

The Role of Self-Esteem in Bullying-Related Depression Among Heterosexual Thai Adolescents: A Cross-Sectional Study

Wipawan Chaoum Pensuksan,* Montha Saithanwanitkul, Saifon Aekwarangkoon

Abstract: Adolescence marks a key stage for emotional regulation and heightened sensitivity to peer influence, during which heterosexual adolescents may be especially vulnerable to depressive symptoms. Approximately one in five Thai adolescents reports bullying, warranting further investigation. Framed within the Cognitive Diathesis-Stress perspective, this study examined depressive symptom prevalence and tested whether self-esteem mediates the link between bullying and depression. This secondary data analysis employed a cross-sectional dataset originally collected in our prior study on depression among Thai adolescents. The present analysis focused on 158 adolescents aged 12-18 years who self-identified as heterosexual. Participants were selected through a multi-stage random sampling process from four secondary schools administered by the Secondary Educational Service Area Office 11 in southern Thailand. Validated tools consisted of the Patient Health Questionnaire for Adolescents, Rosenberg's scale for assessing self-esteem, and the Revised Olweus Bully/Victim Questionnaire. Descriptive statistics, correlation analysis, and mediation testing (PROCESS Macro Model 4) were conducted for data analysis.

Approximately 24.1% of participants reported experiencing moderate to severe depressive symptoms. Bullying victimization was correlated positively with depression, whereas self-esteem was negatively associated with both bullying and depression. An indirect pathway via self-esteem was observed, partially explaining the bullying-depression association. These findings support the theoretical pathway in which bullying contributes to depression both directly and indirectly by undermining self-esteem. In nursing practice, early screening and culturally sensitive interventions targeting self-esteem may help buffer the psychological impact of bullying. Future research should explore longitudinal designs and integrated intervention models that further clarify how self-esteem contributes to reducing depressive symptoms in heterosexual adolescent populations.

Keywords: Adolescents, Bullying, Cross-sectional study, Depression, Mediating effect, Self-esteem, Victimization

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Introduction

Adolescence (10–19 years) is a transitional stage involving substantial shifts in cognitive, emotional, and social behavior.¹ At this developmental stage, adolescents are particularly susceptible to mental health challenges, especially depression, which can negatively impact academic achievement, interpersonal relationships, and overall functioning.^{1,2} In Thailand, nearly one-third of secondary school students report moderate to severe depressive symptoms.³

One important psychological factor contributing to adolescent depression is bullying—repeated aggressive behavior such as teasing, physical harm, or social exclusion—which acts as a serious psychological stressor.⁴ Large-scale cross-national studies indicate that bullying victimization peaks between ages 11 and 13 and gradually declines in later adolescence.⁵ In Thailand, about 21.2% of adolescents report having been bullied, with verbal bullying being the most common form.^{3,6} If unaddressed, bullying may result in severe and lasting mental health effects, including emotional dysregulation, self-injury, and suicidal ideation.⁷ These risks are reflected in both national and regional data. A recent 6-month report from the Surat Thani Provincial Health Office, Health Region 11, Thailand (October 2024 to March 2025) documented a suicide attempt rate of 22.5 per 100,000, primarily among adolescents.⁸ National surveys further highlight the issue, showing that nearly one in five Thai adolescents has seriously considered suicide.⁹

Bullying, as a key psychosocial stressor, may lead to depression by diminishing self-esteem, which reflects one's sense of worth and plays a vital role in development.¹⁰ Adolescents with low self-esteem are more vulnerable to both depression and anxiety.³ Cross-cultural research, including studies conducted in Thailand, has shown that bullying victimization undermines self-esteem, which in turn contributes to

depressive symptoms.^{3,10} Recent findings also suggest that self-esteem may mediate this relationship; however, most of this research originates from Western contexts or culturally diverse adolescent populations,^{11,12} limiting its generalizability to Thai adolescents.

While evidence for self-esteem's mediating function is expanding, few Thai studies have investigated this connection among defined adolescent subpopulations. Most research combines adolescents with all sexual orientations, making it difficult to isolate subgroup patterns. This study focuses exclusively on heterosexual adolescents to assess if self-esteem serves as a pathway through which bullying influences depressive symptoms in this subgroup. The decision builds on our earlier research centered on individuals identifying as lesbian, gay, bisexual, transgender, questioning, or other non-heterosexual orientations (LGBTQ+),¹³ and is part of a larger project on sexual identity and adolescent mental health. LGBTQ+ adolescents were excluded to avoid confounding effects from minority stress and better isolate the relationship among experiences of bullying, levels of self-esteem, and emotional distress. Accordingly, this study examined whether self-esteem mediates how bullying relates to depressive symptoms in heterosexual adolescents residing in Southern Thailand. This research aims to validate existing models and inform subgroup-specific mental health interventions.

Literature Review and Conceptual Framework

This study was grounded in Beck's Cognitive Theory of Depression,¹⁴ with specific emphasis on the Cognitive Diathesis–Stress Model. This model proposes that depression arises from the interaction between external stressors—such as bullying—and internal cognitive vulnerabilities like low self-esteem.^{14,15} Within this

framework, bullying victimization is understood as a significant environmental stressor, while low self-esteem serves as a cognitive diathesis that increases susceptibility to psychological distress. Adolescents with fragile self-concepts may interpret bullying experiences as confirmation of perceived inadequacy, reinforcing negative self-beliefs and elevating the risk for depressive symptoms.¹⁶ Given this dynamic interaction, analyzing self-esteem's mediating function in the connection between bullying and depression. The Cognitive Diathesis-Stress Model thus provides a valuable theoretical lens for understanding how social adversity can activate latent cognitive vulnerabilities.¹⁷

While this study was grounded in a cognitive framework, it also builds on Thai research that has addressed bullying through behavioral models. For example, school-based programs developed according to the Theory of Planned Behavior have been effective in enhancing students' perceptions and reducing bullying intentions.¹⁸ In contrast, this study took a cognitive approach, examining how bullying influences depression through its impact on self-esteem. This shift highlights the internal psychological processes underlying the bullying-depression relationship. Additionally, adolescence is a biologically sensitive period; recent research shows that elevated cortisol and hormonal changes during puberty affect brain regions involved in emotion regulation, increasing vulnerability to depression when exposed to stress.¹⁹

Self-esteem describes the extent to which individuals view themselves as worthy and competent²⁰ and it is particularly important during adolescence when sensitivity to peer evaluation and social acceptance is heightened.¹⁶ Consequently, self-esteem becomes more susceptible to negative social experiences such as bullying. Low self-esteem has consistently been linked to depressive symptoms, and growing evidence suggests it may act as a psychological mediator between bullying and depression.^{3,17} Within the Diathesis-Stress framework,

self-esteem represents a cognitive vulnerability that shapes adolescents' emotional responses to social rejection or humiliation, potentially increasing their risk for depressive symptoms.^{15,16} Studies consistently indicate that adolescents who exhibit low self-esteem tend to experience internalizing difficulties, especially under persistent social stress.^{4,10} Bullying victimization not only contributes directly to diminished self-esteem but also contributes to an elevated likelihood of depressive symptoms.⁴ A meta-analysis by Mullan et al.,¹⁷ synthesizing data from over 35,000 adolescents across 16 studies, provides robust support for this mediating pathway. Their results indicated that peer victimization was strongly linked to reduced self-esteem and more severe internalizing difficulties, with self-esteem playing a mediating role in how bullying influences depression.

