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Basic Psychological Needs and Mental Health Among Students with Disabilities in Malaysian Public Universities: A Conceptual Framework on the Moderating Role of Perceived Stigma at Universiti Teknologi MARA

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ABSTRACT

Mental health is a vital component of well-being, yet Students with Disabilities (SWD) in UiTM Malaysia face heightened vulnerability to distress and social isolation. This conceptual paper utilizes Self-Determination Theory (SDT) to explore how satisfying the basic psychological needs (competence, relatedness, autonomy) can enhance mental health outcomes for SWD. Moreover, a primary focus is the moderating role of perceived stigma, which can diminish the positive impact of meeting the Basic psychological needs. Further, this paper proposes a quantitative correlational research design using Partial Least Squares Structural Equation Modelling (PLS-SEM) to validate these relationships. Ultimately, the proposed framework aims to investigate the importance of the relationship between basic psychological needs and mental health among SWD with the moderation of perceived stigma, as well as developing evidence-based policies and inclusive education practices in line with SDG 4 in order to ensure SWD gets the necessary support to flourish in the education environment.

Note: In this paper, mental health is examined through the lens of psychological distress and depressive symptoms (as assessed by PHQ-9), where higher scores indicate greater distress/poorer mental health.

1. INTRODUCTION

Mental health is increasingly recognized as a pillar of the whole well-being, influencing not only psychological stability but also physical health, social integration, and overall quality of life. Research by

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Magomedova et al. (2025) underscores mental health as a vital part of health that controls how effectively an individual functions within society. Mental health is a shifting state of well-being, not a fixed condition. It changes based on a person's environment and coping skills. Mental health influences every part of life, including physical health, work, and social connections.

Despite the fact that mental health issues are universal, Students with Disabilities (SWD) exhibit a heightened vulnerability to these issues. Students with Disabilities (SWD) is included within the broader population of Person with Disabilities (PWD). PWD is defined by The United Nation (2006) as a group of people who have long-term physical, mental, intellectual, or sensory impairments that cause them to overcome a variety of difficulties in their life.

For SWD, mental health is essential for overcoming daily challenges. Without proper support, they are more likely to struggle with academic and social isolation, largely because their experiences differ from their peers. SWD often face psychological challenges including mental distress, that may threaten their overall well-being. Likewise, SWD tends to get mental health services, with higher prescription medication compared to the students without disabilities. SWD are usually victims of stigma and discrimination by their fellow students, teachers and the general public, and will lead to feelings of loneliness, isolation, and low self-esteem (Moustafa et al., 2024). Stigma has harmful influences on PWD's psychological well-being and quality of life and highly risks them into mental health issues (Cui, 2023).

To put forward, basic psychological needs, as in Self-Determination Theory (SDT), include competence, relatedness, and autonomy; these are essential for good mental health. SWD experience better mental health when their basic psychological needs are supported through educational environments, responsive interaction and relationship, as well as meaningful academic engagement. This is because SWD is able to feel capable of their performance within their environment (competence), have connections with their peers and lecturers (relatedness), and the sense of control over their actions (autonomy). However, the rise of perceived stigma within SWD thoughts will likely affect the positive impact of basic psychological needs. Perceived stigma refers to an individual's belief that they will be judged or treated negatively due to their condition, regardless of whether such treatment actually occurs. This perception is critical, as it is closely linked to declining mental health; it often triggers increased stress, lower self-esteem, and a reluctance to seek assistance.

It is hypothesised that perceived stigma constitutes a significant psychosocial stressor that moderates the connection between basic psychological needs and mental health among SWD in Malaysian public universities. Perceived stigma differs from self-stigma or internalized stigma; while internalized stigma involves absorbing public stereotypes into one's self-concept, perceived stigma reflects the subjective awareness and belief that society holds negative attitudes and will judge or discriminate against them. Exposure to perceived stigma hinders the protective process of fulfilling basic psychological needs. Specifically, when SWD perceive pervasive social stigma, the mental health benefits derived from competence, relatedness, and autonomy are attenuated because fear of social devaluation generates chronic evaluative threat and vigilance, neutralizing the stress-buffering effect of need satisfaction.

