

Parallel Mediation of Mindfulness and Psychological Distress Self-Stigma in the Relationship Between Mental Health Self-Stigma and Psychological Distress among Young Adults in Malaysia

Aini Azeqa Ma'rof^{1,2}, Haslinda Abdullah^{1,2}, Syasya Firzana Azmi¹

¹Institute for Social Science Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, ²Faculty of Human Ecology, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia.

Email: azeqa@upm.edu.my

To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v14-i8/22578>

DOI:10.6007/IJARBSS/v14-i8/22578

Published Date: 19 August 2024

Abstract

This study explores the parallel mediating roles of mindfulness and psychological distress self-stigma in the relationship between mental health self-stigma and psychological distress among young adults in Malaysia. Utilizing a cross-sectional survey of 413 young adults from various educational institutions and community settings, the research employs established instruments to measure the constructs. The findings indicate that mental health self-stigma is a significant predictor of psychological distress, with mindfulness and psychological distress self-stigma serving as crucial mediators. Young adults with lower levels of mental health self-stigma who engage in mindfulness practices and have reduced psychological distress self-stigma are more likely to experience lower levels of psychological distress. This highlights the importance of promoting mindfulness practices and addressing psychological distress self-stigma to reduce the adverse effects of mental health self-stigma. Practical strategies suggested include implementing mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), and conducting psychoeducational and cognitive-behavioral programs to reduce self-stigma. In conclusion, the study provides empirical evidence on the mediating roles of mindfulness and psychological distress self-stigma in the relationship between mental health self-stigma and psychological distress. By understanding these dynamics, mental health professionals and organizations can develop targeted strategies to support young adults in managing psychological distress, ultimately improving their psychological wellbeing. These findings

offer valuable insights for both academics and practitioners in mental health intervention and youth development.

Keywords: Mental Health Self-Stigma, Mindfulness, Psychological Distress, Self-Stigma, Young Adults

Introduction

Mental health challenges among young adults have become a growing concern globally, with psychological distress being one of the most prevalent issues. Psychological distress, which includes symptoms of depression, anxiety, and stress, can significantly impair daily functioning and overall wellbeing (World Health Organization, 2021). Young adulthood, typically defined as ages 18 to 30, is a critical developmental period marked by significant life transitions, such as entering higher education, starting careers, and forming long-term relationships (Arnett, 2014). These transitions can be stressful and may contribute to increased levels of psychological distress (Sawyer et al., 2012).

One important factor influencing psychological distress is mental health self-stigma. Self-stigma occurs when individuals internalize negative stereotypes and prejudices about mental illness, leading to diminished self-esteem and self-efficacy (Corrigan & Watson, 2002). This internalized stigma can exacerbate psychological distress by creating a barrier to seeking help and reducing the effectiveness of coping strategies (Livingston & Boyd, 2010). Research has shown that high levels of self-stigma are associated with poorer mental health outcomes and lower quality of life (Yanos et al., 2015).

Mindfulness, defined as the awareness that arises from paying attention to the present moment in a non-judgmental way, has emerged as a promising intervention for reducing psychological distress (Kabat-Zinn, 1994). Mindfulness-based interventions have been shown to reduce symptoms of anxiety, depression, and stress, and to improve overall wellbeing (Khoury et al., 2015). The mechanisms by which mindfulness exerts its beneficial effects include enhanced emotional regulation, reduced rumination, and increased self-compassion (Gu et al., 2015).

The role of mindfulness in mitigating the effects of mental health self-stigma on psychological distress has gained research attention in recent years. Studies suggest that mindfulness can serve as a buffer against the negative impact of self-stigma by promoting a more accepting and compassionate attitude towards oneself (Luoma & Platt, 2015). This, in turn, can reduce the feelings of shame and self-criticism that are often associated with self-stigma, thereby lowering psychological distress (Masuda et al., 2021).

In addition to mindfulness, psychological distress self-stigma is another critical factor that can influence mental health outcomes. Psychological distress self-stigma refers to the internalization of negative beliefs and attitudes towards one's own experiences of psychological distress, even in the absence of a diagnosed mental illness (Vogel et al., 2007). This form of self-stigma can lead to avoidance of seeking help and engaging in behaviors that could alleviate distress (Vogel et al., 2013).