Recent evidence from Thailand reinforces these findings. A cross-sectional study conducted by Purintaworakul et al.,³ among lower-secondary students reported that a direct relationship was observed between bullying at school and signs of depression and anxiety. Importantly, self-esteem emerged as a key psychological factor mediating role in the association between bullying and emotional distress, while resilience did not play a mediating role. This indicates that bullying may diminish adolescents' self-esteem, thereby heightening their risk for depression.⁴

Guided by this theoretical framework, this study examined whether self-esteem functions as an intermediary factor linking bullying victimization to depressive symptoms among heterosexual adolescent girls and boys. The proposed model posits that experiencing bullying contributes to reduced self-esteem, subsequently intensifying depressive symptoms.

Research Questions and Hypotheses

This study investigates the direct and indirect pathways linking bullying to depression among

heterosexual adolescents in Southern Thailand, focusing on whether self-esteem mediates this relationship. By exploring these pathways, the research sought to clarify the psychological mechanisms through which interpersonal adversity contributes to adolescent depression, with the goal of informing early intervention and mental health promotion strategies.

To address this aim, the study focused on two main research questions: (1) What proportion of heterosexual adolescents in Southern Thailand report depressive symptoms? and (2) Does self-esteem explain the association between being bullied and experiencing depression?

The mediation model was examined through the application of PROCESS Macro Model 4 (version 4.2) within the SPSS software. The research proposed the following hypotheses: (H1) Experience of bullying would show a negative association with self-esteem; (H2) Lower levels of self-esteem would be linked to higher depressive symptoms; and (H3) Self-esteem may mediate the relationship between bullying and depression symptoms, with greater victimization reducing self-esteem and increasing depression.

Methods

Design: A descriptive cross-sectional approach was employed using secondary data analysis and adhered to the STROBE Checklist to maintain transparency and ensure high reporting standards.

Sample and Setting: The original dataset came from a cross-sectional survey of 4,808 students aged 12 to 18 years, conducted in four secondary schools governed by the Secondary Educational Service Area Office 11 (SESAO 11) in Health Region 11, Southern Thailand.¹³ For the current analysis, data were extracted to specifically include heterosexual adolescents. Inclusion criteria required: 1) self-reported sexual identity as either a girl or a boy and 2) complete data for the key study variables, that is, experiences of bullying, levels of self-esteem, and depressive

symptoms. Students were excluded if they: 1) identified as LGBTQ+, (a previous study, titled “Prevalence and Factors Predicting Depression among LGBTQ+ Adolescents in Southern Thailand: A Cross-Sectional Study”¹³ employed the same dataset but used only LGBTQ+ adolescents.¹³) and 2) were receiving antipsychotic medication or psychological therapy.

After excluding 958 LGBTQ+ participants and 120 incomplete cases, 3,730 eligible heterosexual adolescents remained. For this secondary analysis, 158 students were randomly selected using SPSS, following the original multi-stage random sampling procedure to ensure representativeness from SESAO 11, Health Region 11 (see **Figure 1**). A 1:24 selection ratio was applied to maintain proportional representation across schools and areas.

The required sample size was calculated using G*Power 3.1, specifying a significance threshold of 0.05, statistical power of 0.95, and two independent variables. An effect size of $f^2 = 0.10$, representing a small to moderate effect consistent with meta-analytic findings by Mullan et al.,¹⁷ was applied. The analysis estimated a minimum of 158 participants was required.

Ethical Considerations: The current study involved a secondary analysis of data collected under a previously approved project, which was exempt from full ethical review by the Ethics Committee on Human Research at Suratthani Rajabhat University (Approval No: SRU-EC 2025/069).-

Given the sensitive nature of the original dataset and to prioritize participant safety, the Ethics Committee restricted direct contact or recruitment by the research team. In the original study, homeroom teachers informed both students and their guardians about the research and invited them to contact the principal investigator (PI) with any questions. Parental permission was required for individuals below 18 years of age. Informed consent and assent were obtained through various channels, including parent-teacher meetings, scheduled phone calls, and in-person discussions. This approach ensured that participants and their