In Malaysia, it is reported that over 60% Malaysian students experience symptoms of depression, anxiety, and stress (Yahya, 2025). This shows that mental health remains an overlooked priority in Malaysia, particularly for SWD who clearly need more attention on this. With this, mental health of SWD in UiTM has become a critical issue, worsened by barriers to inclusion and social isolation. Although Self-Determination Theory (SDT) identifies competence, relatedness, and autonomy as vital Basic psychological needs, few researches have explored how these needs specifically impact the mental health of SWD. Further, the understudied role of the perceived stigma is also very important because it influences their behaviour toward help-seeking and may either hinder or facilitate the resilience to mental health. The lack of these studies has serious implications. Without more research into these issues, UiTM will continue to provide support that doesn't actually work for SWD, making the system unfair for those who need it most.

This conceptual paper aims to argue that the great fulfilment of basic psychological needs (competence, relatedness, autonomy), high levels of perceived stigma may diminish the positive impacts of it, and eventually lead to decreasing mental health. Therefore, conceptual paper seeks to examine how perceived stigma moderates the relationship between basic psychological needs (competence, relatedness, autonomy) and mental health among students with disabilities in UiTM, providing insights into how universities can put together more specialised interventions or support services to help this group's mental health, and create more inclusive and supportive environments.

The paper makes three main contributions. Firstly, exploring mental health issues of SWD will expose the body of research to the importance and comprehension of inclusive education for SWD with the clarification of the influence of perceived stigma. Secondly, this paper will contribute as evidence for SWD to stand up and validate their right in the education settings. Lastly, this paper will act as evidence to develop an evidence-based policy in the term of education reforming for SWD, as well as fulfils the need of SDG 4 which is to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

2. LITERATURE REVIEW

2.1 Context and Problem Framing

Mental health is conceptualized as a state of well-being that enables individuals to cope with life's stresses, recognize their abilities, work productively, and contribute to their community (World Health Organization, n.d.). It is an internal process of self-care involving self-awareness and self-regulation to balance intrapersonal and interpersonal thoughts and behaviours (Coronel-Santos et al., 2022). However, SWD in higher education face a significantly higher risk of mental health challenges compared to their non-disabled peers. Research indicates that SWD exhibit higher prevalence rates of depression, anxiety, and suicidality, with suicide attempts occurring at three times the rate of the general student population (Aguilar et al., 2021). Despite these risks, mental health services for this group remain understudied and underserved, with students citing financial barriers and inconvenience as obstacles to obtaining support (Aguilar et al., 2021; García et al., 2024).

In the Malaysian context, SWD represents a community frequently neglected in mental health research. While national reports like the Malaysian Youth Mental Health Index 2023 (Institute for Youth Research Malaysia & United Nations Children's Fund, 2024) show rising concerns among youth, these statistics often lack a breakdown for specific disability categories. Furthermore, existing school-based programs and screening instruments are typically designed for students without disabilities, rendering them ineffective for those with communication or cognitive impairments (Sinclair et al., 2025). This lack of culturally adapted and inclusive screening leads to under-identification and a lack of proper support for SWD. Additionally, the dual stigma associated with both disability and mental illness in Malaysian society creates further barriers to help-seeking behaviour. There is a critical need for research that applies comprehensive psychological frameworks to understand and improve the well-being of this marginalized group.

Studies on the influence of basic psychological needs toward mental health among SWD remain limited, particularly within Malaysian public universities. Public universities operate under standardized government support frameworks and institutional disability policies, yet SWD still face unique institutional, environmental, and social barriers. National reports such as the Malaysian Youth Mental Health Index 2023 (MyMHI'23) highlight growing mental health issues among youth but lack disaggregated data on students with disabilities. Furthermore, existing disability support systems in Malaysian public higher education primarily focus on physical infrastructure and academic accommodations, neglecting the nuanced psychosocial needs and mental distress of SWD.

Moreover, the application of SDT to SWD is important because it emphasizes the fulfillment of their basic psychological needs which have often been undermined through stigmatization and unbending educational structures. But, in Malaysia, the application of SDT theory is mostly utilized to study mindset growth, education, and psychological well-being in general. SDT has been used in different areas in

Malaysia including mental health concerns of medical students (Cockburn et al., 2022), the motivations for writing a *wasiyyah* (Mursidi & Maulan, 2020), understanding university academics' workplace outcomes (Ong et al., 2024), and an assessment of online higher education (Rosli et al., 2022). There is considerable variety in the use of SDT across education, employment, religious practice and health, yet there is no study carried out using SDT to study SWD in Malaysian public higher education institutions.

