

Self-Esteem, Social Support and Suicidal Tendencies Among Undergraduate Medical Students

S. Sarath Ajay Kumar¹, Bommathula Vidya², P. Rashmitha Priyadarsini³, Praveen Kumar S⁴, Divya Harshitha Nunavath⁵

¹Assistant Professor, Department of Psychiatry, Siddhartha Medical College, Vijayawada, Andhra Pradesh, India.

²Assistant Professor, Department of Pulmonary Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India.

³Senior Resident, Department of Community and Family Medicine, AIIMS, Mangalagiri, Andhra Pradesh, India.

⁴Junior Resident, Department of Community and Family Medicine, AIIMS, Mangalagiri, Andhra Pradesh, India

⁵Siddhartha Medical College, Vijayawada, Andhra Pradesh, India.

Abstract

Background: Self-esteem, social support, and suicidal tendencies are key psychosocial factors affecting undergraduate medical students' mental health. High self-esteem and strong social support from family, friends, and peers enhance psychological well-being and aid in managing academic and emotional stress. Conversely, low self-esteem and inadequate support increase the risks of depression, stress, and suicidal ideation. Medical students are particularly vulnerable due to academic pressures, clinical responsibilities, and the stigma associated with mental health issues. Both global and Indian studies report elevated levels of depression, anxiety, stress, and suicidal ideation among medical students. Understanding how self-esteem and social support influence suicidal tendencies is essential for the development of effective mental health interventions. The objective is to evaluate self-esteem, social support, and suicidal tendencies; examine the mediating role of social support in the relationship between self-esteem and suicidal tendencies; and explore their combined effects. **Material and Methods:** A cross-sectional study involving 313 undergraduate medical students at Siddhartha Medical College, Vijayawada, utilized the Rosenberg Self-Esteem Scale, the Multidimensional Scale of Perceived Social Support, and the Multi-Attitude Suicide Tendency Scale. **Results:** The majority of participants (mean age 19.44 ± 1.63 years) were female (67.1%), with 71.2% reporting low self-esteem and 63.3% indicating high social support, particularly from family. While 79.9% demonstrated low suicidal tendencies, 20.1% exhibited high tendencies. Correlational analysis revealed varied relationships: family support showed both positive and negative associations with suicidal tendencies; self-esteem was positively correlated with suicidal tendencies in groups with high social support. Support from family, friends, and others was negatively associated with self-esteem in moderate- and high-support groups. Regression analysis accounted for 7% of the variance in suicidal tendencies, with self-esteem emerging as the sole significant predictor ($\beta = 0.28, p < 0.001$). **Conclusion:** This study underscores the significant relationship between self-esteem, social support, and suicidal tendencies. Low self-esteem is prevalent among medical students and serves as a predictor of suicidal vulnerability, even when high perceived support is present. Support from family and peers provides protective effects but has limited influence when self-worth is diminished. Additionally, social support partially mediates the relationship between self-esteem and suicidal tendencies, indicating complex individual and interpersonal dynamics. The findings highlight the necessity for targeted mental health interventions—including counselling, mentorship, peer support networks, stress management programs, and psychological assessments—to enhance self-esteem and resilience among medical students.

Keywords: Self-Esteem, Social Support, Suicidal Tendencies, Undergraduate Medical Students.

Received: 25 April 2026

Revised: 10 May 2026

Accepted: 25 May 2026

Published: 29 May 2026

INTRODUCTION

Self-esteem, social support, and suicidal tendencies are important psychosocial constructs that significantly influence the mental health and well-being of undergraduate medical students. Self-esteem is an individual's overall evaluation of personal worth, competence, and self-respect. It reflects the extent to which individuals value themselves and perceive themselves as capable and worthy.^[1] High self-esteem is generally associated with confidence, resilience, and better psychological adjustment. In contrast, low self-esteem is linked to feelings of inadequacy, hopelessness, and vulnerability to stress and emotional disorders. Consequently, self-esteem plays a crucial role in shaping an individual's thoughts, emotions, coping strategies, and

reactions to challenging life situations. Social support is the perception or experience of being cared for, valued, and assisted by others through emotional, informational, or practical means. It is commonly derived from family, friends, and significant

Address for correspondence: Dr. S. Sarath Ajay Kumar, Assistant Professor, Department of Psychiatry, Siddhartha Medical College, Vijayawada, Andhra Pradesh, India. E-mail: vijaetha.ajay@gmail.com