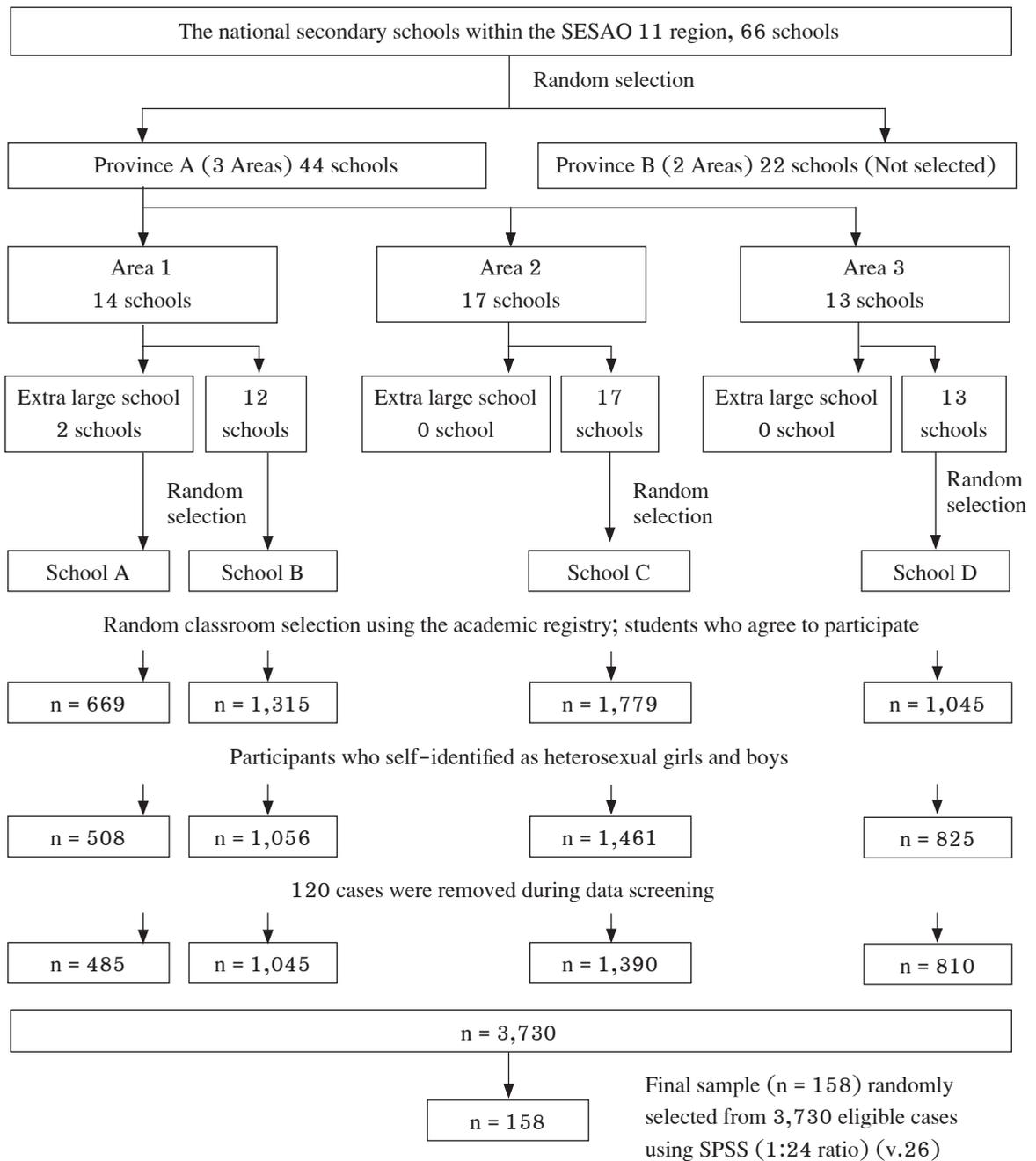


Figure 1. Multi-stage random sampling procedure for heterosexual adolescents using a self-report survey questionnaire

parents fully understood the study's purpose, procedures, and their rights.

As this study involved secondary data, all information had been collected anonymously in the original study, with no personally identifiable data recorded. The dataset was securely stored and accessed only by authorized members of the research team. Participation in the original study was voluntary, and students could withdraw at any time without penalty. To manage potential psychological risks—such as distress during questionnaire completion—students were informed of their rights, and support was provided by homeroom teachers, with referrals to the school nurse, counselor, or other designated staff as needed. Participants also received the research team's contact details for additional support.

Instruments: The data collection instruments were thoughtfully selected to assess the core variables relevant to this study comprehensively. To enhance clarity and maintain alignment with the research objectives, the instruments were organized into four parts, each designed to evaluate a distinct aspect of the investigation.

Part I included a Sociodemographic Information Questionnaire developed by the PI to gather essential background data, including age and grade point average (GPA). Participant identity was assessed using a single-choice item with eight response options: 1) girl, 2) boy, 3) lesbian, 4) gay, 5) bisexual, 6) transgender, 7) questioning individuals, and (8) prefer not to answer. For this study, only individuals who selected "girl" or "boy" were retained for the final analysis.

Part II utilized the Thai version of the Patient Health Questionnaire for Adolescents (PHQ-A), a reliable self-administered instrument used to screen for depressive symptoms in adolescents. This version was adapted and validated by Panyawong et al.²¹ to assess depressive symptoms in Thai adolescents aged 11 to 20 years. The adaptation was conducted in accordance with standard procedures for cross-cultural translation of self-report instruments.²¹ The PHQ-A consists of nine questions assessing how frequently

depressive symptoms were experienced during the previous two weeks, rated on a four-level scale ranging from 0 (not at all) to 3 (almost daily). For instance, one item reads, "I feel tired, powerless," reflecting mood-related symptomatology. The total score ranges from 0 to 27, where higher values indicate an increased severity of depressive symptoms. Symptom severity is classified into five categories: minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–27). This tool was chosen for this study based on its robust psychometric qualities, especially its demonstrated reliability and validity among Thai adolescents,^{21,22} thereby supporting standardized assessment and facilitating comparisons across studies. The PHQ-A demonstrated strong internal consistency in Panyawong et al.'s study,²¹ (Cronbach's alpha = 0.92). During the pilot phase of Saithanwanitkul et al.'s original study,¹³ the tool showed good reliability among heterosexual adolescents (Cronbach's alpha = 0.85; data not reported in the published article). For this study, the scale demonstrated an internal reliability coefficient of 0.82.

Part III employed the Rosenberg Self-Esteem Scale (RSES), a well-established and psychometrically sound instrument developed by Rosenberg²⁰ to assess overall self-esteem, especially in adolescent populations.²³ This research utilized the Thai adaptation of the scale, which was linguistically translated and culturally tailored by Wongpakaran and Wongpakaran, who originally validated it among Thai university students.²³ The RSES has also been applied in prior research with Thai high school students.²⁴ The 10-item scale includes both positively framed statements (e.g., "I feel good with myself") and negatively phrased items (e.g., "I often feel worthless"), each rated using a 4-level response format ranging from 1 (strongly agree) to 4 (strongly disagree). Negatively phrased items are reverse-scored, yielding a total possible score between 10 and 40, with higher scores reflecting greater self-esteem.¹⁹ According to Garcia et al.,²⁵ scores are categorized as low (10–25), medium (26–29), and high (30–40), providing a consistent interpretive framework for assessing adolescents' self-esteem. The RSES was selected for its strong validity

and reliability across both clinical and non-clinical settings, supporting its use as a robust instrument for evaluating self-esteem in adolescents and youth.²⁴ Previous research involving Thai high school students reported that the RSES showed strong internal reliability (Cronbach's alpha = 0.86).²⁴ According to Saithanwanitkul et al.¹³, the Thai adaptation of the RSES demonstrated an internal consistency coefficient of 0.70 reported in a preliminary group of heterosexual adolescents (data not reported in the published article). In the present study, internal reliability was 0.78.