Lastly, another major issue in Malaysia is that tailored mental health instruments are not prepared. The screening instruments are designed for persons without disabilities, but are ineffective for most PWD, especially those with communication or cognitive disabilities. The community of PWD require specific mental health screening since they face greater mental health risks, which results in underdetection and the absence of proper support (Sinclair et al., 2025). Focusing on public universities like UiTM is critical because public higher education institutions represent the largest enrollment of SWD in Malaysia, operating under unified national policies that can be systematically transformed.

With this, this conceptual paper is to apply SDT in the study of mental health among SWD as to prove that the basic psychological needs are important for this group and need to be taken into account by various parties to ensure their well-being.

2.2 Theoretical Foundations

2.2.1 Self-Determination Theory (SDT)

Self-Determination Theory (SDT) is the main theoretical context for analysing mental health among university SWD. SDT was developed by Richard M. Ryan and Edward L. Deci in 2000, and is a macro theory that explains how social and environmental influences affect an individual's psychological functioning and well-being. The theory offers a comprehensive framework to explain motivational foundations of personality and social action as it demonstrates a relationship among the three basic psychological needs of individuals and outcome constructs such as psychological flourishing, well-being and high quality of life (Ryan and Deci, 2022).

2.2.2 Basic Psychological Need: Autonomy, Competence, and Relatedness

According to SDT, there are three innate human needs: autonomy, competence and relatedness that if met, increase mental health and self-motivation, but failure of the same results in reduction of mental health and self-motivation. Autonomy is the ability of an individual to make their own choices and plan their behaviours and life. Competence refers to the sense of being capable of succeeding and developing, frequently met in settings where development possibilities are present, positive feedback is provided, and challenges are manageable (Ryan & Deci, 2020). Relatedness is the basic human need to feel connected, valued and cared about by others, promoting well-being and the attachment of external motivation (Ryan and Deci, 2000).

2.2.3 Application of SDT to Students with Disabilities (SWD)

When considering disability, it is important to note how well an environment supports the needs for independence, participation, and accessibility as they relate to positive outcomes in the psychology of a person with disabilities. Support for autonomy enables students to make sense of their learning, and support for competence helps students to develop confidence in their learning opportunities and abilities. Additionally, they feel included and valued in the learning environment through support relatedness. Despite its general use in mental health in general or with patients diagnosed with mental illness, there is a huge lack of research on the use of SDT with the special needs of students with disabilities, especially in a Malaysian environment.

2.2.4 The Moderating Influence of Perceived Stigma

One of the main elements that is likely to interfere with SWD in achieving basic psychological needs is perceived stigma and discrimination. Perceived stigma acts as a distinct boundary condition: while basic

psychological need satisfaction inherently fosters well-being, high perceived stigma introduces constant social anxiety and vigilance, thereby altering the strength of the relationship between need fulfillment and psychological distress/depressive symptoms.

2.3 Literature Synthesis and Hypothesis Development

This section develops the logic for the proposed relationships in Figure 1. The argument proceeds in three steps. First, it explains why basic psychological needs satisfaction is expected to increase mental health among SWD. Second, it elaborates the moderating role of perceived stigma.

2.3.1 Competence and Mental Health

Competence is defined as the ability to integrate knowledge, skills, and psychosocial factors to perform successfully within a domain (Vitello et al., 2021). A strong sense of competence is vital for the intrinsic well-being of SWD. When students feel capable of meeting academic demands, they experience higher self-esteem and lower levels of mental health issues (García et al., 2024). Conversely, when SWD encounters physical or curricular barriers—such as inaccessible materials—their need for competence is frustrated, which can lead to higher conformity and stress (Burkitt, 2025).

H1: Competence has a positive influence on mental health.

2.3.2 Relatedness and Mental Health

Relatedness serves as a protective factor for the mental health of SWD. Inclusive settings and positive interactions with peers and educators elevate a student's sense of belonging, which is linked to reduced symptoms of depression and anxiety (García et al., 2024; Wang et al., 2024). However, social isolation and discrimination contribute to increased stress and reduced self-worth (Sarkar, 2023). While relatedness is a prominent motivator for learning in the Malaysian context, some studies suggest that standard interventions often struggle to satisfy this specific need effectively (Wang et al., 2024; Yusof et al., 2020).