DOI:
10.21276/amt.2026.v13.i2.691

How to cite this article: S.Sarath Ajay Kumar, Vidya B, Priyadarsini PR, Kumar SP, Nunavath DH. Self-Esteem, Social Support and Suicidal Tendencies Among Undergraduate Medical Students. *Acta Med Int.* 2026;13(2):290-296.

others, who provide a dependable network during times of stress or crisis.^[2,3] Strong social support has been identified as a protective factor that promotes psychological well-being, enhances adaptation to university life, and buffers the negative effects of stress.^[4-6] In contrast, inadequate support may increase loneliness, distress, and maladaptive coping behaviours. Suicidal tendencies encompass a spectrum of self-destructive thoughts and behaviours, including suicidal ideation, planning, suicide attempts, and the risk of completed suicide. Suicide remains a major global public health concern, accounting for more than 700, 700,000 deaths annually and ranking among the leading causes of death among young adults. Undergraduate medical students are considered particularly vulnerable because of intense academic pressure, frequent examinations, sleep deprivation, the emotional burden of clinical exposure, and stigma associated with help-seeking. Studies have shown that medical students report higher rates of suicidal ideation than the general population, with pooled prevalence estimates of around 11% in some reviews.

In India, the psychological burden among medical students is equally concerning. A recent meta-analysis of undergraduate medical students reported pooled prevalence rates of 48% for depression, 54% for anxiety, 50% for stress, and 21% for suicidal ideation, indicating substantial psychological morbidity. Indian studies have further documented that suicidal thoughts and attempts among medical undergraduates are often associated with academic stress, poor coping skills, substance use, family conflicts, and inadequate peer or family support. These findings highlight the urgent need to address mental health concerns within medical institutions. Research suggests that self-esteem deficits may directly contribute to suicidal tendencies, as persistent negative self-evaluations are strongly associated with suicidal ideation and attempts.^[7] Low self-esteem may also indirectly increase suicide risk through depression, which is a well-established predictor of suicidal ideation, attempts, and completion.^[8,9] At the same time, perceived social support may serve as a protective factor by reducing stress, fostering a sense of belonging, and improving emotional coping. Therefore, understanding the combined influence of self-esteem and social support on suicidal tendencies is essential for developing effective prevention and intervention strategies.

Considering the increasing incidence of psychological distress and suicide risk among undergraduate medical

students, it is imperative to investigate the interplay between self-esteem and social support in influencing suicidal tendencies. Such insights may enable educational institutions to adopt early screening, counselling services, peer-support programs, and mental health promotion initiatives to protect student well-being, enhance academic performance, and mitigate the risk of suicide.

MATERIALS AND METHODS

Type of Study: Cross-sectional observational study.

Place of Study: Siddhartha Medical College, Vijayawada, Andhra Pradesh.

Sampling: Convenient sampling

Sample Size: 313 undergraduate medical students.

Tools:

1. Rosenberg Self-Esteem Scale.
2. Multidimensional scale of Perceived Social Support.
3. Multi-Attitude Suicide Tendency Scale.

Inclusion Criteria:

1. Undergraduate medical students of age 18 and above and of either sex.
2. Students who give consent for the study.

Exclusion Criteria:

1. Students who are not willing to give consent for the study.
2. Students of age below 18 years
3. Students with pre-existing mental health problems.

Ethical Approval: Prior approval was obtained from the Institutional Ethics Committee (IEC). Written informed consent was obtained from the study participants before the study began.

Study Procedure: After obtaining approval from the Institutional Ethics Committee, subjects who met the inclusion criteria were recruited. A semi-structured proforma was used to collect socio-demographic details, followed by the application of the study tools to collect the data.

Statistical Analysis: Data were entered into Excel and then analysed with SPSS 31. Descriptive statistics summarised the data: frequencies and percentages for categorical variables, and mean \pm SD for continuous variables. A scatter plot examined the relationship between self-esteem and suicidal tendency scores. Correlation analysis explored how self-esteem related to suicidal tendency across social support levels, and also assessed associations between social support domains, suicidal tendency, and self-esteem at various perceived social support levels. Multiple linear regression examined the combined effect of self-esteem and social support domains on suicidal tendency. A p-value below 0.05 was considered significant.

