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The Role of Mental Health Self-Stigma and Mindfulness in Youth Psychological Distress During Covid-19: A Study in Johor, Malaysia

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Abstract

Understanding the factors that influence psychological distress in youth is critical for effective mental health intervention. This investigation aims to elucidate the interrelations among mental health self-stigma, mindfulness, and psychological distress among youth in Johor, Malaysia. Self-administered questionnaires were employed, incorporating validated scales such as the Internalized Stigma for Mental Illness Scale-10 (ISMI-10), Five Facet Mindfulness Questionnaire (FFMQ-15), and the General Health Questionnaire (GHQ-12). Statistical analyses included descriptive statistics, Pearson correlation, and multiple regression. The result shows that the majority of respondents exhibited moderate levels across the evaluated variables: mental illness self-stigma, psychological distress self-stigma, mindfulness, and psychological distress. Pearson correlation analyses revealed that self-stigma associated with mental illness and psychological distress were positively correlated with psychological distress. In contrast, mindfulness exhibited a negative correlation to psychological distress. Multiple regression analyses identified both psychological distress self-stigma and mindfulness as significant predictors of psychological distress levels among the youth in Johor. Meanwhile, mindfulness emerged as the most potent unique predictor. This study underscores the importance of both psychological distress self-stigma and mindfulness in influencing psychological distress levels among youth. These findings may serve as a pivotal foundation for future interventions aimed at mitigating psychological distress among youth. The study's results have significant implications for mental health policies and programs, emphasizing the need to address both self-stigma and mindfulness to effectively manage psychological distress in youth.

Keywords: Mental Health, Self-stigma, Mindfulness, Psychological Distress, Youth.

Introduction

Psychological distress is an increasingly concerning mental health issue that characterized by a state of emotional suffering often exacerbated by everyday stressors and demands (Arvidsdotter et al., 2015). Between March 2020 and May 2021, Malaysian government agencies recorded a staggering 145,173 distress calls, mainly concerning acute stress, anxiety, and depression which accounted for 85.5% of the total calls. Concurrently, there were 1,080 documented suicide attempts and 266 confirmed suicides. The Movement Control Order (MCO) and the COVID-19 pandemic have further intensified this crisis, with nearly 500,000 Malaysians exhibiting signs of depression and around 424,000 youths grappling with mental health issues between January and June 2020.

The magnitude of mental health challenges among young people is alarming on a global scale. According to the World Health Organization, one in seven adolescents worldwide suffers from mental health issues which contributing to psychological distress as the fourth leading cause of death among those aged 15 to 19 (World Health Organization, 2021). The stigma associated with mental health often inhibits these youths from seeking professional help. National data corroborates this concern whereby according to the National Health and Morbidity Survey of 2017, suicidal ideation among Malaysian teenagers has seen a fivefold increase since 2011.

Internationally, there is growing research interest in the nexus between mental health self-stigma, mindfulness, and psychological distress (Martin et al., 2020; Masuda et al., 2021). For example, a study conducted in Hawaii found that self-stigma relating to mental health was positively correlated with psychological distress among university students (Martin et al., 2020). Another study indicated that mindfulness could serve as a mediator between self-stigma and psychological distress (Masuda et. al., 2021). Despite these advances, there is a conspicuous absence of similar research in Malaysia, especially studies that examine the relationship between mental health and psychological distress self-stigma and mindfulness. Therefore, this study aimed at addressing this issue.

Psychological Distress among Youth

Psychological distress among youth is a global concern that has been escalating over the years. According to a 2021 report by the World Health Organization, mental health disorders represent one of the leading causes of disability among adolescents globally. Symptoms of psychological distress often include feelings of sadness, anxiety, and hopelessness, and these can manifest as behavioral problems or even physical symptoms (Merikangas et al., 2010). Such distress is often exacerbated by academic pressures, family dynamics, social challenges, and more recently, the prevalence of social media (Twenge & Campbell, 2019).