H2: Relatedness has a positive influence on mental health.

2.3.3 Autonomy and Mental Health

Autonomy support, including providing choices and acknowledging the voices of SWD, is significantly related to subjective well-being and goal accomplishment (Audet et al., 2023). Fostering independence allows SWD to develop better coping skills and feel valued within the educational environment (Garner et al., 2025; Burke et al., 2024). Autonomy is often the strongest predictor of well-being among the three Basic psychological needs, as it enables students to navigate ableist environments with a sense of volition (Tu et al., 2024).

H3: Autonomy has a positive influence on mental health.

2.3.4 The Moderating Role of Perceived Stigma

Perceived stigma, encompassing prejudice and negative emotional responses from the public, acts as a significant stressor for SWD (Andersen et al., 2022; Antunes et al., 2022). Stigma negatively impacts the relationship between basic psychological needs and mental health by eroding academic confidence (competence), restricting social acceptance (relatedness), and forcing students to conceal their disabilities rather than following personal values (autonomy) (Akin et al, 2019.; Audet et al., 2023; Tu et al., 2024). When these basic psychological needs are thwarted by stigma, students become more vulnerable to lower well-being (García et al., 2024).

H4a: Perceived stigma negatively moderates the relationship between competence and mental health.
H4b: Perceived stigma negatively moderates the relationship between relatedness and mental health.
H4c: Perceived stigma negatively moderates the relationship between autonomy and mental health.

2.4 Conceptual Framework

Figure 1 presents the proposed conceptual framework. In the model, basic psychological needs (competence, relatedness, autonomy) are expected to influence mental health directly. Perceived stigma is proposed to moderate selected relationships between basic psychological needs and mental health, reflecting the idea that mental health among SWD will also be affected by perceived stigma despite the fulfilled basic psychological needs.

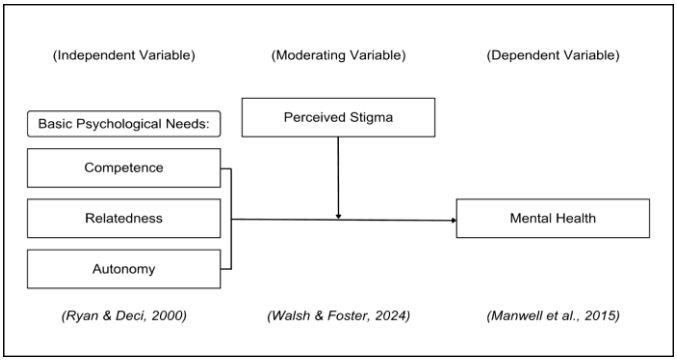


Fig. 1. Proposed conceptual framework relating basic psychological needs, perceived stigma, and mental health

3. METHOD

3.1.1 Research Design and Unit of Analysis

A systematic method, which is a correlational research design, is proposed as the first step to test this conceptual framework, expanding from theoretical underpinning to data collection and analysis. The unit of analysis is the individual student with disabilities (SWD) enrolled in UiTM Malaysia. Specifically, this conceptual paper focuses on public universities as they serve as the primary higher education provider for SWD under government policy frameworks. A correlational research design is applied to examine the strength and direction of the relationships between the variables under study (Alharahsheh et al., 2020). This research design aligns with the quantitative procedures described by Creswell et al. (2023) for analysing complex variable interactions. Therefore, the results will be statistically analysed to determine how basic psychological needs affect mental health outcomes among SWD, and more importantly, how perceived stigma moderates or alters the strength of the primary relationship.

3.1.2 Population, Sampling Strategy, and Sample Size

The population of this study are students with disabilities (SWD) in UiTM Malaysia. Zikmund (2003) describes a population as any group of people, companies, hospitals, stores, or things that share a set of questionnaires. The target population in this study are SWD in UiTM Malaysia that share a set of questionnaires. The sampling frame can be constructed using the university' SWD lists obtained from the specific unit that handles SWD in that particular university. Therefore, the sampling frame for this study is all students with disabilities enrolled in UiTM Malaysia during the March 2026 - August 2026 session which obtained from UiTM OKU unit, namely UiTM Disability Services and Development Division (UDServeD).

