

THE INFLUENCE OF PUBLIC STIGMA, SELF-STIGMA, AND SELF-ESTEEM ON ATTITUDE TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AMONG THAI UNIVERSITY STUDENTS: A CONDITIONAL MEDIATION MODEL

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This study investigated the mediating role of self-stigma in the association between public stigma and attitude toward seeking professional psychological help (ATSPPH) among Thai university students. It also investigated whether the effect of public stigma on self-stigma is moderated by self-esteem. A total of 206 students from 4 universities in Bangkok participated in this study. Valid and reliable questionnaires were used to measure the variables, and the internal consistency reliability of these scales based on the current sample ranged from .80 to .89. A moderated mediation path model with self-stigma as the mediator and self-esteem as the moderator was analyzed applying Process Macro. The results supported a moderated mediation effect of public stigma on Thai university students' attitude toward seeking professional psychological help. When self-esteem is low ($-1\ SD$), self-stigma does not mediate the relationship between public stigma and ASPPH ($B = .0082$, $SE = .0324$, $LLCI = -.0555$, $ULCI = .0733$). At high self-esteem level ($+1\ SD$), the indirect effect ($B = -.1098$, $SE = .0458$, $LLCI = -.2097$, $ULCI = -.0294$) is larger compared to the moderate self-esteem level ($B = -.0508$, $SE = .0280$, $LLCI = -.1092$, $ULCI = -.0005$). The results are discussed in connection with the cultural and social background of the Thai university students.

Keywords: public stigma, self-esteem, attitude toward seeking professional psychological help, moderated mediation

INTRODUCTION

According to the World Health Organization (WHO, 2025), one in every seven people around the world lives with mental disorder. Mental disorders are the leading cause of years lived with disability and the most vulnerable group is young people aged 15–29 years, with suicide being the third leading cause of death among this age group (WHO, 2022; WHO, 2025). The prevalence and consequence of mental health issues among young people therefore represent an important global public health concern.

Thailand reflects this broader concern regarding the mental health of young people. In 2017, statistics from the Department of Mental Health (DMH) indicated that the suicide rate among individuals aged 20–24 was 4.94 per 100,000 of the population. The following year, in 2018, there was an increase in the rate to 5.33 per 100,000 of the population (*Prachathai*, 2019). Consistent with these concerns, a study by Arunpongpaisal et al., (2022) found that being a young individual (15–24 years), having mental health symptoms, and a history of no psychiatric treatment were risk factors of suicide attempts among the Thai population. More recent evidence further highlights the mental health vulnerability of this age group. A recent study (Institute for Population and Social Research, Mahidol University, 2025) conducted in 2024 reports Thai individuals aged 18–24 years, a population requiring particular attention, show elevated risks of depression and stress. Collectively, these findings highlight the particular vulnerability of young adults in Thailand to mental health problems.

Worldwide, higher educational institutions are reconsidering their strategies to address the diverse mental health requirements of students attending colleges or universities (Abrams, 2022) due to the increasing mental health demands among these students (Duffy et al., 2019 ; Lipson et al., 2022; Ochnik et al., 2021; Majerová & Sokolová, 2025). The mental health risk of university students can be attributed to the developmental and the contextual factors. For instance, large meta-analytic studies with cross-national data report that the onset and prevalence of psychological disorders are high in early adulthood (Solmi et al., 2022; McGrath et al., 2023). Stress (Liu, 2029) and other student-role related responsibilities like financial concerns, academic performance and relationships (Beiter, 2015) tend to precipitate mental health symptoms. Together, the years spent in university signify a phase of heightened susceptibility to psychological challenges.

Despite the treatability and preventability of most psychological disorders, a major obstacle preventing individuals from seeking professional help is their unwillingness to do so (Shea & Yeh, 2008). Young adults tend to avoid seeking professional assistance and instead turn to informal social networks such as peers and family when they encounter mental health challenges (Gulliver et al., 2010). Public stigma, self-stigma, negative attitudes (Cheng et al., 2015; Nearchou et al., 2018; Vogel et al., 2006; Vogel et al., 2007) and cultural aspects (Guo et al., 2015) are reported to be major psychological factors that determine help-seeking behaviour.