While psychological distress is a universal problem, the cultural and socioeconomic factors that contribute to it can differ significantly from one region to another. For example, stigmatization of mental health issues, availability of mental health services, and societal norms can influence how psychological distress manifests and is addressed in various settings (Patel et al., 2007). These factors play a crucial role in shaping the experience and coping mechanisms of distressed youth across different cultures and nations.

Turning specifically to Malaysia, recent studies indicate that mental health is becoming an increasingly significant concern. According to the National Health and Morbidity Survey (2017), between 2011 and 2017, the rate of suicidal ideation among Malaysian teenagers

increased fivefold. Other reports have pointed to high levels of depression, anxiety, and stress among Malaysian adolescents which often attributed to academic pressures and familial expectations (Lau et al., 2021).

The impact of the COVID-19 pandemic and the resulting Movement Control Order (MCO) have further intensified mental health challenges among Malaysian youth. Data from the Health Ministry shows that nearly half a million Malaysians displayed signs of depression, with a significant portion being young individuals during the period from January to June 2020. This has led to calls for more comprehensive mental health strategies and interventions, particularly aimed at youth (Armitage & Nellums, 2020).

To combat this rising tide of psychological distress among Malaysian youth, experts are advocating for a multi-faceted approach that involves schools, communities, and healthcare systems (Kok & Low, 2019). Proposals include integrating mental health education into the academic curriculum, increased funding for mental health services, and public awareness campaigns to reduce the stigma associated with mental health issues. These targeted measures could offer a lifeline to many young Malaysians currently struggling with psychological distress.

In light of the above concerns, this study aims to look at the mental health and psychological distress self-stigma, mindfulness and psychological distress with specific research questions as follows:

1. What are the levels of mental illness self-stigma, psychological distress self-stigma, mindfulness, and psychological distress among youth in Johor?
2. What are the relationships between mental illness self-stigma, psychological distress self-stigma, and mindfulness on with psychological distress among youth in Johor?
3. What are the unique factors that predicts psychological distress among youth in Johor?

Factors of Psychological Distress

Mental Health Self Stigma

In the field of behavioral health, stigma encircling mental health is typically defined as the loss of status and the experience of discrimination resulting from negative societal stereotypes about those who have been diagnosed with a mental illness (Aruta et al., 2021; Corrigan, 2000). Public stigma refers to the prejudice and discrimination that an uninformed public imposes on a stigmatized group. Self-stigma, on the other hand, occurs when members of a stigmatized group internalize these societal prejudices (Ilic et al., 2016). Self-stigma manifests in the field of mental health when individuals adopt and apply negative stereotypes to themselves, such as believing they are irredeemable, unstable, or unlovable, resulting in humiliation, denial, and psychological distress. Self-stigma is frequently associated with lower self-esteem and a diminished sense of self-efficacy, particularly among those diagnosed with severe mental disorders (Corrigan et al., 2006).

The endorsement of stereotypes measures the degree to which an individual agrees with a particular stereotype, such as the notion that a person with a mental illness is "dangerous or unpredictable" (Link & Phelan, 2001). Perceived discrimination refers to the experience of being treated unjustly because of a mental disorder which resulting in an ongoing sense of vulnerability and diminished respect and prestige in educational, occupational, and other

social contexts (Eitle, 2002). Social withdrawal is the act of withdrawing from social interactions in order to avoid rejection, whereas alienation is the sensation of being ostracized or considered less than a full member of society (Ritsher et al., 2003). In contrast to the other four factors, stigma resistance is regarded a factor of resilience; it is defined as the capacity to remain unaffected by self-stigma.