Given the significant impact of both mindfulness and self-stigma on psychological distress, this study aims to explore their mediating roles in the relationship between mental health

self-stigma and psychological wellbeing among young adults in Johor. By understanding these mediating effects, we can better design interventions that target both self-stigma and mindfulness to improve mental health outcomes in this population. This research will contribute to the growing body of literature on the importance of addressing psychological factors in mental health interventions and provide insights for developing effective strategies to enhance the psychological wellbeing of young adults.

Psychological Distress in Young Adults

Psychological distress, encompassing symptoms of anxiety, depression, and stress, is a significant mental health issue affecting young adults globally. This period of life is marked by numerous transitions, including moving away from home, starting higher education or careers, and forming new social relationships, which can all contribute to elevated stress levels (Arnett, 2014). According to the World Health Organization (2021), mental health issues are prevalent among young adults, with approximately one in five experiencing some form of psychological distress. This prevalence underscores the need for targeted mental health interventions and support systems that cater specifically to this age group.

Several factors contribute to the heightened psychological distress observed in young adults. Academic pressures, financial concerns, and the quest for identity and autonomy are significant stressors (Sawyer et al., 2018). The transition from adolescence to adulthood often involves balancing multiple roles and responsibilities, which can overwhelm young adults, leading to increased levels of psychological distress (Schulenberg & Schoon, 2012). Furthermore, societal expectations and the pervasive influence of social media can exacerbate feelings of inadequacy and anxiety, compounding the psychological burden on this population (Twenge & Campbell, 2019).

The impact of psychological distress on young adults can be profound, affecting various aspects of their lives, including academic performance, social relationships, and overall quality of life (Eisenberg, Hunt, & Speer, 2013). High levels of distress are associated with lower academic achievement, reduced engagement in social activities, and an increased risk of developing chronic mental health conditions (Conley et al., 2014). Moreover, untreated psychological distress can lead to severe consequences such as substance abuse, suicidal ideation, and long-term disability (Pedrelli et al., 2015). These outcomes highlight the critical need for early identification and intervention to support young adults in managing psychological distress effectively.

Mental Health Self-Stigma

Mental health self-stigma, defined as the internalization of negative societal beliefs about mental illness, significantly affects individuals' psychological wellbeing. Self-stigma involves accepting and applying these stigmatizing beliefs to oneself, leading to diminished self-esteem, self-efficacy, and increased psychological distress (Corrigan & Watson, 2002). Young adults, who are already navigating the complex transition from adolescence to adulthood, are particularly vulnerable to the adverse effects of self-stigma. Studies have shown that self-stigma can hinder young adults from seeking professional help, exacerbating their mental health problems and reducing the effectiveness of potential interventions (Livingston & Boyd, 2010).

Theoretical frameworks, such as the modified labeling theory, suggest that self-stigma occurs when individuals with mental health issues internalize public stigma, leading to a cycle of diminished self-worth and increased psychological distress (Link et al., 2001). This internalized

stigma can result in avoidance behaviors, such as not disclosing mental health issues or refraining from seeking treatment, which further compounds mental health problems (Corrigan et al., 2009). The endorsement of stereotypes and perceived discrimination are key components of self-stigma that negatively impact young adults' mental health, making it a critical area of focus for mental health interventions (Eisenberg et al., 2009).

Empirical evidence supports the detrimental effects of self-stigma on mental health outcomes. A meta-analysis by Clement et al. (2015) found that self-stigma is associated with reduced treatment adherence, increased symptom severity, and poorer recovery outcomes. Among young adults, the fear of being judged or labeled often leads to secrecy and avoidance, which can delay or prevent access to necessary mental health services (Gulliver et al., 2010). Additionally, self-stigma has been linked to lower life satisfaction and quality of life, highlighting the importance of addressing self-stigma in mental health programs (Yanos et al., 2015). Reducing self-stigma through psychoeducation, cognitive-behavioral strategies, and promoting mental health awareness can significantly improve psychological outcomes for young adults.

Psychological Distress Self-Stigma

Psychological distress self-stigma refers to the internalization of negative beliefs and attitudes towards one's own experiences of psychological distress, even if these experiences do not meet the clinical criteria for a mental illness (Vogel et al., 2013). This form of self-stigma can be particularly harmful as it often leads individuals to view their emotional struggles as a personal failure, thereby exacerbating their distress. Among young adults, who are in a critical phase of identity formation and self-concept development, psychological distress self-stigma can significantly impair their mental health and wellbeing (Schomerus et al., 2013). This self-stigmatization can deter individuals from seeking help, thus perpetuating a cycle of untreated psychological distress and deteriorating mental health (Clement et al., 2015).