Culture, Stigma, and Attitude Toward Seeking Professional Psychological Help

Mental-illness stigma is not just a personal issue but a global, cross-cultural phenomenon (Seeman et al., 2016). Collectivistic countries tend to show higher levels of stigma compared to individualistic ones (Ran et al., 2021). Thailand, as a collectivist culture (Hofstede et al., 2010), is no exception. In such contexts, the pressure to maintain social harmony can lead families to conceal mental illness to avoid stigma, reducing the likelihood of seeking proper treatment (Pitakchinnapong & Rhein, 2019). Despite having good access to services and high mental health literacy, stigma plays a major role in determining

the attitude (Wahto et al., 2016) and intention toward mental health help-seeking behavior (Pompeo-Fargnoli, 2020; Shannon et al., 2022; Yu et al., 2022). Interestingly, among college students, willingness and attitude toward seeking professional help could be affected by the stigma against professional help (Choi & Miller, 2014).

Corrigan and Watson (2002) differentiated public stigma and self-stigma. Public stigma refers to society's negative responses toward individuals with mental illness, while self-stigma occurs when those individuals internalize and apply these negative beliefs to themselves. Both forms of stigma involve harmful stereotypes, prejudicial attitudes, and discriminatory behavior.

Research shows that self-stigma mediates the relationship between public stigma and attitude toward seeking psychological help (Vogel et al., 2007; Choi & Miller, 2014). Specifically, public stigma can lead individuals to internalize negative beliefs, which then diminish help-seeking attitude. Because changing public stigma requires broad societal effort, targeting self-stigma may offer a more practical and effective intervention focus. Vogel et al. (2006) demonstrated that self-stigma associated with seeking psychological help is distinct from related constructs like self-esteem and public stigma, indicating its unique role in understanding help-seeking behavior. Later findings further suggest that public stigma can lead to the internalization of negative beliefs, while self-stigma of seeking help itself directly reduces individuals' willingness to seek professional psychological help (Vogel et al., 2007).

The dynamics between public stigma and self-stigma demand further examination, as understanding how public stigma becomes internalized and subsequently translated into self-stigma is crucial. Person variables that either facilitate or buffer this process may include self-esteem, which has been widely reported as a moderator in mental-health-related contexts, including those involving stigma (e.g., Chen, Chen, Zhou, & Tong, 2023; Zhang, Li, Liu, & Xie, 2014; Bekhet et al., 2012). Given that self-esteem represents the self-evaluative component of the self-concept (Rosenberg, 1965) and is considered a relatively stable trait-like construct over time (Kuster & Orth, 2013), examining its moderating effect is particularly important. In addition, although self-esteem has frequently been examined as a moderator in mental health outcomes, particularly in the stigma–distress relationship (Corrigan, Watson, & Barr, 2006; Link et al., 2001), this relationship may not generalize equally across cultural contexts. In collectivistic societies like Thailand, self-worth is often more interdependently derived—shaped by social harmony, family expectations, and interpersonal approval. This may produce different pathways through which self-esteem interacts with stigma. In brief, although the mediating role of self-stigma in the relationship between public stigma and attitude toward seeking professional psychological help has received support in the literature, studies examining these relationships remain limited, particularly in the Thai context. In addition, the plausible role of self-esteem as a moderator of the relationship between public stigma and self-stigma has not been adequately examined, particularly in consideration of the cultural characteristics of Thai population.

The Current Study

Considering the literature presented above, the current study's objective is to address the gap in the literature by examining the role of public stigma, self-stigma, and self-esteem in predicting attitude toward seeking professional help in Thai context where mental health concerns among the young people is a major concern. Specifically, the present study examines whether self-stigma conditionally (based on the level of self-esteem) mediates the relationship between public stigma and attitude toward seeking professional psychological help among Thai university students. Thus, the strength of the association between public stigma and self-stigma is expected to vary depending on individuals' levels of global self-esteem-the moderator. It should be noted that the conceptual relationships among the variables in the present study are primarily based on findings from studies conducted in non-Thai contexts, particularly Western cultural contexts, due to the limited availability of comparable studies in Thailand.