RESULTS

Table 1: Distribution of Participants according to Age and Gender (N = 313)

Variable	Category	Frequency	Percentage (%)
Age (Years)	18	24	7.7
	19	82	26.2
	20	80	25.6
	21	45	14.4
	22	37	11.8
	23	31	9.9
	24	14	4.5
Gender	Male	103	32.9
	Female	210	67.1
Total		313	100.0

A total of 313 participants were included in the study. The mean age of the participants was 19.44 ± 1.63 years. The majority of participants were female (67.1%), while males constituted 32.9% of the study population. Regarding age

distribution, the largest proportion of participants was aged 19 years (26.2%), and the smallest proportion was aged 24 years (4.5%).

Table 2: Distribution of Self-Esteem, Social Support, and Suicidal Tendencies among Participants (N = 313)

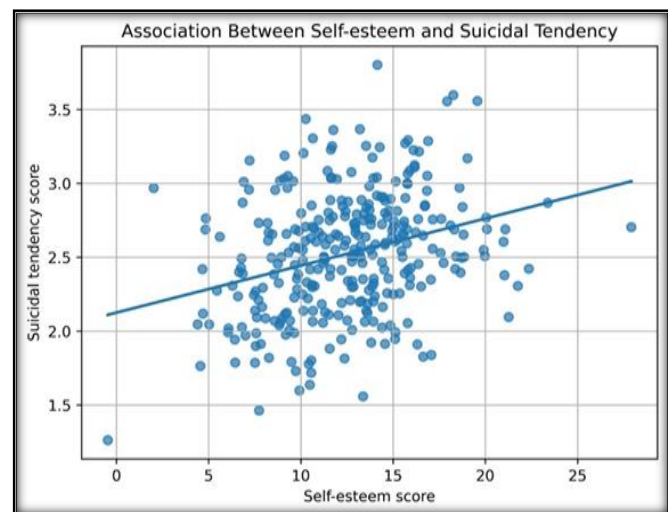
Variable	Category	Frequency	Percentage (%)	Mean \pm SD
SELF-ESTEEM	Low	223	71.2	12.45 \pm 4.27
	Moderate	87	27.8	
	High	3	1.0	
SOCIAL SUPPORT	Low	14	4.5	5.26 \pm 1.18
	Moderate	101	32.3	
	High	198	63.3	
1. Family Support	Low	13	4.2	5.61 \pm 1.27
	Moderate	68	21.7	
	High	232	74.1	
2. Friends Support	Low	20	6.4	5.10 \pm 1.35
	Moderate	128	40.9	
	High	165	52.7	
3. Significant Others Support	Low	31	9.9	5.06 \pm 1.60
	Moderate	116	37.1	
	High	166	53.0	
SUICIDAL TENDENCY	Low	250	79.9	2.72 \pm 0.44
	High	63	20.1	
1. Attraction to Life	Low	28	8.9	3.92 \pm 0.63
	High	285	91.1	
2. Repulsion by Death	Low	234	74.8	2.49 \pm 0.91
	High	79	25.2	
3. Attraction to Death	Low	271	86.6	2.21 \pm 0.80
	High	42	13.4	
4. Repulsion by Life	Low	268	85.6	2.32 \pm 0.67
	High	45	14.4	

Distribution of Self-Esteem among Participants: The assessment revealed that most participants had low self-esteem (71.2%), whereas 27.8% had moderate self-esteem. Only 1.0% of participants demonstrated high self-esteem. The mean self-esteem score among participants was 12.45 ± 4.27 .

Distribution of Social Support among Participants: Overall, 63.3% of participants had high social support, 32.3% reported moderate support, and only 4.5% had low support. The mean overall social support score was 5.26 ± 1.18 . Among the social support subscales, family support was the most frequently reported domain, with 74.1% reporting high family support, 21.7% moderate, and 4.2% low. The mean family support score was 5.61 ± 1.27 . Regarding friends' support, 52.7% reported high support, 40.9% moderate, and 6.4% low. The mean friends' support score was 5.10 ± 1.35 . Similarly, support from significant others was high for 53.0% of participants, moderate for 37.1%, and low for 9.9%. The mean score for significant others' support was 5.06 ± 1.60 .