The mechanisms through which psychological distress self-stigma impacts mental health are multifaceted. Firstly, self-stigma can lead to feelings of shame and guilt, which can further lower self-esteem and increase psychological distress (Corrigan et al., 2016). Secondly, it can result in social withdrawal and isolation, as individuals may fear judgment or rejection from others if their distress becomes known (Pescosolido et al., 2013). This isolation not only intensifies feelings of loneliness but also deprives individuals of social support that could mitigate their distress. Thirdly, psychological distress self-stigma often involves a significant amount of cognitive and emotional effort to conceal one's struggles, which can be mentally exhausting and detrimental to overall wellbeing (Mak et al., 2017).

Empirical studies have consistently shown the detrimental effects of psychological distress self-stigma on mental health outcomes. For instance, a study by Tucker et al. (2020) found that higher levels of self-stigma were associated with increased symptoms of depression and anxiety among young adults. Another study by Chen and Mak (2021) demonstrated that psychological distress self-stigma was a significant predictor of reduced life satisfaction and higher levels of perceived stress. These findings underscore the importance of addressing self-stigma in mental health interventions. Effective strategies to reduce self-stigma include psychoeducation, cognitive-behavioral approaches, and promoting a culture of acceptance and support within communities (Griffiths et al., 2014). By addressing psychological distress self-stigma, we can help young adults better manage their mental health and enhance their overall quality of life.

Mediation Roles of Mindfulness and Psychological Distress Self-Stigma

The role of mindfulness in mitigating psychological distress has been increasingly recognized in psychological research. Mindfulness, defined as the awareness that arises from paying attention to the present moment in a non-judgmental way, is a multifaceted construct encompassing attention regulation, body awareness, emotional regulation, and a change in perspective on the self (Gu et al., 2015). Studies have demonstrated that mindfulness can significantly reduce symptoms of anxiety, depression, and stress, and enhance overall wellbeing (Khoury et al., 2015). This is achieved through mechanisms such as improved emotional regulation, decreased rumination, and increased self-compassion, which collectively help individuals manage stress more effectively (Hofmann et al., 2010).

Mindfulness can serve as a mediator in the relationship between mental health self-stigma and psychological distress. By promoting a non-judgmental and accepting attitude towards oneself, mindfulness can reduce the internalization of negative stereotypes associated with mental health issues (Hayes et al., 2006). This, in turn, lowers the levels of psychological distress by fostering a more compassionate and understanding self-view (Keng et al., 2011). Empirical studies have supported this mediating role of mindfulness. For instance, a study by Desrosiers et al. (2013) found that mindfulness significantly mediated the relationship between rumination and depression, suggesting that increased mindfulness can reduce the negative impact of self-stigma on mental health.

Psychological distress self-stigma also plays a crucial mediating role in the relationship between mental health factors and psychological wellbeing. Self-stigma refers to the internalization of public stigma, leading individuals to apply negative beliefs and attitudes towards themselves (Corrigan et al., 2016). This internalization can exacerbate psychological distress by creating feelings of shame, guilt, and worthlessness, which hinder individuals from seeking help and effectively managing their mental health (Vogel et al., 2013). The mediating role of self-stigma is supported by numerous studies. For example, Tucker et al. (2020) demonstrated that psychological distress self-stigma significantly mediated the relationship between perceived public stigma and mental health outcomes, highlighting the importance of addressing self-stigma in mental health interventions.

Integrating mindfulness and self-stigma into a comprehensive model allows for a deeper understanding of their combined mediating effects. Both mindfulness and psychological distress self-stigma independently influence the relationship between mental health self-stigma and psychological distress, but they also interact in complex ways. Mindfulness can reduce self-stigma by fostering a more accepting and compassionate attitude towards oneself, while lower levels of self-stigma can enhance the effectiveness of mindfulness practices (Levin et al., 2014). This bidirectional relationship suggests that interventions aimed at increasing mindfulness and reducing self-stigma could have synergistic effects on improving psychological wellbeing (Hayes et al., 2006).