There is currently no study that investigates the relationship between self-stigma associated with mental health and psychological distress particularly among Malaysian youth. Despite this, the available research indicates that a positive correlation may exist in this group. In individuals diagnosed with schizophrenia, for instance, self-stigma has been linked to two factors that are also associated with psychological distress which is a decreased quality of life and a reliance on avoidant coping mechanisms (Yanos et al., 2008; Vauth et al., 2007). In addition, a study of people with vitiligo, a disorder of skin pigmentation, discovered that self-stigma was positively correlated with psychological distress (Kent, 1999).

In the context of college students, Masuda and Latzman (2011) discovered a correlation between pessimistic attitudes toward mental disorders and elevated levels of psychological distress. Ritsher et al. (2003) propose that these negative views are ultimately internalized and applied to oneself. In addition, the tendency for self-concealment, or the habit of concealing personal humiliating truths, it was found to correlate positively with multiple indicators of psychological distress among college students (Masuda et al., 2021). As self-concealment is theorized to be an expression of the self-stigmatization process (Larson et al., 2015; Kara & Buyruk, 2023), this is particularly pertinent to the current discussion.

Existing theories may also shed light on why self-stigma associated with mental illness may be positively associated with psychological distress among college students and youths (e.g., Vogel et al., 2007). Relational Frame Theory (RFT), which provides a comprehension of stigmatization, social classification, and human language is one such framework (Hayes & Plumb, 2007). As mentioned briefly, RFT contends that human-specific psychological distress arises from rigid, avoidant attempts to control unwanted internal experiences, such as feelings of depression, while simultaneously forming negative judgments about those experiences (e.g., "I shouldn't feel depressed; it's bad"). According to RFT, many varieties of self-stigma resemble these types of avoidant and evaluative emotional and behavioral responses (Levin, et al., 2014; Luoma & Platt, 2015; Skinta et al., 2015). On the basis of this RFT perspective, it is possible to hypothesize that the positive relationship between mental health self-stigma and psychological distress stems in part from shared maladaptive emotional regulation strategies or a lack of adaptive emotional regulation approaches such as mindfulness (Krafft et al., 2018; Martin et al., 2020).

Mindfulness

Mindfulness can be viewed as an adaptive form of emotional regulation, in stark contrast to rigid, avoidant, and judgmental responses to one's inner and exterior experiences (e.g., Baer et al., 2008; Chambers et al., 2009). While there are a variety of definitions and methods for measuring mindfulness in the scientific literature (Hayes & Wilson, 2003; Lutz et al., 2015), it is commonly defined as the psychological act of fully focusing on the experiences of the present moment in a nonjudgmental or accepting way (Baer et al., 2006).

Mindfulness is viewed as a multidimensional process comprising five related but distinct psychological activities in more recent conceptualizations (Baer et al., 2006, 2008; Williams et al., 2014). According to Baer et al (2006), the five components of mindfulness are as follows: (a) observing or paying attention to experiences in the present moment; (b) identifying, acknowledging, and labeling emotions; (c) engaging in activities mindfully; (d) avoiding judgments or self-criticisms about experiences, also known as non-judgment; and (e) refraining from impulsive reactions to experiences, also known as non-reactivity.

Mindfulness has received a great deal of attention in the field of mental health particularly in relation to psychological distress. Numerous studies have shown that interventions based on mindfulness can substantially reduce psychological distress in a variety of populations. A meta-analysis by Khoury et al (2015) found that mindfulness-based therapy was effective for enhancing mental health outcomes and reducing symptoms of psychological distress such as anxiety and depression. Similarly, Hofmann et al (2010) demonstrated that mindfulness-based interventions not only reduce psychological distress symptoms, but also enhance overall well-being. These findings are consistent across multiple contexts, highlighting the versatility and efficacy of mindfulness in mental health treatment.

