

## EXPLORING THE IMPACT OF PSYCHOLOGICAL CAPITAL AND SOCIAL SUPPORT ON MENTAL HEALTH: THE ROLE OF SELF-COMPASSION

Ali Arshad<sup>1</sup>, Dr Ghulam Hassan<sup>2</sup>, Dr Wajiha Yasir<sup>3</sup>, Dr Tahira Batool<sup>4</sup>, Saira Khurram<sup>5</sup>, Fizza Rizwan<sup>6</sup>

<sup>1</sup>Tutor, Humanistic Integrative Counseling, Counselling and Psychotherapy Central Awarding Body (CPCAB), United Kingdom.

<sup>2</sup>Associate Professor, Psychiatry Punjab Institute of Mental Health, Lahore, Pakistan

<sup>3</sup>Associate Professor, Department of Psychology, National University of Pakistan, Rawalpindi, Pakistan

<sup>4</sup>Assistant Professor, STEM Education Department, Lahore College for Women University (LCWU), Lahore, Pakistan

<sup>5</sup>Teacher at IGCSE, A Level

<sup>6</sup>Associate Psychologist, Clinical Psychology, Kids Neuro Clinic, Dubai

<sup>1</sup>aliarshad.therapychapters@gmail.com, <sup>2</sup>hasshadani1980@gmail.com, <sup>3</sup>wajeelayasir@gmail.com, <sup>4</sup>batooltaha@gmail.com, <sup>6</sup>fizza.rizwan.fr@gmail.com

### ABSTRACT

The purpose of this research is to determine the relationship between psychological capital (PsyCap) and social support on mental health and the moderating effect of self-compassion. Using a quantitative research methodology, the study gathered data from 200 adults through structured questionnaires measuring key variables: PsyCap (hope, optimism, resilience, self-efficacy), social support (emotional, informational, and instrumental support), self-compassion (kindness to self, being aware of current suffering and improved acceptance, and shared humanity), and mental health (anxiety, depression, and stress). All data analysis was done with SPSS, where basic descriptive measures, Pearson correlation coefficients and multiple regression analysis for direct and indirect effects of variables were assessed. The study establishes that PsyCap and social support explain a decrease in mental health concerns and the presence of self-compassion as having a partial mediating influence. The concluding results imply that including the enhancement of PsyCap and social support may improve mental health by promoting self-compassion.

**Keywords:** Self-Compassion, Psychological Capital, Mental Health, Anxiety, Social Support, Depression, Stress.

### INTRODUCTION

Mental health is a critical aspect of overall well-being, influencing individuals' emotional, psychological, and social functioning. With

increasing mental health concerns worldwide, understanding the factors that contribute to mental health is of key essence, especially in the context

of modern-day challenges. Among these factors, psychological capital and social support have gained significant attention for their potential to positively impact mental health outcomes. Psychological capital, characterized by individual traits such as hope, optimism, resilience, and self-efficacy, can enhance one's ability to cope with stress and adversity, thus fostering better mental health. Likewise, social support, encompassing emotional, instrumental, and informational assistance from family, friends, and communities, plays a vital role in buffering the effects of stress and promoting psychological well-being.

The purpose of this article is to look at how the aforementioned constructs interface and prioritize the effects that they have on mental health. Psychological capital is defined as an individual's positive psychological state within them which comprises of hope, resilience, optimism and self-efficacy. This construct is built on the concept of hope and focus on the ability of any human being to change for the better and to successfully cope with the crises-response resources provided.

Research has shown that PsyCap improves coping strategies, decreases psychological damage, and improves mental health (Luthans et al., 2007). It can be valuable in meeting psychological needs when PsyCap is encouraged in culturally rich setting like in Pakistan where cultural pressures and economic differences reign. Stress cushioning refers to willingness and capacity of one's social network to provide them with a range of non-material support such as, emotional; informational and instrumental support.

Many researchers have used social support to show that it plays an important role in lessening the impact of psychological disturbance besides enhancing the ability of the affected individual to cope with emotions.