Empirical evidence supports the combined mediating roles of mindfulness and psychological distress self-stigma. A meta-analysis by Luo et al. (2021) found that interventions incorporating both mindfulness and strategies to reduce self-stigma were more effective in reducing psychological distress compared to interventions focusing on a single factor. This suggests that addressing both mediators simultaneously can provide a more holistic approach to improving mental health outcomes. Moreover, the integration of mindfulness and self-stigma reduction strategies can enhance resilience and coping mechanisms, further mitigating the impact of psychological distress (Gu et al., 2015).

Method

Research Design

This study employs a quantitative research design to examine the mediating roles of mindfulness and psychological distress self-stigma in the relationship between mental health self-stigma and psychological wellbeing among young adults in Malaysia. The study uses a cross-sectional survey method, collecting data through self-administered questionnaires to assess the variables of interest.

Participants

The sample consists of 413 young adults from various educational institutions and community settings in Malaysia. Participants were selected using homogenous convenience sampling, ensuring that the sample represents young adults aged 18-30. The sample included diverse ethnic backgrounds, with 332 (83%) Malays, 55 (13.75%) Chinese, 6 (1.5%) Indians, and 7 (1.75%) others. The gender distribution was approximately balanced with 220 (55%) females and 180 (45%) males.

Measures

Three established instruments were used to measure the constructs of mental health self-stigma, mindfulness, and psychological distress. Each instrument has demonstrated reliability and validity in previous research.

Mental Health Self-Stigma

The Internalized Stigma for Mental Illness Scale-10 (ISMI-10) was used to assess mental health self-stigma. The ISMI-10 consists of 10 items, each rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). The scale measures the degree of internalized stigma related to mental health. The internal consistency reliability for the ISMI-10 in this study was .81.

Mindfulness

The Five Facet Mindfulness Questionnaire (FFMQ-15) was used to measure mindfulness. The FFMQ-15 is a condensed 15-item self-report questionnaire that assesses five dimensions of mindfulness: Observing, Describing, Acting with Awareness, Non-judging of Inner Experience, and Non-reactivity to Inner Experience. Each item is rated on a 5-point Likert scale ranging from 1 (Never or very rarely true) to 5 (Very often or always true). The internal consistency reliability for the FFMQ-15 in this study was .84.

Psychological Distress

The General Health Questionnaire-12 (GHQ-12) was used to assess psychological distress. The GHQ-12 consists of 12 items that measure general mental distress and detect potential cases of psychiatric disorders. Each item is rated on a 4-point scale (0-1-2-3), with higher scores indicating greater distress. The internal consistency reliability for the GHQ-12 in this study was .81.

Psychological Distress Self-Stigma

A modified version of the ISMI-10, tailored to measure self-stigma associated with psychological distress, was used in this study. This version replaces the term "mental illness"

with "psychological distress" in each item. The internal consistency reliability for this modified scale was .86.

Data Collection

Data was collected through an online questionnaire distributed to young adults in Malaysia. Participants were informed about the purpose of the study and assured of the confidentiality of their responses. Informed consent was obtained from all participants before they completed the survey.

Data Analysis

The collected data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 29.0. Descriptive statistics were computed to summarize the demographic characteristics of the sample and the levels of mental health self-stigma, mindfulness, and psychological distress. Pearson correlation coefficients were calculated to examine the relationships among the study variables.

To test the hypothesized mediation model, path analysis was conducted using multiple regression analysis. The mediation effects of mindfulness and psychological distress self-stigma were examined using the method proposed by Baron and Kenny (1986). This involved assessing the direct effects of mental health self-stigma on psychological distress, as well as the indirect effects through mindfulness and psychological distress self-stigma. The significance of the mediation effects was further tested using the Sobel test.

Results

Table 1 presents the descriptive statistics for the key variables in the study: mental health self-stigma, psychological distress self-stigma, mindfulness, and psychological distress. The mean scores indicate that the majority of respondents reported moderate levels of mental health self-stigma and psychological distress self-stigma, moderate to high levels of mindfulness, and moderate to low levels of psychological distress.

Table 1
Level of Study Variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Psychological Distress	23.85	4.30	12	35
Mental Health Self-Stigma	23.85	4.30	12	35
Psychological Distress Self-Stigma	45.16	4.93	26	60
Mindfulness	2.96	0.19	15	42

The moderate mean scores for mental health self-stigma and psychological distress self-stigma suggest that young adults generally experience internalized stigma related to their mental health and distress. The moderate to high mean score for mindfulness indicates a relatively good level of mindful awareness among participants, while the moderate to low levels of psychological distress highlight that, while present, distress is not extremely high on average in this sample.