Distribution of Suicidal Tendencies among Participants: Overall, the suicidal tendency assessment showed that 79.9% of participants had low suicidal tendency, whereas 20.1% demonstrated high suicidal tendency. The mean suicidal tendency score was 2.72 ± 0.44 . In the suicidal tendency subdomains, attraction to life was high among the majority of participants (91.1%), with a mean score of 3.92 ± 0.63 . Repulsion by death was high among 25.2% of participants, with a mean score of 2.49 ± 0.91 . Attraction to death was high among 13.4% of participants, while 86.6% had low

attraction to death. The mean attraction to death score was 2.21 ± 0.80 . Similarly, repulsion by life was high among 14.4% of participants and low among 85.6%, with a mean score of 2.32 ± 0.67 .



This scatter plot shows the relationship between self-esteem scores and suicidal tendency scores, indicating a weak positive association. As self-esteem scores increase, suicidal tendency scores show a slight increase, although the relationship is not strong due to substantial variability in the data.

Table 3: Association Between Self-Esteem and Suicidal Tendency Across Social Support Categories

Social Support Category	Variable	Mean ± SD	Pearson Correlation (r) with Suicidal Tendency	p-value
Low Social Support (n = 15)	Suicidal Tendency	2.56 ± 0.79	0.444	0.098
	Self-Esteem	14.80 ± 6.14		
Moderate Social Support (n = 94)	Suicidal Tendency	2.77 ± 0.40	-0.037	0.722
	Self-Esteem	14.15 ± 3.87		
High Social Support (n = 204)	Suicidal Tendency	2.71 ± 0.43	0.319	<0.001*
	Self-Esteem	11.50 ± 3.99		

*Statistically significant at p < 0.01.

Correlation analysis assessed the relationship between self-esteem and suicidal tendency across levels of social support. Among participants with low social support, self-esteem showed a moderate positive correlation with suicidal tendency (r = 0.444), but this association was not statistically significant (p = 0.098). In the moderate social support group, self-esteem showed a negligible negative correlation with suicidal

tendency (r = -0.037, p = 0.722), indicating no meaningful association. In contrast, among participants with high social support, self-esteem exhibited a statistically significant moderate positive correlation with suicidal tendency (r = 0.319, p < 0.001). These findings suggest that the relationship between self-esteem and suicidal tendency varies by the level of perceived social support.

Table 4: Correlation of Social Support Domains with Suicidal Tendency and Self-Esteem according to Levels of Social Support

Social Support Level	Variable	Suicidal Tendency r (p-value)	Self-Esteem r (p-value)
Low Social Support (n = 15)	Family support	0.69 (p = 0.004)**	0.43 (p = 0.112)
	Friends support	0.47 (p = 0.079)	0.02 (p = 0.944)
	Significant others support	0.22 (p = 0.426)	0.12 (p = 0.660)
Moderate Social Support (n = 94)	Family support	-0.32 (p = 0.002)**	-0.35 (p = 0.001)**
	Friends support	-0.05 (p = 0.605)	0.14 (p = 0.183)
	Significant others support	0.02 (p = 0.889)	-0.35 (p = 0.001)**
High Social Support (n = 204)	Family support	-0.11 (p = 0.107)	-0.31 (p < 0.001)**
	Friends support	-0.02 (p = 0.764)	-0.19 (p = 0.007)**
	Significant others support	-0.03 (p = 0.646)	-0.16 (p = 0.022)*

Values represent Pearson’s correlation coefficient (r). * p < 0.05; ** p < 0.01.

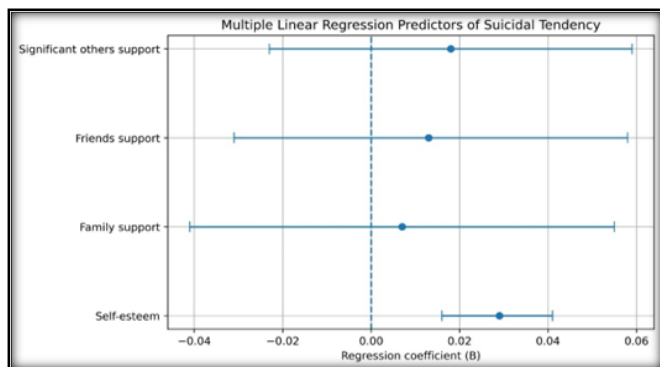
Correlation analysis was conducted to examine associations between social support domains and suicidal tendency and self-esteem across levels of perceived social support. Among participants with low social support, family support was positively correlated with suicidal tendency (r = 0.69, p = 0.004). No notable associations were observed between the social support domains and self-esteem in this group. In the moderate social support group, family support was negatively correlated with suicidal tendency (r = -0.32, p = 0.002). Family

support and support from significant others were negatively correlated with self-esteem (r = -0.35, p = 0.001 for both). Among participants with high social support, the social support domains were not associated with suicidal tendency. However, family support, friends' support, and support from significant others were negatively correlated with self-esteem (r = -0.31, p < 0.001; r = -0.19, p = 0.007; and r = -0.16, p = 0.022, respectively).