Youth, who encounter unique stressors such as academic pressure, social challenges, and identity development issues are especially susceptible to the positive effects of mindfulness. During these formative years, the capacity to deal with tension and emotional turmoil is crucial. A study conducted by Biegel et al (2009) discovered that a mindfulness-based stress reduction program significantly reduced psychological distress symptoms in adolescents. Moreover, research by Zoogman et al (2015) suggests that mindfulness interventions can be especially advantageous for adolescents with difficulties in emotional regulation. Mindfulness providing them with the skills to constructively manage their emotional responses. This evidence supports the notion that mindfulness-based interventions could be an integral part of mental health programs for adolescents.

Method

Participants

Four hundred participants (n = 248 women; n = 152 men) among Johor state youth were recruited. Participants completed a series of self-report questionnaires (described below) using an online survey management platform. The average age of participants was 19.48 years (SD = 3.94; range = 15– 30). The self-reported ethnicities of participants were Malay (83.0%), Chinese (13.75%), Indian (1.5%) and others (1.75%). Approximately 83.5% of participants were Muslims, 11.25% were Buddhist, 3.5% were Christian, 1.5% were Hindu, and .25% were other religion.

Procedure and Measures

After participants had completed the informed consent process, they anonymously completed
the online survey packet, consisting of the following self-report measures.

Mental Illness Self-Stigma and Psychological Distress Self-Stigma

The *Internalized Stigma for Mental Illness Scale-10 (ISMI-10)* is a condensed 10-item self-report questionnaire designed to assess the level of self-stigma related to mental illness—that is, the extent to which individuals internalize and apply societal negative stereotypes,

biases, and discrimination towards themselves due to their mental illness. Unlike its predecessor, the ISMI-29, the ISMI-10 focuses on capturing the core elements of mental illness self-stigma, simplifying the measurement process. Items are rated on a 4-point Likert scale, with choices ranging from (1) "Strongly disagree" to (4) "Strongly agree." Sample statements from the ISMI-10 might include: "I feel inferior because of my mental illness" or "People doubt my capabilities because I have a mental illness."

In lieu of the five dimensions present in the ISMI-29, such as alienation and social withdrawal, the ISMI-10 aims to generate a composite score based on the selected 10 items. This composite score, which ranges from a possible minimum to maximum value (scaled according to the number of items), is used to gauge the level of self-stigma. A higher composite score signifies a greater degree of mental illness self-stigma. In the current research, the ISMI-10 had a Cronbach's alpha of .81.

In addition to the original ISMI-10, a modified ISMI-10 was also tested. Each of the original ISMI-10's 10 items were retained, but all instances of "mental illness" were replaced with "psychological distress" (e.g., "I am embarrassed or ashamed that I have psychological distress"). This modified version (known as psychological distress self-stigma) was designed to measure internalized self-stigma related to psychological distress in general, expanding the measure's scope beyond the narrowly defined concept of "mental illness." The Cronbach's alpha for the ISMI-10-M in this sample was 0.86.

Mindfulness

The *Five Facet Mindfulness Questionnaire* (FFMQ; Baer et al., 2006) is a self-assessment tool comprised of 39 items that measure mindfulness across five distinct aspects: observation, description, non-reactive mindset, absence of judgment, and conscious action. Respondents evaluate statements using a Likert scale, with options ranging from (1) "Seldom or never true" to (5) "Almost always or always true." The sum of the scores from these five facets produces an overall mindfulness score, with the possible score range being 39 to 195. Higher scores on this composite metric indicate higher levels of mindfulness. In the current study, the internal consistency reliability for the FFMQ was found to be .84.

Psychological Distress

The *General Health Questionnaire-12* (GHQ-12; Goldberg et al., 1997) is a self-administered assessment tool consisting of 12 questions aimed at gauging overall mental distress. Respondents use a Likert scale for their answers, ranging from (0) "Not at all," to (3) "Much more than usual." A scoring system of 0-1-2-3 was employed to produce a normal distribution suitable for parametric statistical methods (Graetz, 1991). The total possible scores span from 0 to 36, with higher scores suggesting elevated levels of mental distress. In the current study, the GHQ-12 had a Cronbach's alpha of .81.