Part IV employed the Revised Olweus Bully/Victim Questionnaire (OBVQ), originally developed by Olweus²⁶ and translated into Thai through a back-translation process by Tapanya,^{27,28} to assess adolescents' experiences with bullying. Although formal cultural adaptation procedures specific to Thai adolescents were not available, the instrument has been used in prior Thai studies, suggesting acceptable contextual fit. The original OBVQ consists of 39 items, including three general background items, such as "How many good friends do you have in your classroom?" and 36 items assessing involvement in bullying. These are divided into two domains: 20 items for victimization and 16 items for perpetration.²⁷ For this study, only the victimization subscale was utilized to measure adolescents' experiences of bullying. Ten items were selected based on previous studies—one conducted by Surakan²⁹ among Thai middle school students and another by Kampoli et al.³⁰ involving Greek children and adolescents—encompassing four subtypes of bullying: verbal, physical, social/emotional, and other (e.g., cyberbullying).³¹ Participants could respond to more than one subtype. An example item includes: "I have been bullied, called names, or received comments related to sexual content." Participants rated their experiences on a 5-point scale (1 = never in the past two months, 5 = several times weekly). Scores from individual items were summed to produce a total victimization score, with higher scores reflecting greater frequency of bullying experiences.³¹ Consistent with prior research,^{29,32} scores of 3 or higher (i.e., two or three times per month) on any OBVQ item were used

to indicate bullying victimization. Participants who did not endorse any item at this threshold were classified as not bullied.²⁹ The OBVQ was selected for its strong construct validity and consistent reliability in both international and Thai contexts. According to Srisopa et al.,²⁸ the victimization subscale yielded an internal consistency coefficient of 0.90 in a sample of Thai vocational students. In this study, the Thai version showed a high internal reliability, yielding a Cronbach's alpha of 0.83 in an initial sample of heterosexual adolescents selected from the original dataset by Saithanwanitkul et al.¹³ (data not reported in the published article), and 0.85 in the main sample.

The content validity of all instruments was established during the original study¹³ through evaluation by a panel of three experts: a psychiatric nurse with expertise in adolescent depression, a psychiatric nursing instructor specializing in adolescent care, and another mental health and psychiatric nursing instructor. The evaluation yielded a content validity index (CVI) of 1.00 for all instruments. Authorization to utilize the instruments was granted during the initial project, based on an official request submitted by the Faculty of Nursing, Suratthani Rajabhat University.

Data Collection: The original data were collected between September and October 2023 as part of a larger study. The PI met with each school principal to explain the study's objectives, obtain permission, and request collaboration. In line with the Ethics Committee's and school policies regarding adolescent sexual identity, direct interaction between the research team and students on this sensitive topic was not permitted. At each school, a coordinating teacher trained by the PI supported homeroom teachers, who oversaw data collection. Students completed self-administered questionnaires during free periods in their classrooms, providing a familiar and supportive environment. The process took approximately 30 to 45 minutes. Upon completion, homeroom teachers checked the questionnaires for completeness, sealed them in envelopes, and submitted them for secure handling.

Statistical Analysis: All statistical procedures and data processing were conducted using SPSS software

(version 26), in conjunction with the PROCESS Macro version 4.2. Initial data screening procedures were conducted to ensure the accuracy and integrity of the data. Procedures included checking for data entry errors, managing missing values, detecting outliers, assessing normality, and evaluating key assumptions of regression analysis. Descriptive analyses, comprising frequency distributions, percentages, means, and measures of variability, were used to outline participant profiles and describe the distribution of both categorical and continuous variables.

Prior to conducting mediation analysis using PROCESS Macro Model 4, all core assumptions underlying regression were examined to ensure the validity of the analytic approach. Linearity, independence of residuals, and homoscedasticity were assessed through scatterplots and regression diagnostics for each regression equation within the model. Visual inspection of standardized residuals plotted against the predicted values confirmed assumptions of linearity and homoscedasticity. Residual independence was verified using the Durbin-Watson statistics, which yielded values of 1.63 and 2.08, both falling within the acceptable range (1.50–2.50), suggesting no substantial violation. No multicollinearity concerns were detected, as all variance inflation factor (VIF) scores were well under the commonly accepted cutoff of 5 (range = 1.00 to 1.08), and tolerance levels exceeded 0.2 (range = 0.92 to 1.00).

Although some variables demonstrated non-normal distributions, all continuous independent variables were centered around their means before analysis to mitigate potential multicollinearity and

facilitate interpretation. To estimate indirect effects, bootstrapping with 5,000 resamples was employed using the PROCESS Macro Model 4. This approach does not assume normality of the sampling distribution and therefore enhances the robustness of the mediation analysis.³³ A bootstrapping method involving 5,000 iterations was applied to produce bias-corrected 95% confidence intervals (CIs) for estimating the indirect effect. Statistical significance was established when the 95% CI did not include zero. Mediation was confirmed if the CI for the indirect effect excluded zero.³³ Additionally, Pearson’s correlation was conducted to explore pairwise relationships between the variables in this study.

Results

Participant characteristics and key psychosocial variables

As presented in **Table 1**, the study included 158 heterosexual adolescents, of whom 83 (53.8%) identified as girls. The average age of participants was 14.61 years (SD = 1.65), and their mean GPA was 2.89 (SD = 0.94). The average bullying victimization score was 13.97 (SD = 5.52), and 46 participants (29.1%) reported having experienced bullying, with verbal bullying being the most common type (23.4%). Regarding self-esteem, the mean score was 28.70 (SD = 4.89), and 95 participants (60.1%) were classified as having low to medium self-esteem. For depressive symptoms, the mean score was 6.90 (SD = 4.44), and 38 adolescents (24.1%) were categorized as having moderate to severe depressive symptoms.

Table 1. Participant demographics and main variables (n = 158)

Characteristics	M ± SD	Categories	N (%)
Sex		Female	83 (53.8)
		Male	73 (46.2)
Age (years)	14.61 ± 1.65	12–15	110 (69.6)
		16–18	48 (30.4)
Grade point average	2.89 ± 0.94	1.00–2.99	67 (42.4)
		3.00–4.00	91 (57.6)

Table 1. Participant demographics and main variables (n = 158) (Cont.)

Characteristics	M ± SD	Categories	N (%)
Bullying victimization	13.97 ± 5.52	None	112 (70.9)
		Victim	46 (29.1)
		Verbal	37 (23.4)
		Physical	12 (7.6)
		Social	26 (16.5)
		Other (cyberbullying)	6 (3.8)
Self-esteem	28.70 ± 4.89	Low	48 (30.4)
		Medium	47 (29.7)
		High	63 (39.9)
Depressive symptoms	6.90 ± 4.44	Minimal	51 (32.3)
		Mild	69 (43.7)
		Moderate	27 (17.1)
		Moderately severe	9 (5.7)
		Severe	2 (1.3)

Table 2 displays the Pearson correlation coefficients between depressive symptoms and other principal study variables. Depressive symptoms were moderately and positively associated with bullying victimization ($r = 0.40, p < 0.01$), indicating that greater victimization was linked to higher depressive symptoms. Furthermore, a strong inverse relationship

was found between depressive symptoms and self-esteem ($r = -0.62, p < 0.01$), suggesting that adolescents with lower self-esteem experienced more depressive symptoms. There was no significant correlation between depressive symptoms and either age ($r = -0.06, p > 0.05$) or GPA ($r = -0.05, p > 0.05$).

