



Role of Social Capital and Psychological Capital (PsyCap) in promoting Students Mental Health

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Abstract

The surge in mental health issues among students is a concern for all. The present study examined the relationships among social capital, psychological capital, and mental health among students. The participants for the study include 210 (N=210) undergraduate students from different colleges of various districts of Haryana (India). The age range of participants is between 18 and 24 years. Appropriate psychological tools were used for the assessment of variables. The findings established a significant positive correlation among social capital, psychological capital, and mental health. Further, social capital and psychological capital were found to be significant predictors of mental health among students.

INTRODUCTION

The surge in mental health issues among students is a concern for all. According to Kessler et al. (2005), 50% of mental illness begins by age 14 and around three-fourths begin by age 24. It has been observed that initiation of mental disorders takes place at an early age or during early school age. Furthermore, 75% of those who developed mental disorders had their first episode of onset by the age of 25 years (Kessler et al., 2007). According to WHO (2025), mental health has been defined as a "state of mental well-being enabling an individual to manage stress, realizing one's capabilities to learn and work well in the community".

Students' mental health in particular is a concern for all, as in India particularly the figures are startling, says the report with 1628 students aged 18-29 from higher educational institution across 8 tier-1 Indian cities mentions moderate to higher levels of anxiety (69.7%) depression (59.9%) a loss of behavior and emotional control (65.1%) and distress (70.3%) (Suresh & Dar, 2025). According to Garg et al. (2023), 37.2% of students from the medical stream reported suicidal ideation, whereas 25.92% of school adolescents reported depression and 13.70% experienced anxiety (Sonam et al., 2025).

Deliberating upon the factors leading to the declining mental health scenario among the students globally. The shift in the paradigm brought by positive psychology and positive psychology interventions marks attention towards social capital and psychological capital (PsyCap).

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Social capital (SoCap) is defined as “an instantiated informal norm that promotes cooperation between two or more individuals” (Fukuyama, 1999). Whereas, Putnam (1995) defined social capital as “features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit”. This can be understood as a feature of social context (Bolin et al., 2003) that exists within relationships (Fukuyama, 1999) as opposed to human capital.

Common elements of social capital are generalized trust, civic engagement, social networks, and norms of reciprocity (Bhandari & Yasunobu, 2009). In simpler terms, it can be understood as the beneficial effects of social interactions. Social networks are an important resource and relationship matters when it comes to social capital. Social interactions and teamwork are the basis of social capital (Institute for Social Capital, 2014). Bonding, bridging, and linking (Bhandari & Yasunobu, 2009) are the common types of social capital.

Literature suggests that dimensions of social capital, like trust, reciprocity, and feelings of safety, are correlated with low levels of distress and improve the well-being of individuals (Phongsavan et al., 2006; Dai & Gu, 2022; Nieminen et al., 2010). Whereas a sense of community reduces symptoms of depression, stress and anxiety (Park et al., 2023).

Psychological Capital (PsyCap) is defined as “a positive situation for personal development with the features of self-reliance while dealing with the challenges (self-efficacy), positive expectations for the future success (optimism), being full of determination (hope), and accomplishment in spite of obstacles (resilience)” (Çavuş & Gökçen, 2015). Nafees and Jahan (2017) found a positive correlation between PsyCap and mental well-being among medical students. Further, Munawer et al. (2021) in a study on graduate students found dimensions of PsyCap as predictors of mental health. Another study found a negative correlation of PsyCap with symptoms of anxiety and depression (Wang et al., 2023). A systematic review suggests that PsyCap and its components, including hope, resilience, self-efficacy, and optimism, are positively related to the mental health of young adults (Preston et al., 2023). Another study on nursing students found that PsyCap mediate the relationship between spiritual well-being and mental health (Parviniannasab et al., 2022).

Literature also suggests a positive relation between social capital and psychological capital. A

study by Komala & Vasanthi (2018) with graduation students of the education stream revealed a positive correlation between variables. Another study on residents of China reported psychological capital to be significantly associated with social capital and improves happiness by enhancing social capital (Zhao et al., 2022).