Data Analysis

Analyses were conducted using SPSS 29.0. Descriptive statistics and correlations among study variables were calculated. Then, a bivariate correlation analysis was conducted between mental health self-stigma (two forms of ISMI-10), mindfulness (FFMQ) and psychological distress (GHQ-12) to examine whether there was a relationship between the two variables. Finally, a regression analysis was conducted to evaluate whether mental health self-stigma,

psychological distress self-stigma, or mindfulness, served as unique predictors for psychological distress.

Results and Discussion

Table 1 reveals that the majority of respondents expressed moderate to mild level of mental illness self-stigma (73.5%) and psychological distress self-stigma (76.5%). Although similar, mental health self-stigma and psychological distress self-stigma are subtly distinct concepts. Self-stigma in mental health refers to the internalized negative stereotypes and prejudices associated with mental maladies such as depression and anxiety disorders (Corrigan, 2004; Ritsher et al., 2003). Psychological distress self-stigma, on the other hand, refers to internalizing stigmatizing beliefs associated with experiencing psychological distress, even if the individual has not been diagnosed with a mental illness (Corrigan et al., 2006; Yanos et al., 2008). Psychological distress may involve feelings of overwhelming sadness, stress or emotional turmoil that do not necessitate a clinical diagnosis.

Youth who experience moderate to modest levels of both mental health self-stigma and psychological distress self-stigma are particularly at risk. The adolescent and young adult years are formative for self-identity, social relationships, and educational development (Hurrelmann & Quenzel, 2015). The internalization of stigma during this crucial period may discourage young people from seeking assistance, thereby exacerbating their psychological distress (Gulliver, Griffiths, & Christensen, 2010). It also implies that these young people are in a heightened state of vulnerability where they are not only struggling with the challenges of their age, but are also burdened by the internalized stigma associated with their mental and emotional states (Twenge & Nolen-Hoeksema, 2002).

Given the pervasive influence of social media and peer dynamics among youth, interventions aimed at reducing these forms of self-stigma should be age-appropriate and possibly utilize online platforms for greater reach and impact (O'Reilly et al., 2018). The confluence of moderate to slight levels of both types of stigma among the majority of respondents highlights the pressing need for schools, parents, and healthcare providers to address this issue collaboratively in order to improve the mental health of Malaysian youth as a whole.

Meanwhile, for mindfulness, majority of respondents reported moderate to high with 79.4%. The finding that the majority of youth respondents report a moderate level of mindfulness is encouraging and provides valuable insight into the psychological landscape of young people. Mindfulness, which is defined as a non-judgmental awareness of the present moment (Baer et al., 2006), has been increasingly integrated into mental health interventions for adolescents and has demonstrated promising results in enhancing psychological well-being (Zoogman et al., 2015). In the context of formative years, moderate levels of mindfulness may indicate that adolescents are somewhat endowed with adaptive emotional regulation strategies (Bai et al., 2020).

Moderate levels of mindfulness may be particularly advantageous in today's fast-paced, digitally-connected society. Research by Dvorakova et al (2017) have found that mindfulness mitigates the effects of stress and is associated with reduced levels of anxiety and depression which these issues have been shown to be particularly problematic among today's youth. Given that adolescence and young adulthood are characterized by exploration, identity formation, and emotional instability, even a moderate level of mindfulness can serve as a

stabilizing factor, enhancing academic and social functioning (Osher et al., 2021). Nevertheless, it is essential to remember that "moderate" is a relative term. Despite the fact that a moderate level of mindfulness indicates some awareness and control over one's thoughts and emotions, there is still space for growth and development. According to Klingbeil et al (2017), school-based mindfulness interventions can increase mindfulness skills, promote mental health, and improve academic performance among adolescents.