Table 2. Correlations between main variables (n = 158)

	Depressive symptoms	Self-esteem	Bullying victimization	Age
Depressive symptoms	1.00			
Self-esteem	-0.62**	1.00		
Bullying victimization	0.40**	-0.28**	1.00	
Age	-0.06	0.09	-0.13	1.00
Grade point average	-0.05	0.22**	-0.18*	0.19*

Note. * $p < 0.05$; ** $p < 0.01$

The mediating role of self-esteem in the link between bullying experiences and depressive symptoms

The hypothesized model posited that self-esteem functions as an intermediary variable connecting bullying victimization to depressive symptoms. **Table 3** and **Figure 2** demonstrate that the overall impact of bullying on depressive symptoms was found to be statistically significant, with a standardized coefficient of 0.397, 95% CI [0.203, 0.437], indicating that

higher levels of bullying exposure were linked to greater depressive symptoms. According to Cohen’s guidelines, this represents a moderate effect size.³⁴ The indirect route from bullying experiences to depressive symptoms through self-esteem was statistically significant, with an indirect standardized effect of 0.152, 95% BootCI [0.073, 0.234], representing a small-to-moderate effect size.³⁴ These results highlight self-esteem as an important mediating variable in the association

between bullying and depressive symptoms. The direct association between bullying and depression persisted with statistical significance, with a standardized coefficient of 0.245, 95%CI [0.098, 0.297], reflecting a small-to-moderate effect size.³⁴ These findings support partial mediation, suggesting that while lower self-esteem contributed to explaining the relationship, a substantial direct link between bullying and depressive symptoms was still observed.

Furthermore, bullying experience was significantly associated with reduced self-esteem ($\beta = -0.275$, 95% CI [-0.379, -0.109]), while self-esteem emerged as a strong negative predictor of depressive symptoms ($\beta = -0.553$, 95% CI [-0.614, -0.390]). These findings support the partial mediation hypothesis, indicating that adolescents experiencing more bullying reported lower self-esteem, which was in turn linked to greater depressive symptoms.

Table 3. Analysis of the mediating effect of self-esteem in the relationship between bullying victimization and depressive symptoms

Relationship	Total effect [95% CI]	Direct effect [95% CI]	Indirect effect [95% BootLLCI, BootULCI]	Conclusion
Bullying victimization → Self-esteem → Depressive symptoms	0.397 [0.203, 0.437] p < 0.001	0.245 [0.098, 0.297] p < 0.001	0.152 [0.073, 0.234]	Partial mediation

Note. 95% CI = 95% confidence interval; BootLLCI = lower limit of the bootstrapped 95% confidence interval; BootULI = upper limit of the bootstrapped 95% confidence interval

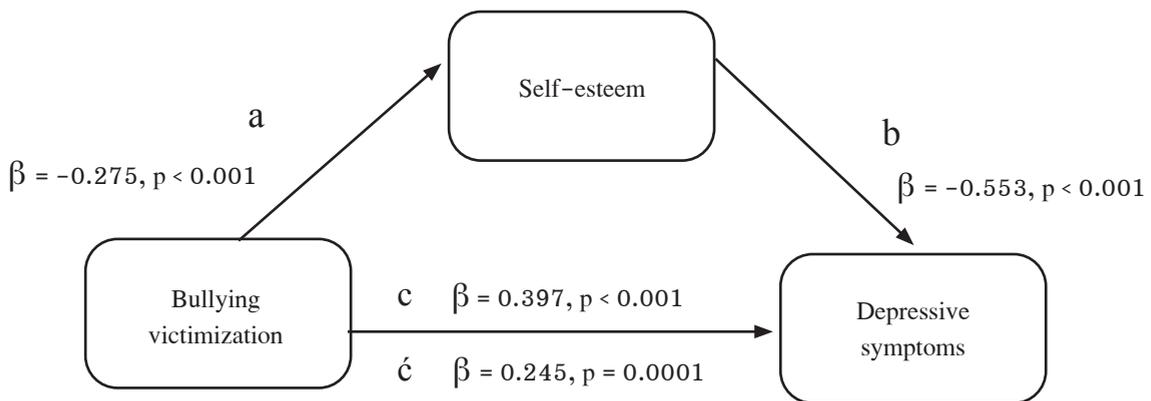


Figure 2 Statistical model testing the mediating role of self-esteem in the relationship between bullying experiences and depressive symptoms.

Standardized coefficients (β) are reported for each path in the model. Path *a* reflects the effect of bullying on self-esteem; Path *b* indicates the influence of self-esteem on depressive symptoms; Path *c* represents the total effect of bullying on depressive outcomes, while Path \hat{c} denotes the direct effect of bullying on depressive symptoms when accounting for self-esteem; Indirect effect ($a \times b$) = 0.152, 95% BootCI [0.073, 0.234]. The model shows good fit, $F(2,155) = 60.97$, $p < 0.001$.

Discussion

In this study, 24.1% of heterosexual Thai adolescents were identified as experiencing moderate to severe depressive symptoms. This rate is marginally lower than the 28.9% prevalence reported in an earlier study from Eastern Thailand, which also used the PHQ-A with secondary school students,³ and is also lower than the 27.7% rate found in a large-scale national survey of Thai adolescents using the PHQ-A.³⁵ One possible explanation for the lower rate observed in the present study is the exclusion of LGBTQ+ adolescents, a group known to experience higher rates of depression due to minority stress and stigma-related factors.¹³ Additionally, regional variation, sample composition, or contextual factors such as school environment or levels of family and peer support may also contribute. By specifically focusing on heterosexual girls and boys—and excluding LGBTQ+ adolescents—this study offers a more targeted understanding of depressive symptom prevalence and underscores the importance of population-specific approaches in adolescent mental health research and intervention.

The findings support Hypothesis 1, demonstrating a notable negative association between experiences of bullying and self-esteem. Adolescents who encountered bullying more often reported reduced levels of self-esteem, aligning with prior research. It has been found³⁶ that bullying experiences explained 14.6% of variance in low self-esteem, with social bullying emerging as the strongest predictor. Similarly, Chinese students³⁷ exposed to peer victimization had significantly reduced self-worth, with verbal and relational bullying contributing most to diminished self-esteem. These results align with the conclusions drawn by Mullan et al.,¹⁷ whose meta-analysis across 16 studies confirmed that bullying victimization consistently correlates with lower self-esteem across diverse adolescent populations.