Research is evidence of the fact that social relationships, group memberships and social identities serve as protective factors (Jetten et al., 2012) of mental health and furthermore, social group memberships not only alleviate depression (Cruwys et al., 2013) but also serve as a preventive factor against depression relapse. Social interactions provide beneficial impact on psychological well-being. To what extent social capital and PsyCap impact the mental health of individuals, particularly the students' mental health, is yet to be explored.

Objectives

1. To gauge the relationship between social capital and mental health among students.
2. To gauge the relationship between psychological capital and mental health among students.
3. To gauge the relationship between social capital and psychological capital among students.

Hypotheses

1. There will be a significant relationship between social capital and mental health among students.
2. There will be a significant relationship between psychological capital and mental health among students.
3. There will be a significant relationship between social capital and psychological capital among students.

METHOD

Sample

The participants for the present study include 210 undergraduate (N=210) students in the age range between 18 and 24 years. The sample was chosen by simple random sampling from different colleges from various districts of Haryana. Students who volunteered to participate in the study were included.

MEASURES

Personal Social Capital Scale: Developed by Chen et al. (2009), is a five-point Likert scale meant to assess personal social capital. The scale has a total of 10 composite items, Cap1 to Cap10 and 42 sub-items. Cap1 to Cap5 composite items assess the bonding social capital, and Cap6 to Cap10 assess the bridging social

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capital. The summation of both the bonding and bridging capital scales provides the composite total personal social capital levels of the individuals. The scale has good psychometric properties with reliability ranging from 0.77 to 0.87 at Cronbach's alpha.

Psychological Capital Assessment Scale (PCAS): comprising 34 items and developed by Rani and Chaudhary (2018) is a five-point Likert scale with the responses ranging from "strongly agree" to "strongly disagree". The scale is applicable to secondary, senior secondary and college-level students. The test possesses good psychometric properties, with test-retest and split-half reliability being 0.342 and 0.643, respectively.

Mental health continuum short form (MHC-SF) (Keyes, 2009): The scale comprises 14 items with six alternative responses ranging from "never to every day". This scale assesses the psychological, emotional, and social well-being of individuals. The test-retest reliability of the MHC-SF averaged .68 and .65 for consecutive three and nine months, respectively (Lamers et al., 2011)

PROCEDURE

After finalizing the sample, the informed consent was taken pre-hand. Rapport was established, and the instructions were given in a manner that each and everything pertaining to the purpose of study and administrative tools is clear to the participants, and they are free to ask any doubt (if any) pretraining to the scales or any aspect related to the study at any point in time. The tools selected for the study were administered in individual as well as group settings. After the completion of the questionnaire, the duly filled questionnaires were scored as per the scoring guidelines provided in the respective tool manual. Afterwards, the data was put to statistical analysis, and inferences were made.

Statistical analysis

The obtained data were analyzed using SPSS version 23. Descriptive statistics and Pearson's product-moment correlation were conducted to find the correlation among the variables. Further multiple regression analysis was conducted to find the predictive effect of the variables.

RESULTS

Table 1 represents the descriptive analysis and correlation analysis. Descriptive analysis depicts that the mean score of participants for the variable of social capital ($M = 29.53$; $SD = 4.23$), for psychological capital

($M = 131.40$; $SD = 14.26$), and for mental health ($M = 39.82$; $SD = 11.36$).

Table -1: Descriptive Analysis and Inter-correlation Matrix between Social capital (SoCap), psychological capital (PsyCap) and Mental Health among students ($N=210$)

Variable	M	SD	SoCap	PsyCap	MH
SoCap	29.53	4.23	1	.268**	.365**
PsyCap	131.40	14.26	1	.441**	
MH	39.82	11.36	1		

***Correlation is significant at the 0.01 level (2-tailed)*

The findings establish a significant positive correlation between social capital and PsyCap ($r=.268$, $p<.01$), mental health and social capital ($r=.365$, $p<.01$), and PsyCap and mental health ($r=.441$, $p<.01$).