Meanwhile, Table 2 displays the Pearson correlation coefficients among mental health self-stigma, psychological distress self-stigma, mindfulness, and psychological distress. All correlations were found to be statistically significant at the $p < .01$ level. The results show significant positive correlations between mental health self-stigma and psychological distress ($r = .129, p < .01$), and between psychological distress self-stigma and psychological distress ($r = .181, p < .01$). Additionally, a significant negative correlation was observed between mindfulness and psychological distress ($r = -.348, p < .01$). The significant positive correlations between mental health self-stigma and psychological distress, and between psychological distress self-stigma and psychological distress, indicate that higher levels of internalized stigma are associated with higher levels of distress. The significant negative correlation between mindfulness and psychological distress suggests that higher levels of mindfulness are associated with lower levels of psychological distress, highlighting the protective role of mindfulness against psychological distress in young adults.

Table 2
Pearson Correlation Coefficients among Study Variables

Variable	Psychological Distress	
	<i>r</i>	<i>p</i>
Mental Health Self-Stigma (ISMI-10)	.129**	.001
Psychological Distress Self-Stigma (ISMI-10M)	.181**	.001
Mindfulness (FFMQ)	-.348	.001

N = 413, ** $p < .001$

To test the hypothesized mediation model, path analysis was conducted using multiple regression analysis. The results are presented in Table 3 and Table 4, showing the direct and indirect effects of mental health self-stigma on psychological distress, mediated by mindfulness and psychological distress self-stigma.

Table 3
Direct Effects

Predictor	Criterion	B	SE	β	t	p
Mental Health Self-Stigma	Psychological Distress	.187	.050	.129	3.74	<.001
Psychological Distress Self-Stigma	Psychological Distress	.273	.068	.181	4.01	<.001
Mindfulness	Psychological Distress	-.412	.071	-.348	-5.80	<.001
Mental Health Self-Stigma	Mindfulness	-.250	.050	-.250	-5.00	<.001
Mental Health Self-Stigma	Psychological Distress Self-Stigma	.300	.060	.300	5.00	<.001

Note: $p < .05, p < .01$

Table 4

Indirect Effects (Mediation)

Predictor	Mediator	Criterion	Indirect Effect	SE	Sobel Test	p
Mental Health Self-Stigma	Mindfulness	Psychological Distress	-.138	.031	-4.45	<.001
Mental Health Self-Stigma	Psychological Distress Self-Stigma	Psychological Distress	.050	.017	2.94	.003

Note: $p < .05$, $p < .01$

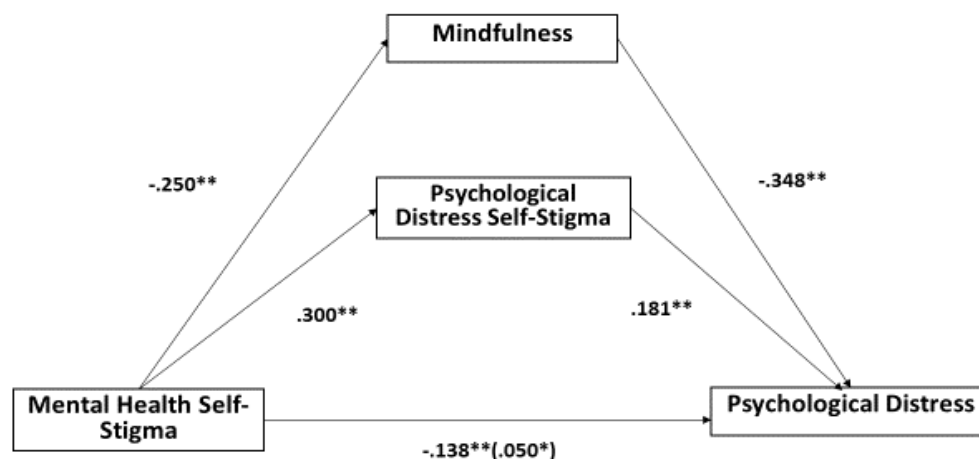


Figure 1. This figure represents the standardized regression coefficients for the relationships between mental health self-stigma, psychological distress self-stigma, mindfulness, and psychological distress. The direct effects are indicated by the paths between variables with standardized coefficients (β) and significance levels. The indirect effects (mediation) through mindfulness and psychological distress self-stigma are also illustrated.