For the preliminary step, Fuzzy Delphi Method will be utilized as it is suitable for the complex multi-stakeholder field such as education as a validation methodological model (Wok et al., 2025).

To determine the minimum sample size, a G*Power 3.1 analysis was conducted for linear multiple regression (F-tests, fixed model, R^2 deviation from zero). With an alpha level of $\alpha = 0.05$, power $(1 - \beta) = 0.80$, a medium effect size ($f^2 = 0.15$), and 7 main predictors/interaction terms (competence, relatedness, autonomy, perceived stigma, and the three interaction terms), the exact minimum required sample size

derived from G*Power is N = 103 respondents. Prior to empirical administration, questionnaire items will undergo an expert validation process involving a panel of 5 to 7 experts in special education, clinical psychology, and psychometrics to evaluate content validity and item clarity.

3.1.3 Measures and Instrument Development

To assess the relationship between the independent and dependent variables, a self-administered questionnaire was created. The basic need in the relationship can be measured by the adopted set of questions by Chen et al. (2015) in his study titled Basic Psychological Need Satisfaction, Need Frustration, and Need Strength Across Four Cultures. Further, mental health will be measured with the adopted questions set namely PHQ-9 (Kronenke et al., 2001), meanwhile the perceived stigma moderation will be measured with adapted set from Internalized Stigma of Mental Illness Inventory - 10-item Version (ISMI-10) by Boyd et al. (2014).

To guarantee clarity and accessibility within the Malaysian context, the instrument was developed in a bilingual format (English and Bahasa Melayu). This dual-language format provides fuller coverage and boosts return rates by allowing respondents to contribute in the language with which they are most familiar and comfortable using. Further, responses are measured using a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). This five-point structure was chosen to maintain high reliability, as exceeding this range can often lead to decreased sensitivity (Taherdoost et al., 2019). Additionally, implementing a five-point Likert scale system helps to maximize variance and minimize potential response bias, ensuring more robust findings (Stantscheva et al., 2023).

3.1.4 Data Analysis Strategy: PLS-SEM

The conceptual model can be tested using partial least squares structural equation modelling (PLS-SEM). PLS-SEM is appropriate for complex models with moderation, and for studies that emphasises prediction and theory extension (Hair et al., 2021).

PLS-SEM would model basic psychological needs and mental health as latent variables, and test perceived stigma as a moderator of the path from needs to mental health. The method examines how well the measures work and how the variables relate at the same time. It uses empirical resampling to test whether direct and conditional effects are significant, and it can also examine indirect paths and compare groups to turn the theory into clear, testable ideas.

The analysis flow should follow established study flow chart in figure 2 below:

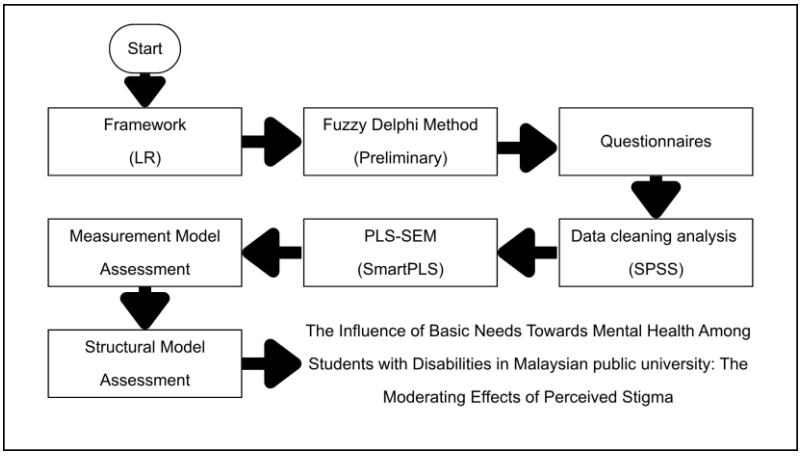


Fig. 2. Study Flow Chart

3.1.5 Ethical Considerations and Study Administration

The study will secure institutional ethics approval and use accessible informed consent materials (plain language and alternative formats); participation will be voluntary and participants may withdraw at any time. Data will be de-identified, stored securely, and accessed only by authorised persons. Procedures will include screening for acute distress, referral pathways to campus mental-health and disability services, and adverse-event reporting. Roles and responsibilities will be defined, authorised persons will receive briefing on the survey distribution, data management plan and monitoring schedule will ensure quality. Results will be reported to protect anonymity and shared with university stakeholders and advocacy representatives to inform policy.