In a Pakistani culture, collectivistic in nature, social support becomes a key influential factor of mental health (Jibeen 2016). However, traditional support systems erode with time because of the pressure from urbanization and the economy presents daunting challenges. Caring for oneself by being kind to oneself, paying attention to one's suffering, and realizing that suffering is part and parcel of human life, has commonly been received as a useful framework in supporting well-being.

While self-esteem frequently relies on maxims out of environment acceptance, self-compassion emphasizes inner way of thinking and emotion regulation. Studies on self-care show that it decreases the impact of stress, lowers symptoms related to anxiety and depression, and improves for overall quality of life (Neff, 2003). Concept of self-compassion is proved positive for individuals of Pakistan as it helps them to have a resource for dealing with the societal pressures or the issues they face. To further this notion; PsyCap, social support, and self-compassion can be understood in relation with mental health as an attempt to create and develop a new line of research. While PsyCap brings the psychological resources required for coping with challenge, social support brings the support and encouragement from the outside world for the exercised psychological strengths. Self-compassion in return facilitates both aspects, whilst promoting more compassionate and more rational view on the struggles in daily life. Exploring Pakistan's socio cultural and an economical framework for mental health, however, brings out prospects and challenges. They also include economic inequalities, gender inequalities, and cultural perceptions that stigmatize mental disease that increases psychological morbidity among people. Furthermore, low availability of mental health care and social perception regarding the availability of professional help act as challenges for handling such problems (Ahmad & Koncsol, 2022). However, Pakistan's cultural collectivism where family and community obligations dominate does highlight that the society and family play a large role in building and maintaining appreciation.

## **Literature Review**

### **Psychological Capital and Mental Health**

PsyCap consisting of self-efficacy, optimism, hope and resilience has been proposed and investigated in context of mental health. Luthans et al. (2007) defined PsyCap as one of the most important organisational resources as it enables people to manage pressure, regulate their moods and improve on their well-being.

Research findings suggest that PsyCap enables a person to improve on anger issues and other

negative emotions as well as to acknowledge the surfacing coping mechanisms, as a consequence, of adversities, making them to experience low levels of depression and anxiety (Youssef-Morgan & Luthans, 2015). This goes a profound way to explain the importance of PsyCap as a buffer in this regard; especially in countries such as Pakistan because socio-economic pressures are likely to worsen psychological difficulties (Ahmad & Koncsol, 2022). Other workplace investigations also support PsyCap's construct on the influence on mental health. In their study, Avey et al., (2009) observed a direct relationship of PsyCap with job satisfaction, decreased burnout and increased performance.

These findings recommend that interventions which facilitate the enhancement of PsyCap would be useful to those experiencing work-related stress. Moreover, PsyCap is malleable and can be enhanced through the particular training courses which makes it an actionable construct for strengthening mental health results (Newman et al., 2014). For example, resilience intervention and optimism program has been helpful in increasing PsyCap and decreasing psychological disorders (Siu et al., 2014).

The application of PsyCap, is apparent and clearly evident, in collectivist cultures such as the Pakistan culture. Such views cause people to invite an additional psychological pressure rooted from social expectations that have been derived from societal standards. Training of PsyCap in such circumstances provides some form of ease against stress and therefore enhances the mental well-being status of people. Ahmad and Koncsol (2022) underscored the fact that raising up cultural-awareness intervention regularly which is likely the better place to address the distinct burdens encountered in developing countries.

### **Social Support and Mental Health**

Emotional, instrumental, as well as informational support also has the significance in preventing mental health problems. Cohen and Wills (1985) came up with stress-buffering hypothesis which envelope the idea that social support minimizes the impact of stress on mental health.

Defining social support as a network of available relationships, other studies have also shown that

people who report having more social resources have been found to have less anxiety, depression and general psychological distress (Taylor, 2011). Collectivistic culture dominates the Pakistani population, and therefore family and community are the main sources of instrumental and emotional support (Jibeen, 2016). Receiver operating characteristics for perceived social support are deemed important and refer to the extent to which a person feels support in time of need. But in stating, when comparing perceived support and received support, Uchino (2009) found that perceived support is a better predictor of mental health. It is more important especially in the part of the world where people will frown at anyone who shows signs of weakness.

