should examine reporting accuracy rather than reporting occurrence alone. Organizations may appear open since reports exist yet still receive highly sanitized data that hides the work-design source of harm. Fourth, sector-specific studies are needed in high-consequence and male-dominated contexts such as construction, energy, emergency services, maritime operations, and process industry, where power distance, stoicism, contractor complexity, and production pressure may alter disclosure dynamics. Fifth, evaluation research should compare alternative reporting architectures, for example, direct manager models, independent ombuds models, digital case-management platforms, and mixed-channel systems, in relation to trust, early detection, corrective action, and recurrence.

A further priority concerns organizational learning. Little is known about how psychosocial reports are translated into decisions at middle and senior management levels, how they are filtered or diluted, and whether they lead to redesign of workloads, staffing, supervision, role clarity, change management, or reward structures. Finally, comparative regulatory research would be valuable for testing how national policy maturity shapes enterprise-level reporting capability and PSC across sectors and cultures.

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Conclusions

The underreporting of psychosocial hazards and mental health problems in workplaces is not a marginal communication issue. It is a structural weakness in contemporary occupational safety and health systems. Workers remain silent not because psychosocial risks are insignificant, but because reporting them is often socially risky, procedurally uncertain, and organizationally unrewarding. Stigma, career fear, low psychological safety, weak confidentiality, inadequate reporting channels, limited managerial competence, and inconsistent institutional legitimacy converge to suppress both the volume and the quality of the information that organizations need for prevention.

The central lesson of the contemporary evidence is that disclosure becomes more likely when organizations make psychological health a visibly legitimate safety concern, equip managers to respond competently, protect confidentiality, diversify reporting pathways, and demonstrate that speaking up leads to meaningful action. Where these conditions are absent, underreporting should be expected. The solution is therefore not to exhort workers to be more resilient or more open but to build more supportive workplaces.

By advancing the conceptual PRCF, this review provides a practical framework to guide policy development, reporting-system design, managerial capability building, and organizational learning. It argues that sustainable psychosocial risk management depends on embedding trusted reporting mechanisms within occupational safety systems and treating psychological health as an integral component of workplace safety governance. Organizations cannot credibly claim to control psychosocial risk unless workers can report it safely and see that the report changes how work is designed and managed.

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