Table 5: Multiple Linear Regression Analysis of Factors Associated with Suicidal Tendency (N = 313)

Variable	B	Standardized β	95% CI for B	p-value
Self-esteem	0.03	0.28	0.02 to 0.04	<0.001**
Family support	0.01	0.02	-0.04 to 0.06	0.766
Friends support	0.01	0.04	-0.03 to 0.06	0.558
Significant others support	0.02	0.07	-0.02 to 0.06	0.394

Model statistics: R² = 0.07, Adjusted R² = 0.05, F = 5.49, overall model p < 0.001. Dependent variable: Suicidal tendency.



Multiple linear regression was used to assess the combined influence of self-esteem and social support on suicidal tendency among the study participants. The overall regression model was statistically significant (F = 5.49, p < 0.001), explaining 7% of the variance in suicidal tendency (R² = 0.07; adjusted R² = 0.05). Among the variables included in the model, self-esteem showed a significant positive association with suicidal tendency (β = 0.28, p < 0.001). In contrast, family support, friends' support, and support from significant others did not show significant independent associations with suicidal tendency after adjustment for other variables. These findings suggest that self-esteem independently contributed to suicidal tendency in the study

population. In contrast, the individual domains of perceived social support did not demonstrate significant predictive effects in the adjusted model.

DISCUSSION

A total of 313 participants were included in the study, with a mean age of 19.44 ± 1.63 years. Females constituted the majority (67.1%), while males accounted for 32.9%. Most participants were aged 19 years (26.2%), whereas the fewest were aged 24 years (4.5%).

Self-esteem, social support and suicidal tendencies

The present study demonstrated that a large proportion of undergraduate medical students had low self-esteem (71.2%), despite most participants reporting high perceived social support, particularly from family members. Medical training is often associated with intense academic pressure, competition, emotional stress, and adjustment difficulties, which may undermine students' confidence and self-worth. Similar findings have been reported in previous studies, in which low self-esteem among medical students was associated with depression, anxiety, burnout, and psychological distress.^[10,11] Although 63.3% of participants perceived high social support, especially family support, this may reflect the protective role of close interpersonal relationships in collectivist cultures such as India. 3. emphasised that family and peer support are important buffers against stress and emotional difficulties among young adults.

In the present study, 20.1% of students demonstrated high suicidal tendency, a finding that is clinically significant despite the majority showing low suicidal tendency and high attraction to life. Previous research has consistently identified medical students as a vulnerable group for suicidal ideation due to academic burden, emotional exhaustion, perfectionism, and stigma associated with seeking mental health support.^[12,13] The coexistence of low self-esteem and suicidal tendency observed in this study supports the view that negative self-perception may increase vulnerability to psychological distress and suicidal thoughts. Joiner's interpersonal theory of suicide further suggests that feelings of hopelessness and lack of belongingness contribute to suicidal behaviour.

The findings highlight the need for comprehensive mental health promotion strategies within medical institutions. Although social support appeared relatively strong, it may not be sufficient to protect students from low self-esteem and suicidal tendencies in highly demanding academic environments. Therefore, medical colleges should strengthen counselling services, mentorship programmes, peer-support systems, and regular psychological screening to identify at-risk students early. Raising awareness of mental health and reducing stigma around help-seeking behaviour are essential steps towards improving the psychological well-being of medical students.^[14]

The mediating role of social support in the association between self-esteem and suicidal tendencies among undergraduate medical students