For instance, Begum (2023) conducted research and found that perceived social support was a strong predictor of low stress level amongst university students of Pakistan and therefore helped as a neutraliser in such learning institutions. There is also evidence of the gender differences in the use of social support resources. Women are likely to require social support than men, while men predominantly require what might be referred to as task oriented support (Taylor, 2011). Such disparities reflect cultural and social reality as well as roles assigned to them due to patriarchal culture of Pakistan (Jibeen, 2016).

To eliminate these disparities, effective culturally-competent and gender-sensitive treatment procedures have to be applied. In addition, social support and other domain psychological constructs positively correlate in relation to mental health. For instance, it has been established that it helps to boost the positive impact of PsyCap by bring in outside validation and support. These findings underlining dynamics between internal and external resources brings awareness that it is necessary to develop both micro and macro level initiatives for improving psychological well-being (Youssef-Morgan & Luthans, 2015).

The support from fellow peers, especially in early adulthood or young people is also very important. Through peer networks people receive support and gain understanding that helps them to cope with life challenges. In Pakistan, educational institutions are now giving attention to peer

mentoring initiatives or programs that follow strategies that have significant effects on the decrease in stresses and improvement of coping in students, as identified by Begum (2023).

### **The Role of Self-Compassion**

Kindness has been described as the treatment of oneself as one would treat a good friend during times of failure or upset: self-compassion. Neff (2003) identified three core components of self-compassion; self-kindness, common humanity and mindfulness. These elements empower people to provide for themselves with less criticism in case if a plan does not work out, etc. Studies have shown that self-compassion has a negative correlation with anxiety, depression and stress as stated by Neff et al., 2007.

Self-kindness in the context of resilience serves as a psychological protection mechanism against the impact of stress and trauma. Raes (2011) reaffirmed how self-compassion can regulate the link between life being faced with negative stimuli, and depressive symptoms thus creating emotional constancy. This fact is especially important in the context of Pakistan where cultural prejudices regarding mental health enhance feelings of guilt (Ahmad & Koncsol, 2022). Promoting self-compassion in clients can assist the clients in transforming their attitude towards experiencing emotions that are related to mental health disorders.

Germer and Neff (2013) noted that mindful self-compassion (MSC) interventions have effectivity evidenced by decline in the symptoms of anxiety and depression, and improvement in overall well-being. These are intervention programs speak volume in areas such as Pakistan where access to mental health services is scarce. Such interventions teach individuals how to generate self-compassion, they are a low-cost and easily implemented solution for enhancing the psychological health of a population. Self-compassion also has moderation effects on other variables such as PsyCap and social support on mental health. For example, Alfano and colleagues, as reported by Neff et al. (2007) found that the role of self-compassion is to moderate the association of stress with psychological health so

as to weaken the effect of the stressors as well as to improve coping resources.

Moreover, self-compassion led to an improved quality of self-control. The mentioned capacity to regulate emotional experiences forms a component of resilience, which serves as a key component of healthy mental functioning.

### **Cross cultural perspective of self-compassion**

Self-compassion is a component of self-esteem which is influenced by cultural factors. Collectivist cultures such as that found in Pakistan characteristic of an external locus of control; practicing self-kindness stands as an antidote to Infrastructures social pressure. Writing about the self, Neff and Dahm (2015), have pointed out that self-compassion helps to interpret personal and social identities in a more reasonable manner, thus alleviating the pressure which cultural demands create.

Self-compassion, if introduced, to educational and workplaces in Pakistan can help create supportive environments towards mental health. The positive interrelation between self-compassion, PsyCap and social support appears to call for an integrative approach for addressing mental health problems. While PsyCap offers a set of internal assets to cope with adversities and social support adds outside encouragement, self-compassion links these instead and develops a relatively meaningful and gentle approach to the self.