METHOD

Participants of the Study

The participants were 206 (98 males and 108 female) Thai university students, including both bachelor's and master's degree students from various disciplines, who were recruited through convenience sampling from 4 universities in Bangkok, Thailand. Their age ranged from 18 to 39 years old.

MEASURES

Self-Esteem

To measure self-esteem, we used the 10-item Self-Esteem Scale developed by Morris Rosenberg (1979). Participants rated their agreement with each statement on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). Negative items were reverse-scored so that higher scores represented higher self-esteem. In the present sample, the scale showed good reliability, with a Cronbach's alpha of .88.

Perceived Public Stigma

Perceived public stigma was measured using the 12-item Perceived Devaluation–Discrimination Scale (Link et al., 1987). Participants rated how much they agreed or disagreed with statements about how most people view current or former psychiatric patients, using a scale from 1 (strongly agree) to 6 (strongly disagree). A sample item is “Most people would not hire a former mental patient to take care of their children, even if he or she had been well for some time.” Higher scores represent greater perceived stigma. The scale showed good internal consistency, with reliability estimates ranging from .76 to .88, and evidence of convergent validity was also reported (Link et al., 2001). In the present sample, the scale demonstrated good internal consistency, with a reliability coefficient of .83. Evidence

for the scale's validity was supported (Link et al., 2001) by its association with individuals' internal experiences of demoralization and reduced self-esteem within a community sample at both 6-month and 24-month follow-up assessments.

Self-Stigma of Seeking Help

Self-stigma was measured using the Self-Stigma of Seeking Help (SSOSH) scale developed by Vogel et al. (2006). The SSOSH is a 10-item scale that includes statements such as "I would feel inadequate if I went to a therapist for psychological help." Participants rated each item on a 5-point scale ranging from strongly disagree (1) to strongly agree (5), with the midpoint representing equal agreement and disagreement. Higher scores indicate greater self-stigma. The scale demonstrated good reliability, with internal consistency estimates ranging from .86 to .90. The internal consistency of the scores obtained in the present sample was .89. Prior research has demonstrated that the SSOSH possesses a unidimensional factor structure and exhibits evidence of validity through its associations with attitude toward seeking professional psychological help and intentions to seek counseling (Vogel et al., 2006).

Attitude Toward Seeking Professional Help

Attitude toward seeking professional help were assessed using the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Farina, 1995). This scale is a shortened 10-item version of the original 29-item measure (Fischer & Turner, 1970), consisting of items such as "If I believed I was having a mental breakdown, my first inclination would be to get professional attention." Items are rated from 1 (disagree) to 4 (agree), with higher scores reflecting positive attitude. The revised and original scales are correlated .87, suggesting that they tap into a similar construct (Fischer & Farina, 1995). Studies with college student samples reported good reliability, with an internal consistency of .84 and a 1-month test-retest reliability of .80. In the present study, the scale demonstrated good internal consistency, with a Cronbach's alpha of .80. It is also found that the measure could distinguish between college students with serious emotional or personal problems who sought counseling and those who did not. Among college students, the scale was positively related to intentions to seek counseling ($r = .56$) and negatively related to tendencies to conceal personal information ($r = -.19$) (Vogel et al., 2006).

Data Collection Procedure

Data were collected online using Google Forms, with an informed consent section provided at the beginning of the questionnaire. As the questionnaires were administered in their original English versions, no translation procedure was undertaken. Participants were required to be able to read and comprehend English sufficiently to understand and respond to the questionnaire items. The survey link was shared with the potential participants through social media platforms. Snowball sampling was also used, whereby participants were encouraged to share the survey link with other eligible students. The APA guidelines ("Ethical principles of psychologists and code of conduct", 2020) were followed to uphold the research ethics. The IRB approval for this study was obtained from the IRAS, Assumption

University. The participation in the study was voluntary, and the participants were assured of confidentiality and their right to withdraw. The ethics of research was maintained throughout the study.

DATA ANALYSIS

Moderated Mediation Analysis. The proposed path model was examined using the PROCESS Macro (Hayes, 2017), which follows a regression approach. To test the moderated mediation, 5000 bootstrap samples with replacement were requested for model 7 as suggested by Hayes (2017). The significance tests for the mediated moderation effect produced by the PROCESS Macro provided 95% bias-corrected (BC) bootstrapped confidence intervals (CIs) for the conditional indirect effects of the public stigma on attitude toward seeking professional psychological help (ATSPPH) at three values of the moderator—self-esteem.