Meanwhile, for psychological distress, majority of respondents reported a moderate to low level (62.25%). Notable is the finding that the majority of study participants report moderate to low levels of psychological distress. According to the existing literature, social support, resilience, and coping mechanisms frequently serve as protective barriers against an increase of psychological distress among adolescents (Fergus & Zimmerman, 2005; Masten, 2001). These findings may indicate that the youth surveyed benefit from effective coping strategies, supportive social networks, and/or other resilience factors that help to mitigate their psychological distress.

When interpreting these findings, the developmental aspect of youth could also be considered (Steinberg, 2005). Adolescence and young adulthood are characterized by cognitive and emotional development including the improvement of coping strategies. Thus, the moderate to low levels of psychological distress may be indicative of a phase of adaptive development in which adolescents are progressively acquiring the skills to better manage life's challenges.

However, these findings must be interpreted with caution. Although moderate to low psychological distress is encouraging, it does not eliminate the need for mental health resources and support. Increasing rates of mental health issues, such as anxiety and depression, have been observed among adolescents (Twenge & Joiner, 2020), and early intervention is essential for long-term health (McGorry et al., 2011).

Table 1
Level of study variables

Level	n	%	Mean	SD	Min	Max
Mental Illness Self-Stigma			23.85	4.30	12	35
Normal (0 -10)	0	0				
Mild (11- 20)	86	21.5				
Moderate (21 – 30)	294	73.5				
Severe (31 – 40)	20	5.0				
Psychological Distress Self-Stigma			23.85	4.30	12	35
Normal (0 – 10)	0	0				
Mild (11 – 20)	77	19.25				
Moderate (21 – 30)	306	76.5				
Severe (31 – 40)	17	4.25				
Mindfulness			45.16	4.93	26	60
Low (0 - 25)	0	0				
Moderate (26-50)	316	79.4				
High (51 – 75)	84	20.6				
Psychological Distress			2.96	.190	15	42
Low (0 - 12)	131	32.75				
Moderate (13 - 24)	249	62.25				
High (25 – 36)	20	5.0				

Table 2 reveals the correlations between mental illness self-stigma, psychological distress self-stigma, and mindfulness on psychological distress. The result shows that there was a significant positive correlation between mental illness self-stigma ($r = .129$, $p < .001$) and mental illness self-stigma ($r = .181$, $p < .001$) on psychological distress, suggesting that the lower of these two forms of mental health self-stigma, the less likely they are having psychological distress. Consistent with previous research, this finding indicates that low levels of mental illness self-stigma and psychological distress self-stigma correlate with low levels of psychological distress among youth. Corrigan et al (2014) found that stigma associated with mental health exacerbates psychological distress by imposing an additional layer of burden on the individual, thereby negatively impacting their self-esteem and self-efficacy. Self-stigma may contribute to increased feelings of shame, alienation, and diminished self-worth all of which can exacerbate psychological distress (Yanos et al., 2015).

Youth are in a crucial developmental stage in which identity formation and self-concept are still being shaped (Erikson, 1968). Experiencing stigma during this critical period can have long-lasting effects on their mental health and sense of self. Lower levels of self-stigma may

be indicative of healthier coping mechanisms and social support structures van der Star, (2020), which are crucial for mitigating psychological distress.

In addition, the results of this study could be viewed as an important argument for the reduction of stigma in youth-targeted mental health interventions. Education and anti-stigma campaigns could serve as preventative measures, thereby decreasing the likelihood of future psychological distress (Griffiths et al., 2014). These results highlight the significance of continuing to challenge and dismantle societal and internalized stigmas associated with mental health and psychological distress.

Finally, result shows that there was a significant negative correlation between mindfulness and psychological distress ($r = -.348$, $p < .001$). In this study, a significant negative correlation between mindfulness and psychological distress suggests that as mindfulness levels increase, psychological distress levels decrease, and vice versa. This is consistent with a broad range of research examining the effects of mindfulness on psychological health. Mindfulness practices encourage present-moment focus and discourage judgmental or reactive responses to stressful situations (Baer & Krietemeyer, 2006). By cultivating an awareness of the present, people can frequently break the cycle of rumination and anxiety that can contribute to psychological distress (Holzel et al., 2011).