Consistent with Hypothesis 2, the findings indicate a strong relationship between diminished self-esteem and heightened depressive symptoms in adolescents. This supports prior research emphasizing self-esteem as a robust psychological predictor of

adolescent mental health. Gu et al.³⁸ provided supporting evidence by identifying a negative connection between levels of self-esteem and depressive outcomes among adolescents in China, highlighting the importance of this pattern across Asian populations. Similarly, another study³⁹ reported that diminished self-esteem was a significant predictor of depression among older adolescents and introduced a mediation model to explain its association with psychological distress. Consistent with the Diathesis-Stress framework, individuals with diminished self-esteem appear more vulnerable to depression when experiencing stress.

Supporting Hypothesis 3, self-esteem was found to be a significant mediator in the link between bullying victimization and depressive symptoms. Greater exposure to bullying was linked to lower self-esteem, which in turn was associated with increased depressive symptoms. This mediating mechanism aligns with prior research indicating that self-esteem is a critical psychological pathway linking peer victimization to adverse mental health outcomes.^{12,40} A large study among Chinese boarding adolescents⁴⁰ demonstrated that bullying indirectly influenced mental health problems through reductions in self-esteem. Similarly, another study¹² found consistent mediation effects across cultural contexts, highlighting the robustness of self-esteem as a protective factor. Notably, a Thai study by Purintaworagul et al.³ also supported this pathway, demonstrating that self-esteem served as a mediator between school bullying and symptoms of depression and anxiety among junior high school students, whereas resilience did not show a significant effect. These findings strengthen the case that promoting self-esteem is essential for mitigating the mental health consequences of bullying among adolescents.

Limitations

These findings should be interpreted with caution due to certain limitations. Most notably, the cross-sectional design limits the ability to draw causal inferences about the relationships among bullying, self-esteem, and depression. While the mediation model provides valuable

insights, longitudinal research is needed to establish temporal sequencing. Second, dependence on self-reported data may lead to bias, including social desirability effects and the possible underreporting of depressive symptoms due to stigma surrounding mental health. Future studies should incorporate objective measures or multiple informants, such as peers, teachers, or clinical professionals, to enhance data validity and reduce response bias. Ensuring anonymity during data collection may further mitigate socially desirable responding.

Third, as the sample was limited to adolescents from Southern Thailand, the findings may not be generalizable to those in other regions or cultural contexts. Expanding the sample to include adolescents from other regions or countries would enhance external validity and enable more robust cross-cultural analyses. Fourth, although the bullying questionnaire was translated into Thai, the study did not provide details on its cultural adaptation. Future research should explicitly describe the adaptation process to ensure the cultural and developmental appropriateness of instruments for Thai adolescents. Finally, while this study focused on heterosexual adolescents to provide targeted insights, it does not address the mental health needs of LGBTQ+ adolescents who may experience distinct psychosocial risks and other contributing factors, as highlighted in our prior research.¹³

Conclusions and Implications for

Nursing Practice

This study demonstrated that bullying victimization significantly predicts depressive symptoms among heterosexual adolescents, with self-esteem acting as a partial mediator. The findings highlight the critical role of internal psychological resources—especially self-esteem—in mitigating the mental health impact of bullying. By exploring the link between bullying and self-esteem, this research contributes to the expanding body of literature on adolescent mental health, enhances

understanding of how social adversity leads to depression, and highlights the importance of early identification of psychological vulnerabilities.

These results emphasize the value of promoting developmentally appropriate mental health, particularly among heterosexual adolescents. School and community nurses are well-positioned to identify at-risk students by incorporating screening for bullying and self-esteem into routine assessments. Implementing school-based strategies to strengthen self-esteem and reduce bullying may help prevent or mitigate depressive symptoms. Nursing education should enhance training in adolescent psychosocial assessment, culturally responsive mental health support, and the prevention of bullying. The present findings further suggest that incorporating self-esteem enhancement into such programs may strengthen both behavioral and psychological outcomes. Future nursing research should focus on developing and evaluating integrated interventions that target both self-esteem and bullying. At the administrative level, nurse leaders should implement culturally sensitive screening protocols, establish nurse-led self-esteem and anti-bullying programs, and advocate for policies that allocate resources to adolescent mental health. Collaboration among nurses, educators, and mental health professionals, along with longitudinal monitoring of at-risk students, will further strengthen early detection, prevention, and holistic care in school settings.