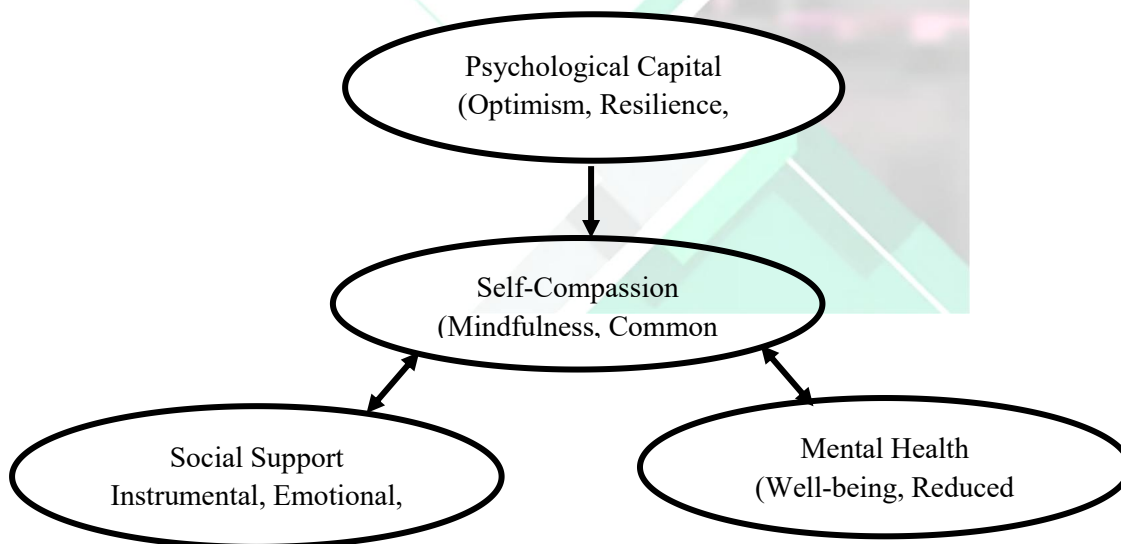
In combination, these constructs provide a strong theoretical base to investigate and promote and psychological strength, especially in the complex culturally diverse population of Pakistan.

### **Theoretical Framework**

The theoretical framework employed, is being used for studying effect of psychological capital (PsyCap), social support and self-compassion on mental health of the participants. The theory of PsyCap based on the positive psychological theories posits that enhanced PsyCap can help people to manage stress, flourish, and have optimum mental health. Perceived or actual social support, indicated as the presence of available emotional, instrumental, informational and appraisal support, can have significant influence on mental health.

According to the expectations of the social support theory, people’s families, friends, coworkers, other relations and communities relieve stress and insulate them from distress in general with the help of support. They offer help as well as inclusion which are key aspects that improve the psychological wellbeing of the users. According to Neff’s (2003) conceptualization of the self-compassion, they are the same as emotions that people show themselves when they fail or are struggling, not self-criticism. With regard to the self-compassion theory, people with high self-compassion possess enhanced negative state regulation, reduced level of anxiety and depression and healthier ways of coping. Self-compassion is subjective and occupies a central place in the analysis of mental health because it defines the basic mechanisms of managing emotions and maintaining a stable level of psychological protection in stress. Mental health assets include psychological capital and social support as brought forward by this framework. However, self-compassion emerges as mediator through which individuals can better utilize these resources. Those with high self-compassion will be able to manage their PsyCap and better utilize their available social support hence; enhancing on their mental health and emotional status.

**Conceptual Framework**



**Hypothesis**

- H01:** Psychological Capital (PsyCap) has a significant negative effect on mental health outcomes (anxiety, depression, stress).
- H02:** Social support has a significant negative effect on mental health outcomes (anxiety, depression, stress).
- H03:** Self-compassion mediates the relationship between psychological capital (PsyCap) and mental health outcomes (anxiety, depression, stress).
- H04:** Self-compassion mediates the relationship between social support and mental health outcomes (anxiety, depression, stress).

**Problem Statement**

Anxiety, depression, and stress have become some of the emerging health problems observed in Pakistan that cut across all ages, gender, culture, and class. The population of the country struggles with a high prevalence of mental disorders which include depression, anxiety, and posttraumatic stress and yet, there are few mental and substance use treatment facilities, mental illness is not well understood by the public, and stigmatized. Mental capital defined as hope, optimism, resilience, and self-efficacy had been determined to protect health by enhancing the ability to manage stress. However, to a certain extent, knowledge of how PsyCap is associated with mental health in Pakistan remain a phenomenon that have not been

thoroughly studied.