In the context of youth, mindfulness can be particularly impactful. Adolescence and young adulthood are developmental stages characterized by significant emotional and psychological changes, and the skills acquired through mindfulness practices can endow adolescents and young adults with the capacity to manage stress more effectively (Bluth & Eisenlohr-Moul, 2017). Given the various social and academic pressures they face, which can contribute to psychological distress if not properly managed Durlak et al (2011), this becomes especially essential.

These findings may have significant implications for youth-targeted mental health interventions, suggesting that programs designed to teach mindfulness techniques may be effective at reducing psychological distress (Zoogman et al., 2015). Mindfulness could serve as a protective factor in this context, providing adolescents with a tool to more effectively manage their emotional and psychological challenges.

Table 2
Means, standard deviations, and zero-order correlations among study variables

		1	2	3	4
1.	Psychological distress (GHQ – 12)	-			
2.	Mental illness self-stigma (ISMI-10)	.129**	-		
3.	Psychological distress self-stigma (ISMI-10M)		.181**	-	
4.	Mindfulness (FFMQ)			-.348**	-
M		10.23	48.35	50.31	121.11
SD		4.01	10.43	10.62	14.02

GHQ-12, General Health Questionnaire-12; ISMI-20, Internalized Stigma for Mental Illness Scale; ISMI-10-M, Internalized Stigma for Mental Illness Scale Modified Version; FFMQ, Five Facet Mindfulness Questionnaire N = 259, * $p < .05$, ** $p < .01$

A multiple regression analysis was conducted to evaluate if mental illness self-stigma, psychological distress self-stigma and mindfulness would predict psychological distress. Table 3 revealed that the overall model had a significant R^2 value of 0.141. With F = 21.652 and p < 0.001, this model explained 14% of the variance in psychological distress score. As shown in Table 3, psychological distress self-stigma (β = .164, p = .010) and mindfulness (β = -.044, p = .001) have been found to be significant predictors of psychological distress among Johor youth. This indicated that, relative to other variables, mindfulness was the most distinctive predictor. In other words, high levels of mindfulness and low levels of psychological distress self-stigma tended to reduce psychological distress among Johor's youth. From the results, the relationship between self-stigma and psychological distress has been previously documented in research literature. For example, a study by Livingston and Boyd (2010) found that self-stigma was associated with increased psychological distress and lower quality of life. Similarly, a study by Yanos et al (2011) demonstrated that self-stigma had a negative effect on both psychological outcomes and recovery in people with severe mental illness. Corrigan and Watson (2002) also found that self-stigma can lead to a "why try" effect, where individuals internalize the stigma and become less likely to seek help or implement coping strategies, thereby exacerbating psychological distress.

Meanwhile, for mindfulness as the strongest predictor to psychological distress, previous studies have similarly identified mindfulness as a significant contributor to reducing psychological distress. For instance, a meta-analysis by Khoury et al. (2015) found robust support for the effectiveness of mindfulness-based interventions in reducing psychological distress symptoms, which include anxiety and depression. Additionally, a study focused on adolescents by Biegel, Brown, Shapiro, and Schubert (2009) found that a mindfulness-based stress reduction program led to a significant decrease in psychological distress. Importantly, Hofmann et al (2010) also reported not just reductions in distress but improvements in overall well-being following mindfulness-based interventions.

Table 3
Multiple regression in determining the main predictor of psychological distress.