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References

1. World Health Organization. Mental health of adolescents [Internet]. 2024 Oct 10 [cited 2025 Jun 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. Sakthivel A, Kannappan S, Panicker AS. Prevalence of mental health problems among high school students. *Indian J Community Med.* 2021;46(3):574-5. doi: 10.4103/ijcm.IJCM_1041_20.
3. Purintaworagul C, Prasartpornsirichole J, Ratanajaruraks A. The mediating role of resilience and self-esteem in depression and anxiety among bullied secondary school students in Thailand. *J Psychiatr Assoc Thailand.* 2025; 70(1):19-31. Available from: <https://he01.tci-thaijo/index.php/JPAT/article/view/275194/186358> (in Thai).
4. Lovan P, Boga DJ, Lozano A, Graefe B, Hodge S, Estrada Y, et al. Bullying and anxiety/depressive symptoms in Latinx adolescents living with obesity: the mediating role of self-esteem. *Curr Psychol.* 2025;44(3):1574-86. doi: 10.1007/s12144-024-07259-9.
5. López-Castro L, Smith PK, Robinson S, Görzig A. Age differences in bullying victimization and perpetration: evidence from cross-cultural surveys. *Aggress Violent Behav.* 2023;73:101888. doi: 10.1016/j.avb.2023.101888.
6. Saowapap S, Putthisri S. Relations between parenting styles and bullying behaviors of 7th-9th grade students from a secondary school in Bangkok. *J Psychiatr Assoc Thailand.* 2020;65(3):263-78. Available from: <https://he01.tci-thaijo/index.php/JPAT/article/view/239976/167640> (in Thai).
7. Feng Y, Zhang S, Liao X, Jia Y, Yang Y, Zhang W. Association between bullying victimization and mental health problems among Chinese left-behind children: a cross-sectional study from the adolescence mental health promotion cohort. *Front Psychiatry.* 2024;15:1440821. doi: 10.3389/fpsy.2024.1440821.
8. Surat Thani Provincial Health Office, Subcommittee on Coordination of Mental Health. Supporting documents for the meeting 1/2025. 2025 April 29. Surat Thani City Hall. Unpublished (in Thai).
9. United Nations Children's Fund. UNICEF Thailand impact report 2023 [Internet]. 2024 June [Cited 2025 June 1]. Available from: <https://www.unicef.org/thailand/reports/unicef-thailand-impact-report-2023>
10. Ratanasiripong P, Hanklang S, Nungdanjark W, Thongthammarat Y, Ramon E. Predictors of mental health among secondary school students in Thailand: the roles of grit, self-esteem, and smartphone addiction. *Thai J Public Health.* 2024;54(2): 903-17. Available from: https://www.ph.mahidol.ac.th/thjph/journal/54_2/05.pdf
11. Zhong M, Huang X, Huebner ES, Tian L. Association between bullying victimization and depressive symptoms in children: the mediating role of self-esteem. *J Affect Disord.* 2021;294:322-8. doi: 10.1016/j.jad.2021.07.016.
12. Bulluerka N, Aliri J, Goñi-Balentiaga O, Gorostiaga A. Association between bullying victimization, anxiety and depression in childhood and adolescence: the mediating effect of self-esteem. *Rev Psicodidact.* 2023;28:26-34. doi: 10.1016/j.psicod.2022.10.001.
13. Saithanwanitkul M, Pensuksan WC, Aekwarangkoon S. Prevalence and factors predicting depression among LGBTQ+ adolescents in Southern Thailand: a cross-sectional study. *Pacific Rim Int J Nurs Res.* 2025;29(3):493-509. doi: 10.60099/prijnr.2025.273147.
14. Beck AT. Rush A, Shaw BF, Emery G. Cognitive therapy of depression. Guilford Press: New York; 1979.
15. Tsolakis P. Beck's cognitive model of depression: evolution, modern evidence and critical appraisal. *PSYCH.* 2025;16: 12-25. doi: 10.4236/psych.2025.161002.
16. Barlati S, Lisoni J, Nibbio G, Baldacci G, Cicale A, Ferrarin LC, et al. Current evidence and theories in understanding the relationship between cognition and depression in childhood and adolescence: a narrative review. *Diagnostics (Basel).* 2022;12(10):2525. doi: 10.3390/diagnostics12102525.
17. Mullan VMR, Golm D, Juhl J, Sajid S, Brandt V. The relationship between peer victimisation, self-esteem, and internalizing symptoms in adolescents: a systematic review and meta-analysis. *PLoS ONE.* 2023;18(3):e0282224. doi: 10.1371/journal.pone.0282224.
18. Kleawaom P, Kongsuwan V, Chanchong W. Positive attitude development and reducing bullying behavior among early Thai adolescents through a prevention program: a quasi-experimental study. *Pacific Rim Int Nurs Res.* 2025;29(2):384-97. doi: 10.60099/prijnr.2025.271073.

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19. Schilliger Z, Alemán-Gómez Y, Magnus Smith M, Celen Z, Meuleman B, Binz P-A, et al. Sex-specific interactions between stress axis and redox balance are associated with internalizing symptoms and brain white matter micro-structure in adolescents. *Transl Psychiatry*. 2024;14(1):30. doi: 10.1038/s41398-023-02728-4.
20. Rosenberg M. *Society and the adolescent self-image*. Princeton (NJ): Princeton University Press; 1965. doi: 10.1515/9781400876136.
21. Panyawong W, Pavasuthipaisit C, Santitadakul R. Validation of the Thai version of the Patient Health Questionnaire for Adolescents (PHQ-A) in adolescent psychiatric patients. *Int J Child Dev Men Health*. 2020;8(1):30-40. Available from: <https://he01.tci-thaijo.org/index.php/cdmh/article/view/222261>
22. Panyawong W, Santitadakul R, Pavasuthipaisit C. Prevalence of depression and suicidal risks in Thai adolescents: a survey in schools from 13 public health regions. *J Ment Health Thai*. 2020;28(2):136-49. Available from: <https://he01.tci-thaijo.org/index.php/jmht/article/view/210760/164768> (in Thai).
23. Wongpakaran T, Wongpakaran N. Confirmatory factor analysis of Rosenberg Self-Esteem Scale: a study of Thai student sample. *J Psychiatr Assoc Thailand*. 2011;56(1):59-70. Available from: <http://psychiatry.or.th/JOURNAL/56-1/06-Tinakon.pdf> (in Thai).
24. Pholphet K, Tuntasood B. Self-esteem and Facebook addicted of high school students in Bangkok metropolitan area. *J Psychiatr Assoc Thailand*. 2016;61(3):217-30. Available from: <https://he01.tci-thaijo.org/index.php/JPAT/article/view/68075> (in Thai).
25. García JA, Y Olmos FC, Matheu ML, Parrón Carreño T. Self-esteem levels vs global scores on the Rosenberg self-esteem scale. *Heliyon*. 2019;5(3):e01378. doi: 10.1016/j.heliyon. 2019.e01378.
26. Olweus D. *The revised Olweus Bully/Victim Questionnaire*. Research Center for Health Promotion (HEMIL Center). Bergen: University of Bergen; 1996.
27. Tapunya S. A study for developing a sustainable model for preventing violence against children, 2nd year [Internet]. 2007 [cited 2024 Nov 12]. Available from: https://dol.thaihealth.or.th/resourcecenter/sites/default/files/documents/_kaarsueksaaephuephathnaaruupaeb-baenwthaangka.pdf (in Thai).
28. Srisopa P, Sudjai P, Hengudomsab P, Moungkum S, Photihung P, Artiwitchayanon A, et al. Factors predicting mental health problems among vocational education students in eastern Thailand: a cross-sectional study. *Pacific Rim Int J Nurs Res*. 2024;28(4):733-46. doi: 10.60099/prijnr.2024.268524.
29. Surakan R. *Coping styles and bullying among middle school students in Muang, Ubon Ratchathani* [master's thesis]. [Bangkok]: Chulalongkorn University; 2018. doi: 10.58837/chula.the.2018.1430 (in Thai).
30. Kampoli GD, Antoniou AS, Artemiadis A, Chrousos GP, Darviri C. Investigating the association between school bullying and specific stressors in children and adolescents. *PSYCH*. 2017;8:2398-409. doi: 10.4236/psych.2017.814151.
31. Iamwattanasin K, Punyapas S, Hosiri T. Psychometric properties of the sign language version of the Thai version-revised Olweus Bully/Victim Questionnaire-Victim Scale. *RSjournal*. 2022;18(2):76-93. Available from: <https://so03.tci-thaijo.org/index.php/RSjournal/article/view/265430> (in Thai).
32. Puranachaikere T, Punyapas S, Kaewpomsawan T. Coping strategies of grade 4-6 primary school students in response to being bullied. *J Psychiatr Assoc Thailand*. 2015;60(4): 275-86. Available from: <https://he01.tci-thaijo.org/index.php/JPAT/article/view/45615> (in Thai).
33. Hayes AF. *Introduction to mediation, moderation, and conditional process analysis: a regression-based approach, a regression-based approach*. 3rd ed. New York: Guilford Press; 2022.
34. Cohen J. *Statistical power analysis for the behavioral sciences*. 2nd ed. Hillsdale (NJ): Lawrence Erlbaum Associates; 1988.
35. Choychod S, Hale III WW, Sarayuthpitak J, Tangdhanakanond K. A cross-sectional study on the prevalence of Thai adolescent depression. *Kasetsart J Soc Sci*. 2023;44:509-16. doi: 10.34044/j.kjss.2023.44.2.21.
36. Mungala B, Nabuzoka D. Relationship between bullying experiences, self-esteem and depression among secondary school pupils. *Med J Zambia*. 2020;47(2):106-11.
37. Guo X, Wu S, Dong W, Zhang Y, Su Y, Chen C. The effect of bullying victimization on adolescent non-suicidal self-injury: the mediating roles of alexithymia and self-esteem. *Psychol Res Behav Manag*. 2024;17:783-97. doi: 10.2147/PRBM.S450195.