Therefore, the particular process by which social support affects psychological well-being in Pakistan has received little scholarly attention. Another important determinant of mental well-being is self-compassion, which refers to the extent to which a person can be gentle or kind with him or herself during suffering. The contribution of self-compassion in mediating the relationships between PsyCap and social support and mental health is one of the neglected areas for research in Pakistan.

The purpose of this research is to examine the moderator of psychological capital and social support by using self-compassion in relation to mental health. In doing so, the study's primary purpose is to add to the advancement of culturally appropriate prevention and intervention strategies in Pakistan to enhance mental health.

### **Aim of the Study**

The aim of this study is to explore the impact of psychological capital (PsyCap) and social support on mental health outcomes, with a specific focus on the mediating role of self-compassion. By examining these factors, the study seeks to understand how psychological resilience, optimism, and external support systems contribute to better mental well-being. The research aims to investigate whether individuals with higher levels of PsyCap and social support experience improved mental health, and how self-compassion may enhance or mediate these effects.

Through this exploration, this article intends to contribute valuable insights into the mechanisms that promote mental health in the Pakistani context, where mental health challenges are prevalent, yet often under-addressed. The findings aim to provide a foundation for developing culturally appropriate mental health interventions and support systems that leverage PsyCap, social support, and self-compassion to foster resilience and improve overall well-being in Pakistan.

### **Research Questions**

1. What is the impact of psychological capital (PsyCap) on mental health outcomes among individuals in Pakistan?
2. How does social support influence mental health in the Pakistani context?

3. To what extent does self-compassion mediate the relationship between psychological capital, social support, and mental health outcomes in Pakistani context?

### **Research Methodology**

This study adopted a quantitative research methodology to explore the impact of psychological capital (PsyCap) and social support on mental health outcomes, with a focus on the mediating role of self-compassion. The research was conducted through a survey-based approach to gather data from individuals, aiming to understand the relationships between these variables.

### **Participants**

The study included a total of 200 participants, selected using a stratified random sampling technique to ensure diversity in terms of age, gender, and socio-economic background. The sample was divided into various sub-groups to represent a wide cross-section of the population. The inclusion criteria included adults aged 18-60, who were willing to participate in the study.

### **Data Collection**

Data was collected through structured questionnaires administered online and/or in-person, was depending on participant availability. The questionnaire included standardized scales to measure the key variables:

*Psychological Capital:* The Psychological Capital Questionnaire (PCQ) was used to measure participants' levels of hope, optimism, resilience, and self-efficacy.

*Social Support:* The Multidimensional Scale of Perceived Social Support (MSPSS) assessed emotional, informational, and instrumental support received from family, friends, and significant others.

*Self-Compassion:* The Self-Compassion Scale (SCS) measured participants' ability to practice self-kindness, mindfulness, and common humanity in response to personal challenges.

*Mental Health:* Standardized scales, such as the General Health Questionnaire (GHQ-12), were used to assess mental health outcomes, including anxiety, depression, and stress.

**Data Analysis**

Data was analyzed using statistical software, SPSS to perform descriptive and inferential statistical tests. Descriptive statistics (mean, standard deviation) were used to summarize the demographic characteristics of the sample and the responses to the scales. Pearson correlation

analysis was conducted to assess the relationships between PsyCap, social support, self-compassion, and mental health outcomes. Regression analysis was used to examine the direct and indirect effects of PsyCap and social support on mental health, testing the mediating role of self-compassion.

**Results**

**Table 1:**

**Demographic Characteristics of Participants (n = 200)**

Characteristic	Frequency	Percentage (%)
<b>Gender</b>		
Male	100	50%
Female	100	50%
<b>Age Group</b>		
18-25 years	50	25%
26-35 years	70	35%
36-45 years	50	25%
46-60 years	30	15%
<b>Educational Level</b>		
Undergraduate	100	50%
Graduate	100	50%

The sample consisted of an equal gender distribution, with 50% male and 50% female participants. The majority of participants were in the age range of 26-35 years (35%) and 18-25

years (25%). The sample included equal representation of undergraduate and graduate participants (50% each).