Variable	**Psychological Distress**			
	B	**SE. B**	**Beta, β**	***p***
Mental Illness Self-Stigma	-.044	.067	-.044	.501
Psychological Distress Self-Stigma	.167	.066	.164	.010
Mindfulness	-.334	.046	-.334	.001
R^2	.141			
Adjusted R^2	.375			
F	21.652			

Psychological Implications of psychological distress self-stigma and mindfulness on psychological distress

Given the growing body of research emphasizing its long-term effects on mental health, academic performance, and overall well-being, psychological distress among Malaysian youth is an increasingly pressing issue. Self-stigma, or the internalization of societal mental health stereotypes, has been found to substantially contribute to elevated levels of psychological distress (Chen et al., 2016). In Malaysia, where cultural norms frequently stigmatize mental

health issues, self-stigma can be a significant barrier to seeking assistance which leads to untreated or inadequately treated mental health conditions.

On the other hand, mindfulness has shown promise as a potent buffer against psychological distress. Mindfulness practices teach individuals to be present in the moment and to address their thoughts and emotions without judgment. Several studies have demonstrated that mindfulness-based interventions can reduce symptoms of anxiety, depression, and tension, making them a potentially vital component of mental health support systems for adolescents (Kabat-Zinn, 1990).

Particularly intriguing is the relationship between mindfulness and self-stigma. In a society that stigmatizes mental health, the nonjudgmental awareness fostered by mindfulness can serve as a protective factor, potentially mitigating the negative effects of self-stigma on psychological distress. In essence, mindfulness can act as a psychological buffer, reducing the intensity of the association between self-stigma and psychological distress where a phenomenon known as the "decoupling effect" (Levin et al., 2015).

Implementing mindfulness programs in educational contexts could be a culturally sensitive means of combating psychological distress and self-stigma among Malaysian youth. While research has supported the efficacy of mindfulness-based interventions in reducing symptoms of psychological distress in Western populations (Kabat-Zinn, 1990), additional research is required to examine its efficacy in the Malaysian context, particularly in light of the unique sociocultural factors at play.

In conclusion, an increasing amount of research indicates that self-stigma and mindfulness are significant predictors of psychological distress among youth, including those in Malaysia (Chen et al., 2016; Kabat-Zinn, 1990). Public health initiatives and educational systems in Malaysia would do well to consider incorporating mindfulness practices into their mental health programs, thereby equipping young people with the skills necessary to combat the damaging effects of self-stigma and psychological distress.

Limitations and Future Directions

The current research comes with several methodological and theoretical limitations that require attention. Firstly, the generalizability of the findings is confined as the study sample was restricted to youth from Johor, a state in Malaysia. Secondly, the study utilized only a single measure for each construct, potentially limiting the scope and depth of the constructs examined. In addition, all variables were assessed using self-reported measures, making the study susceptible to reporting biases. Future work could enhance validity by employing multi-method, multi-source approaches, including behavioral and neurophysiological indicators. Thirdly, the modified version of ISMI-10 that focused on "psychological distress self-stigma" should be interpreted cautiously, as it lacks rigorous psychometric validation. Lastly, the study's cross-sectional and correlational design precludes causal inferences.

Future research should aim to expand on these findings through longitudinal and experimental designs to better understand the causality and mechanisms behind these relationships. Given the scarcity of localized studies in Johor, Malaysia, focusing on youth mental health, this study serves as a stepping stone for more comprehensive research and

targeted interventions aimed at improving the mental well-being of young people in the region.

Conclusion

In conclusion, this study not only uncovers the intricate dynamics between self-stigma, mindfulness, and psychological distress among Malaysian youth but also heralds a paradigm shift in mental health intervention strategies. The significant impact of self-stigma in intensifying psychological distress underscores an urgent call for action in addressing mental health perceptions. More importantly, the revelation that mindfulness can serve as a powerful counterbalance opens new avenues for therapeutic approaches. By integrating mindfulness practices into mental health programs, we can empower young individuals with effective tools to combat psychological challenges, fostering resilience and promoting a healthier, more balanced state of mind. This research, therefore, marks a critical step towards revolutionizing mental health care for youth, emphasizing a holistic approach that blends stigma reduction with the nurturing of inner mindfulness.

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