RESULTS

Correlations among the Predictors, Mediators, and Outcome Variable

Public stigma ($r = -.31$) and self-stigma ($r = -.39$) are negatively correlated with help-seeking attitude. The strength of the correlation is higher for self-stigma than for public stigma. Public stigma is positively correlated with self-stigma ($r = .17$). Self-stigma is negatively correlated with the moderator variable, self-esteem ($r = -.25$), while public stigma is not correlated with self-esteem.

Table 1 Correlations between Public Stigma, Self-Stigma, ASPPH, and Self-Esteem ($n = 206$)

	1	2	3	Mean	SD
1 Public Stigma				2.06	.59
2 Self-Stigma	.17*			2.30	.57
3 ASPPH	-.31**	-.39**		3.16	.60
4 Self-Esteem	.02	-.25**	.09	2.85	.51

Note. * $p < .05$ ** $p < .01$ ASPPH = Attitude toward Seeking Professional Psychological Help

Conditional Mediation

The results of the conditional mediation analysis are presented in Tables 2 - 5 and Figures 1 and 2. As shown in Table 2 and Figure 1, the regression model of public stigma predicting ASPPH (total effect model) is statistically significant ($F = 21.2, p < .01$) and public stigma is found to be a negative and significant predictor ($B = -.31, SE = .07, p < .01$). The regression of ASPPH onto public stigma and self-stigma (model 2) was found to be statistically significant ($F = 27.16, p < .01$), while both predictors

were found to have negative association with ASPPH and statistically significant predictors (public stigma, $B = -.25$, $SE = .06$, $p < .01$; self-stigma, $B = -.36$, $SE = .06$, $p < .01$).

In the moderation model, the regression of self-stigma onto public stigma, self-esteem, and their interaction were examined. The interaction between public stigma and self-esteem is statistically significant ($B = .32$, $SE = .12$, $p < .01$), suggesting the self-esteem moderates the effect of public stigma on self-stigma. Additionally, the R^2 Change while adding the interaction term to the model was significant ($\Delta R^2 = .03$, $F = 6.96$, $p < .01$), which indicates a statistically significant moderation of self-esteem on the relationship between public stigma and self-stigma.

Table 2 Moderated Mediation Analysis Results (Predictor: Public Stigma, Mediator: Self-Stigma, Outcome Variable: ASPPH, Moderator: Self-Esteem)

Predictors	Model 1: Total effect (Criterion ASPPH)		Model 2 (Criterion ASPPH)		Moderation model (Criterion Self-Stigma)	
	$B(SE)$	t	$B(SE)$	t	$B(SE)$	t
Public Stigma (PS)	-.31(.07)	-4.61**				
Public Stigma			-.25(.06)	-3.92**		
Self-Stigma			-.36(.06)	-5.49**		
Public Stigma					.14(.06)	2.18*
Self-Esteem (SE)					-.29(.07)	-3.89**
PS x SE					.32(.12)	2.64**
R^2	.094		.211		.12	
F	21.2**		27.16**		9.20**	

Note. * $p < .05$ ** $p < .01$ ASPPH = Attitude toward Seeking Professional Psychological Help

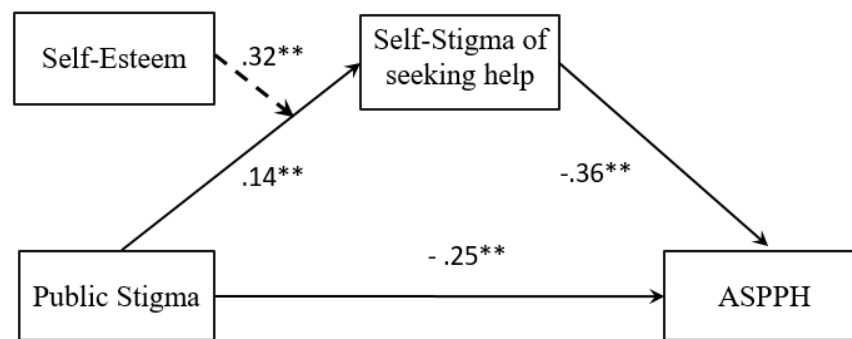


Figure 1 Moderated Mediation Model

Note. ** $p < .01$. ASPPH = Attitude toward Seeking Professional Psychological Help