**Table 2: Descriptive Statistics for Psychological Capital (PsyCap)**

Component	Mean	Std. Deviation	Minimum	Maximum
Hope	4.2	0.8	1	5
Optimism	4.0	0.7	1	5
Resilience	4.3	0.9	1	5
Self-efficacy	4.1	0.8	1	5

The participants exhibited high levels of psychological capital across all components, with mean scores above 4.0 on the 5-point scale. Resilience scored the highest (mean = 4.3), indicating that participants felt particularly

resilient in the face of adversity. The other components (hope, optimism, and self-efficacy) also scored highly, suggesting a generally positive outlook and strong belief in personal capabilities among the sample.

**Table 3: Descriptive Statistics for Social Support**

Support Type	Mean	Std. Deviation	Minimum	Maximum
Emotional Support	4.3	0.7	1	5
Informational Support	4.0	0.8	1	5

Support Type	Mean	Std. Deviation	Minimum	Maximum
Instrumental Support	3.8	0.9	1	5

Participants reported receiving high levels of emotional support (mean = 4.3), suggesting that they generally feel understood and comforted by those around them. Informational support and instrumental support were also at relatively high

levels, though slightly lower, with mean scores of 4.0 and 3.8, respectively, indicating that while participants feel supported emotionally, they may have slightly less access to practical or informational resources.

**Table 4: Descriptive Statistics for Self-Compassion**

Component	Mean	Std. Deviation	Minimum	Maximum
Self-kindness	4.4	0.6	1	5
Mindfulness	4.1	0.7	1	5
Common Humanity	4.3	0.7	1	5

Participants reported high levels of self-compassion, with the highest score for self-kindness (mean = 4.4). This suggests that individuals in the sample are likely to respond with kindness and understanding towards

themselves in challenging situations. Mindfulness and common humanity were also reported at relatively high levels, reflecting participants' ability to stay present and recognize shared human experiences.

**Table 5: Descriptive Statistics for Mental Health Outcomes (GHQ-12)**

Mental Health Outcome	Mean	Std. Deviation	Minimum	Maximum
Anxiety	2.6	0.9	1	5
Depression	2.5	0.8	1	5
Stress	2.7	0.9	1	5

The mean scores for mental health outcomes indicate moderate levels of anxiety (mean = 2.6), depression (mean = 2.5), and stress (mean = 2.7). These values suggest that while participants are

not experiencing extreme mental health difficulties, there is a notable presence of psychological distress within the sample.

**Table 6: Correlation Matrix Between PsyCap, Social Support, Self-Compassion, and Mental Health Outcomes**

Variable	PsyCap	Social Support	Self-Compassion	Anxiety	Depression	Stress
PsyCap	1	0.55**	0.62**	-0.45**	-0.40**	-0.42**
Social Support		1	0.59**	-0.30**	-0.28**	-0.35**
Self-Compassion			1	-0.47**	-0.43**	-0.50**
Anxiety				1	0.80**	0.76**
Depression					1	0.73**
Stress						1

The correlation matrix reveals several significant relationships. PsyCap is negatively correlated with all mental health outcomes (anxiety, depression, and stress), indicating that higher levels of PsyCap are associated with better mental health. Similarly, social support and self-

compassion are negatively correlated with anxiety, depression, and stress, suggesting that greater support and self-compassion are associated with better mental health. Self-compassion, in particular, shows strong correlations with both PsyCap and social support, indicating that these



variables may contribute to an individual’s ability to practice self-compassion.

**Table 7: Regression Analysis for PsyCap and Social Support on Mental Health (Mediated by Self-Compassion)**

Predictor	B	Std. Error	Beta	t-value	p-value
PsyCap (Direct)	-0.32	0.08	-0.40	-4.00	0.000
Social Support (Direct)	-0.28	0.09	-0.35	-3.11	0.002
Self-Compassion (Mediator)	-0.45	0.08	-0.52	-5.62	0.000

The regression analysis reveals that both PsyCap and social support have significant direct negative effects on mental health outcomes, indicating their role in reducing mental health issues. Self-compassion significantly mediates the relationship

between PsyCap, social support, and mental health outcomes. The negative beta values indicate that higher levels of PsyCap, social support, and self-compassion are associated with lower levels of anxiety, depression, and stress.