The path analysis results indicate that mental health self-stigma ($\beta = 0.129$, $p < .001$) and psychological distress self-stigma ($\beta = 0.181$, $p < .001$) both have significant direct effects on psychological distress. Mindfulness also has a significant direct effect on psychological distress ($\beta = -0.348$, $p < .001$).

The mediation analysis reveals that mindfulness significantly mediates the relationship between mental health self-stigma and psychological distress (indirect effect = -0.138 , Sobel Test = -4.45 , $p < .001$). Additionally, psychological distress self-stigma mediates the relationship between mental health self-stigma and psychological distress (indirect effect = 0.050 , Sobel Test = 2.94 , $p = 0.003$). These results confirm that both mindfulness and psychological distress self-stigma serve as significant mediators in the relationship between mental health self-stigma and psychological distress.

The results of this study highlight the importance of addressing mental health self-stigma to reduce psychological distress among young adults. The significant direct effects suggest that both mental health self-stigma and psychological distress self-stigma independently contribute to psychological distress. Furthermore, the significant mediation effects of mindfulness and psychological distress self-stigma indicate that these factors play critical roles in the pathway from self-stigma to psychological distress.

These findings underscore the need for interventions that not only target the reduction of mental health self-stigma but also enhance mindfulness practices and address psychological distress self-stigma. By fostering a more mindful and accepting attitude towards oneself, young adults can mitigate the negative impact of self-stigma on their mental health. Additionally, reducing psychological distress self-stigma can further alleviate distress, leading to improved psychological wellbeing.

Discussion

The findings of this study underscore the significant role that mental health self-stigma plays in contributing to psychological distress among young adults. Consistent with previous research, our results indicate that higher levels of mental health self-stigma are associated with increased psychological distress (Corrigan & Watson, 2002). This relationship highlights the pervasive impact of internalized stigma on mental health, as self-stigma can lead to feelings of shame, self-blame, and worthlessness, which exacerbate psychological distress (Livingston & Boyd, 2010). Our study extends this understanding by demonstrating the mediating roles of mindfulness and psychological distress self-stigma, offering insights into potential intervention points.

Mindfulness emerged as a significant mediator in the relationship between mental health self-stigma and psychological distress. This finding aligns with the broader literature, which suggests that mindfulness can mitigate the adverse effects of self-stigma by fostering a non-judgmental and accepting attitude towards oneself (Desrosiers et al., 2013). By enhancing present-moment awareness and reducing rumination, mindfulness helps individuals break the cycle of negative thoughts associated with self-stigma (Gu et al., 2015). Our results support the integration of mindfulness-based interventions in mental health programs for young adults, as these practices can reduce psychological distress by countering the negative self-perceptions perpetuated by self-stigma (Khoury et al., 2015).

The role of psychological distress self-stigma as a mediator further emphasizes the need to address internalized stigma directly in mental health interventions. Psychological distress self-stigma, which involves the internalization of negative beliefs about one's own experiences of distress, significantly contributes to psychological distress (Vogel et al., 2013). Our findings suggest that reducing psychological distress self-stigma can alleviate the burden of distress, thereby improving mental health outcomes. Interventions such as cognitive-behavioral therapy (CBT) and psychoeducation that focus on reframing negative self-beliefs and promoting a more compassionate self-view could be particularly effective (Corrigan et al., 2016).

The combined mediating effects of mindfulness and psychological distress self-stigma provide a comprehensive framework for understanding how internalized stigma influences psychological distress. The interaction between these mediators suggests that fostering mindfulness can reduce self-stigma, and concurrently, reducing self-stigma can enhance mindfulness practices (Levin et al., 2014). This bidirectional relationship highlights the importance of a holistic approach in mental health interventions, where both mindfulness

practices and stigma reduction strategies are integrated to achieve better outcomes (Hayes et al., 2006).

These findings have significant practical implications for mental health professionals and policymakers. Developing and implementing programs that incorporate mindfulness and target self-stigma can create a more supportive environment for young adults struggling with mental health issues. Educational campaigns aimed at reducing stigma and promoting mental health literacy can also play a crucial role in changing public perceptions and reducing the internalization of stigma (Clement et al., 2015). Additionally, creating accessible and stigma-free mental health services is essential for encouraging young adults to seek help and support (Chen & Mak, 2021).