38. Gu H, Zhang P, Li J. The effect of self-esteem on depressive symptoms among adolescents: the mediating roles of hope and anxiety. *Humanit Soc Sci Commun.* 2024;11:932. doi: 10.1057/s41599-024-03249-1.
39. Ho TTQ. Self-esteem and depression symptoms among late adolescents: a parallel mediation model. *J Child Adolesc Trauma.* 2024;18(1):49-56. doi: 10.1007/s40653-024-00659-w.
40. Chen X, Chen J, Jiang H, Zhao H. Bullying victimization and mental health problems of boarding adolescents in rural China: the role of self-esteem and parenting styles. *BMC Public Health.* 2025;25(1):941. doi: 10.1186/s12889-025-22043-5.

บทบาทของความรู้สึกมีคุณค่าในตนเองต่อภาวะซึมเศร้าที่เกี่ยวข้องกับการถูกรังแกในวัยรุ่นไทยเพศหญิงและชาย : การศึกษาภาคตัดขวาง

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บทคัดย่อ: วัยรุ่นเป็นช่วงพัฒนาการสำคัญของการควบคุมอารมณ์และมีความอ่อนไหวอย่างมากต่ออิทธิพลของเพื่อน ขณะที่วัยรุ่นเพศหญิงและชายอาจมีความเปราะบางต่อการเกิดภาวะซึมเศร้า งานวิจัยนี้ใช้กรอบแนวคิด Cognitive Diathesis-Stress Model มีวัตถุประสงค์เพื่อศึกษาความชุกของภาวะซึมเศร้า และตรวจสอบบทบาทการเป็นตัวแปรส่งผ่านของความรู้สึกมีคุณค่าในตนเองในความสัมพันธ์ระหว่างการถูกรังแกกับภาวะซึมเศร้า จากข้อมูลพบว่าวัยรุ่นไทยประมาณ 1 ใน 5 มีประสบการณ์ถูกรังแก แสดงให้เห็นถึงความจำเป็นในการศึกษาเพิ่มเติม การวิจัยนี้ใช้ข้อมูลทฤษฎีจากการศึกษาแบบภาคตัดขวางที่รวบรวมไว้จากงานวิจัยก่อนหน้านี้ของผู้วิจัยเรื่องภาวะซึมเศร้าในวัยรุ่นไทย กลุ่มตัวอย่างประกอบด้วยนักเรียนอายุ 12-18 ปี จำนวน 158 คน ซึ่งระบุว่าตนเองเป็นเพศหญิงหรือชาย ใช้วิธีการสุ่มตัวอย่างแบบหลายขั้นตอนในโรงเรียนมัธยมศึกษา 4 แห่งในเขตพื้นที่การศึกษามัธยมศึกษาเขต 11 ภาคใต้ ประเทศไทย เครื่องมือที่ใช้ในการเก็บข้อมูลประกอบด้วยแบบประเมินภาวะซึมเศร้าสำหรับวัยรุ่น แบบประเมินความรู้สึกมีคุณค่าในตนเองของโรเซนเบิร์ก และแบบสอบถามการรังแกกันของโอลเวียสฉบับปรับปรุง วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาการวิเคราะห์สหสัมพันธ์ และการวิเคราะห์โมเดลการส่งผ่านโดยใช้โปรแกรมมาโคร โมเดล 4

ผลการศึกษาพบว่า ร้อยละ 21.4 ของวัยรุ่นมีภาวะซึมเศร้าระดับปานกลางถึงรุนแรง การถูกรังแกมีความสัมพันธ์ทางบวกต่อภาวะซึมเศร้า ความรู้สึกมีคุณค่าในตนเองมีความสัมพันธ์ทางลบกับการถูกรังแก และภาวะซึมเศร้า ผลการวิเคราะห์โมเดลการส่งผ่านพบว่าความรู้สึกมีคุณค่าในตนเองมีบทบาทเป็นตัวแปรส่งผ่านบางส่วนในความสัมพันธ์ระหว่างการถูกรังแกกับภาวะซึมเศร้าสนับสนุนกรอบแนวคิดเชิงทฤษฎีที่ระบุว่า การถูกรังแกส่งผลต่อภาวะซึมเศร้าทั้งโดยตรงและโดยอ้อมผ่านการลดความรู้สึกมีคุณค่าในตนเอง สำหรับแนวทางการพยาบาล ผลการศึกษาแสดงให้เห็นถึงความสำคัญของการคัดกรองระยะเริ่มต้น และการพัฒนาโปรแกรมที่คำนึงถึงบริบททางวัฒนธรรม เน้นการเสริมสร้างความรู้สึกมีคุณค่าในตนเองเพื่อลดผลกระทบด้านจิตใจจากการถูกรังแก การวิจัยในอนาคตควรออกแบบการศึกษาระยะยาว และพัฒนาโปรแกรมแบบบูรณาการมุ่งเน้นบทบาทของความรู้สึกมีคุณค่าในตนเอง เพื่ออธิบายกลไกของความรู้สึกมีคุณค่าในตนเองต่อการลดภาวะซึมเศร้าในกลุ่มวัยรุ่นเพศหญิงและชายได้ชัดเจนยิ่งขึ้น

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