**Table 8: Path Analysis for Mediation Model**

Path	Estimate	SE	C.R.	p-value
PsyCap → Self-Compassion	0.45	0.06	7.50	0.000
Social Support → Self-Compassion	0.40	0.07	5.71	0.000
Self-Compassion → Mental Health Outcomes	-0.50	0.05	-9.56	0.000

The path analysis confirms that both PsyCap and social support significantly influence self-compassion, which, in turn, has a significant impact on mental health outcomes. The mediation

effect is strong, with self-compassion acting as a crucial mediator between the predictors and the mental health outcomes.

**Table 9: Cronbach's Alpha for Reliability of Scales**

Scale	Cronbach’s Alpha
Psychological Capital (PsyCap)	0.87
Social Support	0.85
Self-Compassion	0.90
Mental Health (GHQ-12)	0.92

The reliability analysis shows that all scales exhibit high internal consistency, with Cronbach’s alpha values above 0.80, indicating that the

instruments used in the study are reliable measures of the constructs.

**Table 10: Summary of Hypotheses Testing**

Hypothesis	Result
H1: PsyCap has a negative relationship with mental health outcomes	Accepted
H2: Social support has a negative relationship with mental health outcomes	Accepted
H3: Self-compassion mediates the relationship between PsyCap and mental health outcomes	Accepted
H4: Self-compassion mediates the relationship between social support and mental health outcomes	Accepted

All hypotheses are supported by the data. PsyCap and social support both have negative

relationships with mental health outcomes, and

self-compassion plays a significant mediating role in these relationships.

### Discussion

The current research intended to examine the moderating roles of psychological capital (PsyCap) and social support for mental health including understanding the significance of self-compassion as a mediator. It has been elucidated that PsyCap, social support, self-compassion all play a crucial part in enhancing mental health and buffering adversative mental health issues such as anxiety, depression and stress.

This article focuses on a comparison of Psychological Capital (PsyCap) and Mental Health Outcomes. The first research hypothesis of this study concerning; a negative relationship between psychological capital and mental health results, was well supported by the research findings, where positivism showed that greater levels of PsyCap were linked negatively to anxiety, depression and stress.

It is in concurrence with previous studies that established that PsyCap helps in the prevention of poor mental health. Luthans et al., (2007), for instance, opined that hope, optimism, resilience and self-efficacy which are components of PsyCap help the person to handle stress and related influences in a better manner. Similarly, Avey et al. (2011) showed a similar result of PsyCap where there is positive correlation towards the aspect of job satisfaction and negative correlation towards burnout.

Psychological capital lifts the person's ability to withstand difficulty, thus strengthening the person psychologically. PsyCap includes hope and optimism to enable people define positive attitudes and long-term objectives and stay encouraged in case of failures. Positive PsyCap helps people bounce back from stressful situations and difficult circumstances, while on the other hand, PCB-Scale refers to self-efficiency which brings confidence into one's life which of course can act like a shield against the toxic effects of stress (Luthans, et al., 2007).

Therefore, the findings of the current study point to the need to develop PsyCap as a protective factor against negative mental health and mental

illness and disorders including anxiety and depression.

The second hypothesis assumed that social support will have negative correlation with mental health results. Using the data, it can be seen that recipients with higher levels of social support experienced better mental health. These findings are in accord with innumerable other empirical studies demonstrating the positive impact of social support for one's mental well-being. Uchino (2006) stated that one meta-analysis was conducted which revealed that there is a direct effect of social support on risk of psychological distress and an increase in psychological well-being. As mentioned by Cohen and Wills (1985), social support is the type of support that offers emotional, informational and instrumental and aid in the form of buffering stress and adversities hence improving on the feeling of loneliness and membership. All the three types of social support, namely emotional, informational and instrumental social supports, were indicated to greatly determine mental health status.