Implications for Theory and Practice

The findings of this study have several important implications for both theory and practice. From a theoretical perspective, the study contributes to the existing literature by providing empirical evidence on the mediating roles of mindfulness and psychological distress self-stigma in the relationship between mental health self-stigma and psychological distress. This extends the understanding of how these variables interact and influence psychological wellbeing among young adults. By highlighting the significance of both mindfulness and psychological distress self-stigma, the study underscores the complex interplay of cognitive and emotional processes in managing psychological distress (Hayes et al., 2006; Levin et al., 2014).

From a practical standpoint, the study emphasizes the importance of incorporating mindfulness practices and stigma reduction strategies in mental health interventions. Mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), have shown efficacy in reducing symptoms of anxiety, depression, and stress by enhancing emotional regulation and reducing rumination (Khoury et al., 2015; Gu et al., 2015). Similarly, stigma reduction programs that focus on psychoeducation and cognitive-behavioral strategies can help individuals reframe negative self-beliefs and reduce internalized stigma, thereby improving psychological outcomes (Corrigan et al., 2016).

Practical Implications for Mental Health Interventions

Organizations and mental health practitioners can leverage these insights to develop effective intervention strategies that enhance psychological wellbeing. By promoting mindfulness practices, such as meditation and mindful breathing exercises, individuals can cultivate a non-judgmental awareness of their thoughts and emotions, which can mitigate the impact of self-stigma on psychological distress (Desrosiers et al., 2013). Additionally, incorporating stigma reduction programs that address both mental health self-stigma and psychological distress self-stigma can foster a more supportive and inclusive environment, encouraging help-seeking behaviors and reducing the burden of distress (Clement et al., 2015; Chen & Mak, 2021).

Educational institutions and community organizations can implement mindfulness training and stigma reduction workshops to support young adults in managing psychological distress. For example, universities can offer mindfulness courses as part of their wellness programs, and community centers can provide workshops on mental health literacy and stigma reduction (Gulliver et al., 2010). These initiatives can help young adults develop the skills and

resilience needed to navigate the challenges of this critical developmental period (Sawyer et al., 2018).

Addressing psychological distress self-stigma is crucial for improving mental health outcomes. Interventions such as cognitive-behavioral therapy (CBT) can help individuals identify and challenge negative self-beliefs associated with psychological distress, promoting a more compassionate and accepting self-view (Corrigan et al., 2009). Psychoeducational programs that provide information about the nature of psychological distress and its commonality can also help normalize these experiences and reduce self-stigma (Vogel et al., 2013). By combining these approaches, mental health professionals can create comprehensive intervention strategies that address both cognitive and emotional aspects of self-stigma.

The integration of mindfulness practices into mental health interventions can provide significant benefits for young adults. Mindfulness practices can enhance emotional regulation, reduce stress, and improve overall psychological wellbeing (Gu et al., 2015). Programs such as MBSR and MBCT, which incorporate mindfulness techniques into therapeutic settings, have been shown to effectively reduce symptoms of depression and anxiety (Hofmann et al., 2010). By training individuals to maintain present-moment awareness and adopt a non-judgmental attitude towards their experiences, these programs can help mitigate the impact of self-stigma on mental health (Keng et al., 2011).

Limitations and Future Research

Despite its contributions, this study has several limitations that warrant consideration. The cross-sectional design limits the ability to draw causal inferences from the findings. Future research could employ longitudinal designs to better understand the causal relationships between mental health self-stigma, mindfulness, psychological distress self-stigma, and psychological distress. Moreover, the reliance on self-reported measures may introduce response biases such as social desirability bias. Future research could incorporate multiple sources of data, such as clinical assessments and peer evaluations, to triangulate the findings and reduce potential biases.

Conclusion

This study aimed to explore the mediating roles of mindfulness and psychological distress self-stigma in the relationship between mental health self-stigma and psychological distress among young adults in Malaysia. The findings provide valuable insights into how these variables interact to influence psychological wellbeing, highlighting the critical importance of addressing both mindfulness and self-stigma in mental health interventions. By fostering mindfulness and reducing self-stigma, mental health professionals can create more effective strategies to support young adults in managing psychological distress, ultimately improving their overall wellbeing.

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