3.1.6 Suggested Measurement Items (Illustrative)

Basic Psychological Needs

Construct	Sample Items	Indicative Sources
Competence	I feel confident that I can do things well. *(Saya yakin bahawa saya boleh melakukan sesuatu dengan baik.)* I feel capable at what I do. *(Saya rasa berkemampuan dalam apa yang saya lakukan.)* I feel competent to achieve my goals. *(Saya rasa cekap untuk mencapai matlamat saya.)* I feel I can successfully complete difficult tasks. *(Saya rasa saya boleh menyelesaikan tugasan yang sukar dengan jayanya.)* I have serious doubts about whether I can do things well. *(Saya mempunyai keraguan yang serius sama ada saya boleh melakukan sesuatu dengan baik.)* I feel disappointed with many of my performance. *(Saya rasa kecewa dengan kebanyakkan prestasi saya.)* I feel insecure about my abilities. *(Saya rasa tidak yakin dengan kebolehan saya.)* I feel like a failure because of the mistakes I make. *(Saya rasa seperti gagal kerana kesilapan yang saya lakukan.)*	Chen et al., 2015
Relatedness	I feel that the people I care about also care about me. *(Saya rasa orang yang saya sayangi juga mengambil berat tentang saya.)* I feel connected with people who care for me, and for whom I care. *(Saya rasa terhubung dengan orang yang mengambil berat tentang saya, dan yang saya sayangi.)* I feel close and connected with other people who are important to me. *(Saya rasa rapat dan terhubung dengan orang yang penting bagi saya.)* I experience a warm feeling with people I spend time with. *(Saya mengalami perasaan mesra dengan orang yang saya luangkan masa bersama.)* I feel excluded from the group I want to belong to. *(Saya rasa tersisih daripada kumpulan yang saya ingin sertai.)* I feel that people who are important to me are cold and distant towards me. *(Saya rasa orang yang penting bagi saya bersikap dingin dan jauh terhadap saya.)* I have the impression that people I spend time with dislike me. *(Saya mempunyai tanggapan bahawa orang yang saya luangkan masa bersama tidak menyukai saya.)* I feel the relationships I have are just superficial. *(Saya rasa hubungan yang saya miliki hanyalah dangkal/biasa sahaja.)*	Chen et al., 2015
Autonomy	I feel a sense of choice and freedom in the things I undertake. *(Saya merasakan pilihan dan kebebasan dalam perkara yang saya lakukan.)* I feel that my decisions reflect what I really want. *(Saya merasakan keputusan saya mencerminkan apa yang saya benar-benar mahukan.)* I feel my choices express who I really am. *(Saya merasakan pilihan saya meluahkan siapa diri saya sebenarnya.)* I feel I have been doing what really interests me. *(Saya merasakan saya telah melakukan apa yang benar-benar menarik minat saya.)* Most of the things I do feel like “I have to” *(Kebanyakan perkara yang saya rasa seperti "Saya terpaksa")*	Chen et al., 2015

	I feel forced to do many things I wouldn't choose to do. *(Saya rasa terpaksa melakukan banyak perkara yang saya tidak akan pilih untuk lakukan.)* I feel pressured to do too many things. *(Saya rasa tertekan untuk melakukan terlalu banyak perkara.)* My daily activities feel like a chain of obligations. *(Aktiviti harian saya terasa seperti rantaian kewajipan.)*	

Mental Health

Construct	Sample Items	Indicative Sources
Mental Health	Little interest or pleasure in doing things. *(Kurang minat atau keseronokan dalam melakukan sesuatu.)* Feeling down, depressed, or hopeless. *(Berasa sedih, murung, atau putus asa.)* Trouble falling or staying asleep, or sleeping too much. *(Sukar untuk tidur atau kekal lena, atau tidur terlalu banyak.)* Feeling tired or having little energy. *(Berasa letih atau kurang bertenaga.)* Poor appetite or overeating. *(Kurang selera makan atau makan berlebihan.)* Feeling bad about yourself—or that you are a failure or have let yourself or your family down. *(Berasa buruk tentang diri sendiri—atau anda seorang yang gagal atau telah mengecewakan diri sendiri atau keluarga anda.)* Trouble concentrating on things, such as reading the newspaper or watching television. *(Sukar untuk menumpukan perhatian pada sesuatu, seperti membaca surat khabar atau menonton televisyen.)* Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual. *(Bergerak atau bercakap dengan begitu perlahan sehingga orang lain mungkin perasan? Atau sebaliknya – terlalu gelisah atau resah sehingga anda telah bergerak lebih banyak daripada biasa.)* Thoughts that you would be better off dead or of hurting yourself in some way. *(Berfikiran bahawa lebih baik anda mati atau mencederakan diri sendiri dalam apa jua cara.)*	Kronenke et al., 2001