The present study examined the mediating role of social

support in the relationship between self-esteem and suicidal tendency among undergraduate medical students, revealing complex interactions among these psychosocial variables. Among students with low perceived social support, self-esteem showed a moderate positive but statistically nonsignificant association with suicidal tendency, whereas family support showed a significant positive correlation with suicidal tendency. In contrast, among participants with moderate social support, family support was significantly negatively associated with suicidal tendency, highlighting its protective role. Previous literature has consistently shown that social support, particularly from family, acts as a buffer against stress, depression, and suicidal ideation among adolescents and university students.^[3,15] Medical students often experience academic pressure, emotional exhaustion, and adjustment difficulties, which heighten psychological vulnerability; therefore, supportive family relationships may provide emotional reassurance and resilience against suicidal behaviour. Among participants with high social support, self-esteem showed a significant positive correlation with suicidal tendency, whereas the social support domains were not directly associated with it. This finding suggests that social support alone may not be sufficient to protect students from suicidal vulnerability when self-esteem is compromised. Previous studies have reported that low or unstable self-esteem is strongly associated with depression, hopelessness, and suicidal ideation, even among individuals with adequate interpersonal support.^[10,16] The negative correlations observed between self-esteem and family support, friends' support, and support from significant others may reflect complex interpersonal expectations, dependency, or emotional sensitivity among medical students. In highly competitive educational settings, students may continue to experience self-doubt and fear of failure despite receiving external support. The findings support the view that social support partially mediates the relationship between self-esteem and suicidal tendency, but its effectiveness may depend on the quality, perception, and emotional context of support. Joiner's interpersonal theory of suicide proposes that feelings of perceived burdensomeness and thwarted belongingness contribute significantly to suicidal desire.^[17] Students experiencing low self-esteem may consequently persist in being susceptible to suicidal ideation, despite having supportive relationships. These findings underscore the importance of implementing comprehensive mental health interventions within medical colleges that not only bolster social support networks but also concentrate on enhancing self-esteem, emotional resilience, and adaptive coping mechanisms. Counselling services, peer-support programmes, mentorship initiatives, and regular psychological screening are valuable strategies to identify at-risk students promptly and mitigate suicidal tendencies among medical students.

Combined influence of self-esteem and social support on suicidal tendencies among undergraduate medical students

The present study examined the combined influence of self-esteem and perceived social support on suicidal tendency among undergraduate medical students and found that the regression model was statistically significant, explaining 7% of the variance in suicidal tendency. Among the predictors included in the model, self-esteem was the only significant predictor, whereas family support, friends' support, and support from significant

others did not independently predict suicidal tendency after adjustment. These findings suggest that self-esteem may have a stronger, more direct influence on suicidal vulnerability than perceived social support among medical students. Similar findings have been reported in previous studies, in which low self-esteem was identified as a major psychological risk factor for depression, hopelessness, emotional distress, and suicidal ideation.^[10,16]

Medical students are frequently exposed to intense academic demands, competitive environments, fear of failure, and emotional exhaustion, all of which may undermine self-worth and coping capacity. The significant positive association between self-esteem and suicidal tendency observed in the present study underscores the psychological importance of self-perception in shaping mental health outcomes. Previous literature has consistently shown that individuals with low self-esteem are more likely to develop maladaptive coping strategies, emotional instability, and suicidal thoughts.^[18] Furthermore, longitudinal studies among university students have shown that low self-esteem predicts future depressive symptoms and suicidality, independent of social and demographic factors.^[15] The findings of the present study, therefore, support the view that self-esteem functions as an independent psychological determinant of suicidal behaviour among young adults. Although perceived social support did not emerge as a significant predictor in the adjusted regression model, its role should not be underestimated. Earlier studies have established that family and peer support protect against stress, depression, and suicidal ideation by promoting emotional security and resilience.^[3] However, the lack of statistical significance in the present study may indicate that the protective effect of social support is indirect or mediated through other psychological factors, such as coping ability, resilience, or mental health status. Joiner's interpersonal theory of suicide proposes that suicidal desire develops primarily through perceived burdensomeness and thwarted belongingness rather than the mere presence or absence of social relationships.^[17]

Consequently, students may remain susceptible to suicide despite having supportive social networks if they possess low self-esteem or emotional instability. The findings of this study underscore the necessity for targeted psychological interventions within medical institutions. Although enhancing family and peer support systems remains significant, interventions focused on augmenting self-esteem and emotional resilience may prove more efficacious in diminishing suicidal tendencies among medical students. Accordingly, medical colleges should implement comprehensive mental health programmes that encompass counselling services, mentorship initiatives, stress-management workshops, peer-support groups, and routine psychological screenings. Early detection of students exhibiting low self-esteem could aid in preventing severe psychological distress and suicidal behaviour.