Since the moderation is significant, a detailed examination of the conditional effect of public stigma on self-stigma at three values of self-esteem is shown in Table 3. At $-1SD$ on self-esteem, the effect was non-significant ($B = -.0227$, $SE = .0939$, $p = .809$). At the mean of self-esteem, the effect of public stigma was positive and significant ($B = .1399$, $SE = .0641$, $p = .030$). At $+1SD$ of self-esteem, the effect of public stigma was positive and significant ($B = .3025$, $SE = .0837$, $p < .001$). This is also evident in Figure 2, which shows the regression slopes of self-stigma regressing on public stigma at three levels (Low, Moderate, and High) of the moderator (Self-Esteem).

Table 3 Conditional Effects of the Focal Predictor (Public Stigma) on Self-Stigma at Three Values of the Moderator (Self-Esteem)

Self-Esteem	Effect	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
Low	-.0227	.0939	-.2418	.8092	-.2079	.1624
Moderate	.1399	.0641	2.1810	.0303	.0134	.2664
High	.3025	.0837	3.6132	.0004	.1374	.4676

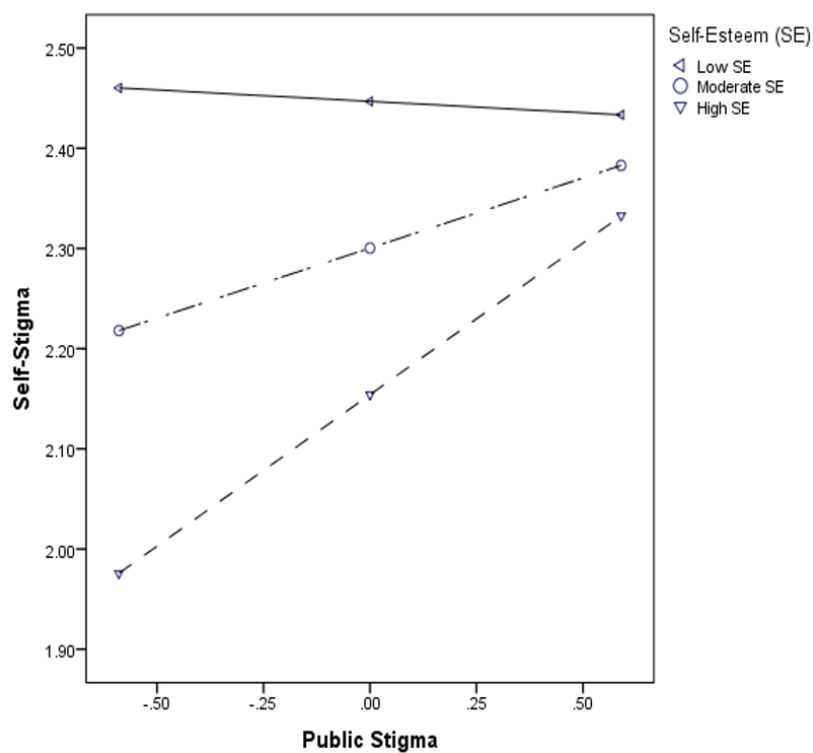


Figure 2 Regression Slopes: Public Stigma Predicting Self-Stigma at Three Levels (Low, Moderate, and High) of the Moderator (Self-Esteem)

Table 4 Conditional Indirect Effects of Public Stigma (Being Mediated by Self-Stigma) on Attitude Toward Seeking Professional Psychological Help

Self-Esteem	Moderated Mediation Effect	Bootstrapped SE	Bootstrapped 95% CI	
			Lower Limit	Upper Limit
Low	.0082	.0324	-.0555	.0733
Moderate	-.0508	.0280	-.1092	-.0005
High	-.1098	.0458	-.2097	-.0294

Table 5 Pairwise Contrasts Between Conditional Indirect Effects (Effect1 Minus Effect2)