Perceived Stigma

Construct	Sample Items	Indicative Sources
Perceived Stigma	Person with disabilities tend to be violent. *(Orang kurang upaya cenderung menjadi ganas.)* Person with disabilities make important contributions to society. *(Orang kurang upaya memberi sumbangan penting kepada Masyarakat.)* I don't socialise as much as I used to because my disability might make me look or behave "weird'. *(Saya tidak banyak bersosial seperti dahulu kerana ketidakupayaan saya mungkin membuatkan saya kelihatan atau berkelakuan "pelik".)* Having a disability has spoiled my life. *(Mempunyai ketidakupayaan telah merosakkan hidup saya.)* I stay away from social situations in order to protect my family or friends from embarrassment. *(Saya menjauhi situasi sosial untuk melindungi keluarga atau rakan-rakan saya daripada rasa malu.)* People without a disability could not possibly understand me. *(Orang yang tidak mempunyai ketidakupayaan tidak mungkin memahami saya.)* People ignore me or take me less seriously just because I have a disability. *(Orang ramai mengabaikan saya atau menganggap saya kurang serius hanya kerana saya mempunyai ketidakupayaan.)* I can't contribute anything to society because I have a disability. *(Saya tidak boleh menyumbang apa-apa kepada masyarakat kerana saya mempunyai ketidakupayaan.)* I can have a good, fulfilling life, despite my disability. *(Saya boleh menjalani kehidupan yang baik dan memuaskan, walaupun saya mempunyai ketidakupayaan.)*	Boyd et al., 2014

Others think that I can't achieve much in life because I have a disability. *(Orang lain berpendapat bahawa saya tidak boleh mencapai banyak dalam hidup kerana saya mempunyai ketidakupayaan.)*

4. THEORETICAL AND PRACTICAL IMPLICATIONS

4.1 Expected Theoretical Contributions

The proposed framework presents several theoretical contributions to organizational behavior research and higher education management. This framework will expose the organizational behavior research to the importance and comprehension of inclusive education for SWD, with the highlight of the influence of perceived stigma. It also serves as an evidence-based foundation for developing inclusive educational frameworks that prioritize the mental health of SWD. By investigating the moderating role of perceived stigma, this study illustrates the complex psychological mechanisms through which social devaluation impacts mental health. Specifically, perceived stigma identifies as boundaries that can either buffer these relationships within the university environment. Furthermore, this framework promotes a cross-functional synergy between psychology, education, and rehabilitation science, fostering a more holistic approach to SWD support. This approach is vital, as the mental health risks faced by SWD are frequently intensified by broader social determinants, including chronic physical distress, financial insecurity, and systemic barriers to essential services (Sarkar, 2023).

Moreover, the framework extends Self-Determination Theory (SDT) by introducing the concept of "perceived stigma" as a key boundary condition for the well-being of marginalized populations. Although the universal benefits of competence, relatedness, and autonomy have been established, theoretical developments in SDT have recently encouraged a more detailed examination of the interactions between environmental barrier or "need-thwarting" factors, and need satisfaction. This paper conceptually shows that the positive correlation between basic psychological needs and mental health is not absolute, but depends on the social devaluation of a person through stigma.

Additionally, this paper will serve as evidence for SWD to stand up and validate their right in the education settings. This study will be their support to speak up about their struggles and challenges in order to gain recognition and clarify their needs within educational settings. Study focusing on the mental health of SWD provides critical psychological validation by formally acknowledging their lived experiences, which in turn fosters a stronger foundation for self-advocacy. By identifying the corners of their daily realities with specific protective factors and coping mechanisms, this study aids SWD with the self-understanding necessary to navigate institutional barriers and proactively seek support. Consequently, this framework serves as a vital instrument for both personal growth and the collective empowerment of the SWD community, acting as a scholarly reference that supports their right to flourish in an inclusive environment.