CONCLUSION

The present study underscores the significant relationship

between self-esteem, perceived social support, and suicidal tendencies among undergraduate medical students. The findings indicate that low self-esteem is highly prevalent and serves as a critical psychological predictor of suicidal vulnerability, even when perceived social support levels are comparatively high. While family and peer support play a protective role in alleviating emotional distress, their efficacy may be limited in situations where students experience diminished self-worth, academic stress, and emotional exhaustion. Furthermore, the study suggests that social support partially mediates the relationship between self-esteem and suicidal tendencies, highlighting the complex interaction of individual and interpersonal factors influencing mental health outcomes. These findings emphasise the urgent necessity for comprehensive mental health interventions within medical institutions, including counselling services, mentorship programmes, peer support networks, stress management training, and routine psychological assessments. Enhancing self-esteem, resilience, and adaptive coping strategies among medical students may be vital in reducing suicidal tendencies and fostering overall psychological well-being.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Authors' Contributions:

S Sarath Ajay Kumar - study conception and design, interpretation of results, manuscript preparation, guidance throughout the research, and approval of the final manuscript; **Bommathula Vidya** - study conception and design; **P Rashmitha Priyadarsini & Praveen Kumar S** – statistical analysis of the data; **Divya Harshitha Nunavath** – data collection

REFERENCES

1. Rosenberg, M. (1985). Self-esteem and the adolescent self-image (Rev. ed.). Princeton University Press.
2. Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology* (pp. 189–214). Oxford University Press.
3. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30–41.
4. Friedlander, L. J., Reid, G. J., Shupak, N., & Cribbie, R. (2007). Social support, self-esteem, and stress as predictors of adjustment to university among first-year undergraduates. *Journal of College Student Development*, 48(3), 259–274.
5. Bahar, H. H. (2010). The effects of gender, perceived social support and sociometric status on academic success. *Procedia - Social and Behavioral Sciences*, 2(2), 3801–3805.
6. Rahat, E., & İlhan, T. (2016). Coping styles, social support, relational self-construal, and resilience in predicting students' adjustment to university life. *Educational Sciences: Theory & Practice*, 16(1), 187–208.
7. Kienhorst, I. C. W. M., De Wilde, E. J., Diekstra, R. F. W., & Wolters, W. H. G. (1990). Differences between adolescent suicide attempters and depressed adolescents. *Acta Psychiatrica*

- Scandinavica, 82(3), 222–228.
8. Garrison, C. Z., Addy, C. L., Jackson, K. L., McKeown, R. E., & Waller, J. L. (1991). Suicidal behaviors in young adolescents. *American Journal of Epidemiology*, 133(10), 1005–1014.
 9. Marttunen, M. J., Aro, H. M., Henriksson, M. M., & Lönnqvist, J. K. (1991). Mental disorders in adolescent suicide. *American Journal of Psychiatry*, 148(6), 834–839.
 10. Orth U, Robins RW. Understanding the link between low self-esteem and depression. *Current Directions in Psychological Science*. 2013;22(6):455–460.
 11. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. *Academic Medicine*. 2006;81(4):354–373.
 12. Rotenstein LS, Ramos MA, Torre M, Segal JB, Peluso MJ, Guille C, Sen S, Mata DA. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *JAMA*. 2016;316(21):2214–2236.
 13. Mateen A, Kumar V, Singh AK, Yadav B, Mahto M, Mahato S. Suicide and suicidal ideation in medical students: a systematic review. *Cureus*. 2024;16(7):e65246.
 14. Witt K, Boland A, Lamblin M, McGorry PD, Veness B, Cipriani A, Hawton K, Christensen H, Robinson J. Effectiveness of universal programmes for the prevention of suicidal ideation, behaviour and mental ill health in medical students: a systematic review and meta-analysis. *BMJ Mental Health*. 2019;22(2):84–90.
 15. Wilcox HC, Arria AM, Caldeira KM, Vincent KB, Pinchevsky GM, O’Grady KE. Longitudinal predictors of past-year suicidal ideation and attempts among college students. *Journal of Affective Disorders*. 2010;127(1-3):287–294.
 16. Sowislo JF, Orth U. Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*. 2013;139(1):213–240.
 17. Joiner T. *Why People Die by Suicide*. Cambridge, MA: Harvard University Press; 2005.
 18. Baumeister RF. Suicide as escape from self. *Psychological Review*. 1990;97(1):90–113.