Effect 1	Effect 2	Contrast	Bootstrapped SE	Bootstrapped 95% CI	
				Lower Limit	Upper Limit
-.0508 (M)	.0082 (L)	-.0590	.0281	-.1208	-.0123
-.1098 (H)	.0082 (L)	-.1181	.0563	-.2416	-.0247
-.1098 (H)	-.0508 (M)	-.0590	.0281	-.1208	-.0123

Note. L = Indirect effect at low level of self-esteem, M = Indirect effect at medium level of self-esteem, H = Indirect effect at high level of self-esteem

The omnibus bootstrapped test of conditional indirect effect reflected in the index (Index = $-.1159$, $SE = .0553$, $LLCI = -.2372$, $ULCI = -.0242$) of moderated mediation of public stigma on ASPPH. The 95% confidence intervals do not include zero, therefore it is inferred that the indirect of public stigma on ASPPH is conditional on the level of self-esteem.

Further examination of the conditional indirect effects of public stigma on ASPPH at $-1SD$, the mean, and $+1SD$ on self-esteem shows that two indirect effects are significant (at mean, and $+1SD$) as the lower and upper limit of the 95% confidence intervals for each of these effects do not contain zero (See Table 4). The results supported a moderated mediation effect of public stigma on Thai university students' attitude toward seeking professional psychological help. When self-esteem is low ($-1SD$), self-stigma does not mediate the relationship between public stigma and ASPPH ($B = .0082$, $SE = .0324$, $LLCI = -.0555$, $ULCI = .0733$). At high self-esteem level ($+1SD$), the indirect effect ($B = -.1098$, $SE = .0458$, $LLCI = -.2097$, $ULCI = -.0294$) is larger compared to the moderate self-esteem level ($B = -.0508$, $SE = .0280$, $LLCI = -.1092$, $ULCI = -.0005$).

Pairwise contrasts between conditional indirect effects (Table 5) show the statistical significance of these differences. All differences between the indirect effects at three values ($-1SD$, mean, and $+1SD$; reflecting low, moderate, and high level of self-esteem) of the moderator, self-esteem, are statistically significant as the bootstrap 95% confidence intervals do not contain zero. The difference between the indirect effects at moderate and low self-esteem level is $-.059$, that of the high and low is $-.1181$, and high and moderate is $-.0508$.

Discussion

The correlations among the variables were consistent with the hypotheses. Both public stigma and self-stigma were negatively correlated with help-seeking attitudes, which aligns with findings from previous studies (Özdemir, Kaya, & Adagide, 2023; Ibrahim et al., 2019). In addition, public stigma was positively correlated with self-stigma, as predicted. The correlation between self-stigma and help-seeking attitude was stronger than that between public stigma and help-seeking attitude, indicating

the comparative relational dynamics of the two types of stigma. Generally, the present study findings support the mediating role of self-stigma between public stigma and attitude toward professional help seeking as reported in earlier literature (Vogel et al., 2007; Choi & Miller, 2014).

Considering the entire conceptual framework, in the high self-esteem group, it can be assumed that public stigma influences self-stigma toward seeking help and negatively affects attitude toward seeking professional psychological help. The second part of this mediation—self-stigma to attitude toward seeking professional psychological help aligns with the hypothesis. The meta analysis studies support this finding (eg., Lannin & Bible, 2022; Yu et al., 2023).

Drawing on the literature related to attitude toward seeking professional psychological help and its relation to stigma, this study sought to determine whether self-stigma mediates the relationship between public stigma and attitude toward seeking professional help, while self-esteem buffers the association between public stigma and self-stigma. The conditional mediation of self-stigma based on the levels of self-esteem warrants further discussion. Theoretically, one may assume that self-esteem may serve as a buffer: individuals with high self-esteem may be less likely to internalize public stigma as self-stigma, while those with low self-esteem may be more vulnerable. Nevertheless, the results suggest that people with high self-esteem tend to internalize public stigma as self-stigma. Therefore, the mediation of self-stigma between the effects of public stigma on attitude toward seeking professional psychological help is significant among people with high and moderate self-esteem. In addition, this mediation was absent in people with lower self-esteem. The relationship between self-esteem and stigma is complex than one hypothesizes. There could be many plausible explanations for this finding. One explanation can be related to how self-esteem is developed and expressed across different cultures. In collectivistic settings, self-esteem often derives from social approval, fulfilling family or community expectations, and maintaining interpersonal harmony. For example, ‘relational self-esteem’ reflects an interdependent self-construal and is grounded in relationships with significant others, such as family and close friends (Du, King, & Chi, 2012). Because the participants in this study are Thai university students, a high level of self-esteem may indicate a stronger need for family or social approval, along with heightened sensitivity to judgment, which may in turn facilitate higher levels of self-stigma.