4.2 Practical Implications for University Management and Policy

The proposed framework will serve as guidelines for policy makers to improve the education inclusion. SWD's mental health should be a clear priority for policy makers because it directly affects inclusion, equity, and the protection of rights within education. Study on how basic psychological needs relate to mental health can guide evidence-based policies for resource allocation, support services, and anti-discrimination strategies that strengthen inclusive education. In contexts where disability and stigma persist, national agendas must explicitly fund cross-sector collaboration and disability-inclusive mental-health legislation. Without such measures, SWD remains underserved and faces barriers to accessing welfare and clinical services.

Furthermore, linking these concepts to global and institutional goals reinforces their practical value on needs and mental health can meet SDG 4's aim of inclusive, equitable quality education and lifelong learning for all. This paper also enables administrators to assess whether current structures limit students' potential and to redesign services so that support becomes a strategic institutional function rather than an

optional welfare add-on. With this, this proposed framework will reveal structural gaps and propose evidence-based solutions, as well as drive policy and practice changes that improve retention, engagement, and academic success for all students, especially SWD.

4.3 Expected Theoretical Contributions

A significant limitation of this conceptual paper is its primary focus on the institutional environment of UiTM, which operate under specific government-led authoritative, and standardized support structures that may not be universal across the entire field. Because UiTM often share similar administrative cultures, the applicability of this framework to other educational settings remains theoretically speculative. To address this gap and enhance the applicability of the framework, future research should broaden the scope of investigation to include a diverse range of higher education institutions (HEIs), encompassing private universities, university colleges, and vocational institutions across Malaysia. Expanding the study would allow for a clear comparison of how different organizational climates, resource allocations, and institutional policies influence the satisfaction of basic psychological needs and the mitigation of perceived stigma. Ultimately, a nationwide study involving all types of HEIs would highly provide a more holistic and representative understanding of the systemic factors that safeguard the mental health and academic persistence of SWD.

5. CONCLUSION

To conclude, this conceptual paper underscores the important role basic psychological needs, which are competence, relatedness to others, and autonomy play in assisting the mental health of students with disabilities (SWD) and how perceived stigma can erode mental health. This paper examines the application of Self-Determination Theory (SDT) for better understanding the moderating effect of perceived stigma in undermining the basic psychological needs fulfilment, which has further implications for poorer mental health outcomes in the Malaysian higher education context. By using SDT, the paper offers a coherent theoretical account that is both evidence-based and practically relevant. The proposed framework and methodology in this conceptual paper served as a blueprint for subsequent empirical studies, and involved practical implications for universities in designing inclusive interventions and evidence-based policies. Empirical testing of the model can advance understanding of basic psychological needs in higher education, and can guide leadership practices that applies this proposed framework for practical improvement, as well as the need to tackle stigma and create supportive environments to guarantee equitable educational opportunities and better health outcomes for SWD.

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7. CONFLICT OF INTEREST STATEMENT

The authors agree that this research was conducted in the absence of any self-benefits, commercial or financial conflicts and declare the absence of conflicting interests with the funders.

8. AUTHORS' CONTRIBUTIONS

Rusyamimie Badrol Sham: Conceptualisation, methodology, formal analysis, investigation and writing-original draft; **Mohd Safwan Ramli**: Conceptualisation, methodology, supervision, writing-review and editing, and validation; **Nik Muhammad Farhan Hakim Nik Badrul Alam**: Methodology, formal analysis, and validation; **Mohd Aidil Riduan Awang Kader**: Conceptualisation, writing-review and editing; **Nur Hidayah Ayob**: Conceptualisation, formal analysis, and validation.

10. DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES

During the preparation of this work, the author(s) did not use any AI-assisted technologies.

11. DATA AVAILABILITY/SUPPLEMENTARY MATERIALS

Data sharing is not applicable to this article as no empirical datasets were generated or analyzed during this conceptual study.

12. ETHICS STATEMENT

This article is a conceptual manuscript and does not involve direct empirical data collection from human participants or animals. The proposed research framework outlines procedures for future empirical validation, which will obtain appropriate institutional ethics approval prior to execution.

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