Table 2: Multiple linear regression predicting Mental Health

Variable	B	SE	β	t	P
Constant	-19.997	7.048	—	-2.837	.005
Social cap	.714	.166	.266	4.289	.000
PsyCap	.295	.049	.370	5.964	.000

Note: $R^2 = .261$, $F(2, 207) = 36.473$, $p<.001$

Table 2 represents the multiple regression with social capital and psychological capital as predictors and mental health as the dependent variable. The overall model was significant with $R^2 = .261$, $F(2, 207) = 36.473$, $p<.001$. The findings establish that both predictors, social capital and PsyCap, explained 26.1% variance. The present findings also establish that social capital ($\beta=.266$, $t=4.289$, $p<.001$) and psychological capital ($\beta=.370$, $t=5.964$, $p<.001$) are significant predictors of mental health.

DISCUSSION

The findings of the present study establish a significant positive correlation between social capital and mental health and a significant positive correlation between psychological capital and mental health. Further, the findings also established a significant positive correlation between social capital and psychological capital. Moreover, regression analysis depicts social capital and PsyCap as significant predictors of mental health among the students. Thus, it can be inferred that students who have a high level of social and psychological capital experience better mental health.

The present findings may be corroborated with research conducted by Dai and Gu (2022), wherein

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with the data from China family panel studies were used, wherein social capital was assessed with indicators, namely social help, social networks, social trust and social participation established that the higher the levels of social trust and mutual help, the better would be the mental health of individuals. The present findings are also in line with Adelinejad et al. (2022), wherein with a sample of 427 (N=427) university students established social capital to have a significant promotive effect on the mental health of the students.

The present findings are consistent with previous research by A. Jarvis et al (2020), in which data procured from the Korea Youth Panel Survey (N =2753), which established that social capital reduces academic stress, which in turn improves mental health. Furthermore, the present findings are in consensus with the findings of Nieminen et al. (2010), with a health survey conducted with a huge sample of the Finnish population (N=8028), which concluded that social trust, social participation, reciprocity and networking as dimensions of social capital improve psychological well-being and health. Thus, the hypothesis of the present study, that "There will be a significant relationship between social capital and mental health among students", is accepted.

Moreover, the present findings also establish a significant positive correlation between psychological capital (PsyCap) and mental health among the students. This provides the understanding that the higher the psychological capital, the better would be the mental health. The findings are in agreement with the findings of Nafees and Jahan's (2017) study with undergraduate medical students concluded that psychological capital, as a correlate of mental health having positive association with mental health. Munawer et al. (2021) also established psychological capital as the predictor of mental health among undergraduate students. Further, a systematic review suggests that components of psychological capital, like hope, optimism, self-efficacy, and resilience, are related to young adults' mental health (Preston et al., 2023). Rose Selvaraj and Suniti Bhat (2018), with a sample of college students (N=338), also concluded a relationship and prediction between psychological capital and mental health levels among students. The findings suggest that a student who has positive strengths like hope, resilience, self-efficacy, and optimism has a better level of mental health. Hence, the hypothesis of the present study, that "There will be a significant relationship between psychological

capital and mental health among students", is accepted.

Furthermore, the present findings also establish a significant positive correlation between social capital and psychological capital (PsyCap). The present findings are corroborated by research conducted by Wang et al (2022), where a sample of entrepreneurs found a significant positive correlation between social capital and psychological capital. Furthermore, the present findings are in line with Komala and Vasanthi (2018), wherein they established a significant positive relationship between psychological capital and social capital. Social capital is believed to uplift mood by reducing depression, stress (Swe et al., 2019) and loneliness. The sense of being connected further increases psychological capital, too. Psychological capital and its related components, including hope, resilience, self-efficacy, and optimism are positively related to the mental health of young adults (Preston et al., 2023). Thus, the hypothesis of the present study, that "There will be a significant relationship between social capital and psychological capital among students", is accepted.

CONCLUSION

The present study establishes that social capital and psychological capital have a protective and promotive impact on mental health. Better levels of social capital and psychological capital better would be the mental health of students. Social capital, the sense of social worth, and belongingness, trust and acceptance are believed to improve mental health. The positive association between social capital and psychological capital is indicative of better mental health among individuals.

Limitations and future directions

The present study was conducted to investigate the relationship between social capital, psychological capital, and the mental health of students. The present study is correlational in nature and does not find a cause-and-effect relationship among variables. The sample size is also small and is confined to graduate students. Further, findings of the study provide a need for intervention based on social capital and psychological capital to improve the mental health of students, which will also be conducted with different age groups and diverse populations.

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