Another explanation can be found in the findings of Crocker and Major (1989). They challenged the assumption that individuals belonging to stigmatized groups inherently possess lower self-esteem. The researchers propose that members of stigmatized groups employ specific psychological strategies that help maintain their self-esteem despite societal devaluation. People with high or moderate self-esteem may tend to use different strategies that allow the perceived public stigma to impact their self-stigma of seeking help. For example, selective valuation by Crocker and Major (1989) states that individuals may devalue domains where their group is stereotypically perceived to perform poorly and place greater importance on areas where their group excels. In brief, the high self-esteem group

may be more vulnerable to develop the public stigma to self-stigma of seeking help while the external attribution helps them maintain a high personal value. Whereas the low self-esteem group may be less likely to use specific psychological strategies in response to perceived public stigma and may experience a different combination of negative emotions and self-evaluations. Consequently, the perceived public stigma is not translated into self-stigma while it can impact their decision attitude toward seeking professional help. For instance, a person can perceive that other people will judge them negatively if they seek psychological help (public stigma) and, consequently become reluctant to seek help without necessarily internalizing that judgement as a belief that seeking help means there is something wrong or inadequate about them (self-stigma). Individuals with low self-esteem may already experience relatively high levels of negative self-evaluations, self-doubt, and heightened sensitivity to social evaluation, especially within Thai collectivistic cultural context, where stigma can be high (Ran et al., 2021). Thus, public stigma surrounding psychological help may operate within an already negative and socially sensitive self-evaluation context. As a result, the specific internalization of public stigma as self-stigma may be less distinguishable from their broader negative perceptions. Nevertheless, public stigma may still influence their attitude or related behaviors, such as hiding mental illness, in an effort to maintain social harmony (Pitakchinnapong & Rhein, 2019).

Implications of the Study

The findings of this study provide further support for the widely reported associations among public stigma, self-stigma, and attitude toward seeking professional psychological help, and suggest that these relationships are generalizable to Thai university students. The finding that self-stigma mediates the relationship between public stigma and help-seeking attitude has practical implications for addressing the mental health needs of the Thai population in general, and university students in particular.

The moderating role of self-esteem also offers meaningful insights. First, it enhances the understanding of the complex dynamics underlying how self-stigma functions within the relationship between public stigma and help-seeking attitude. Second, it suggests that psychological interventions aimed at improving help-seeking attitude may benefit from considering individuals' levels of self-esteem. Notably, the mediating effect of self-stigma was not significant among individuals with low self-esteem, indicating that interventions may need to be tailored according to self-esteem levels, while emphasizing the normalization of counseling among students with high self-esteem and high achievement.

Limitations and Suggestions for Further Research

The findings of this study should be interpreted with caution for several reasons. First, this study employed a cross-sectional, survey-based path analysis. Therefore, the causal relationships among the variables are inferred based on existing literature and should be considered indicative rather than explanatory, as they would be in an experimental design. Second, the use of a convenience sampling method may introduce sampling bias, limiting the generalizability of the findings to the broader population.

Since the study used the original English versions of the questionnaires, the sample included only university students who could read and comprehend English. which might have introduced additional sampling bias. Finally, , statistical estimates such as regression coefficients may vary with different samples.

Future research may incorporate alternative self-esteem constructs, such as relational self-esteem (Du, King, & Chi, 2012), to further examine the moderating role of self-esteem. Other potential moderators—such as social support (Punla, Regalado, & Navarro, 2022) and mental health literacy (Lasquites et al., 2024)—may also be considered.

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