Specifically, the kind of support that emerged as having an impact on anxiety and depression was emotional support. This goes well with Thoits (2011) conclusion that stress is well balanced by emotional support as it offers people comfort. Furthermore, care, affection, and understanding from family, friends or partners may improve self-esteem and guaranty a worth to live, which can be viewed as a partial explanation of the lower level of mental health problems reported in this study.

The final two hypotheses of this study examined the moderating role of self-compassion with regards to interactions between PsyCap, social support, and the mental health outcomes. Thus, hypotheses 1 and 2 were dense and confirmed that self-compassion is a major determinant for building the positive mentality. The result obtained supports similar research that identified self-compassion as one of the determinants of self-regulation and coping. According to Neff (2003), self-compassion is the acknowledgment of attending adequate care, affection, and support towards oneself during any failure (or struggle). The mediated moderation in this study shows that both PsyCap and social support promote positive mental health through self-compassion. This is in

concord with Gilbert (2010) whose assertion is that self-compassion protects against unpleasant emotions by developing an understanding kind attitude towards oneself. Of them, PsyCap which enshrines optimism, resilience, and hope evidently appears to influence self-compassion that enables people to confront adversity with kindness and acceptance.

Social support can help in generating self – compassion for similar reasons as in emotional support in that individuals feel accepted in the difficult experiences they go through. Findings also have important implications for advertising practice and advertising regulation policies. Implications of the findings of this study for mental health intervention and policies are discussed in this section.

Firstly, raising psychological capital in people might be recommended as an approach for enhancing their psychological state and decreasing mental disorders. As part of applications, PsyCap development programs could be included in workplace wellness programs, educational programs, and mental health programs. Instilling optimism in people, educating them that they can overcome stress, and even and adversity will significantly improve their mental health. Secondly, increased social support play an important role in mental health promotion. Measures, which would enhance availability of social support; one of the social determinants of mental health disorders, could be useful, such as concentrating on the communities with low resource availabilities. There is evidence that increases in social integration and access to emotional, informational, and instrumental resources through the implementation of community-based programmes may have a substantial positive impact on the mental health of high risk groups.

Finally, self-compassion should also comprise of the mental health promotion interventions because of its importance and growing relevance. In helping to fashion such expressions of activism, mental health professionals may empower clients to introduce healthier expressions of adherence to the self when facing problems through kindness and mindfulness in one’s self care.

## **Conclusion**

This research investigated how psychological capital (PsyCap) and social support affects mental health with self-compassion as a moderator. According to results of this study, these factors will help enhance mental health and prevent mental health issues like anxiety, depression, and stress. In the present study, integrating the networking of PsyCap with the variables of social support and self-compromise helped to understand the nature of these variables and the potential ways of affecting the results of mental health.

The findings decisively affirm that hope, optimism, resilience, self-efficacy encapsulated in the variable PsyCap are inversely related with mental health problems. These findings also support other research studies that have pointed out that PsyCap is a protective resource against stress and adversity. Social support in this study was determined to have positive impact on mental health hence plays a protective role in moderating the effects of stress mostly emotional support. Thus, one of the main findings of this research is recognition of self-compassion as the mediated variable.

Self-compassion emerges from this investigation as a highly effective tool for intervention in promoting mental health, by encouraging identification of the self as worthy of care and kind treatment when coping with stressors. The study also showed that both PsyCap and social support improved self-compassion and this played a positive part in mental health states. This result can prove to be significant due to the fact that self-compassion serves as a modifiable mechanism, which can be, further, utilised within interventions focused on addressing the quality of mental health. Hence, the study implies practical applicability to mental health promotion.

The suggestions to increase the PsyCap and to strengthen the social support networks can be helpful for primary prevention of untoward mental health situations and for positive promotion for mental health. Also, enhancing self-compassion in individuals using mental health programs may enable them to find more effective ways of managing stress and hardship. Further research could be done to establish the nature of these relationships using longitudinal

data collections and on more diverse samples to enhance understanding of the temporal associations among these variables and how they can affect mental health indicators.

### Recommendations

1. Develop programs to enhance hope, optimism, resilience, and self-efficacy to help individuals better cope with stress and improve mental health at government level.
2. Encourage the creation of strong emotional, informational, and instrumental support systems through community groups and workplace initiatives.
3. Teach individuals self-compassion techniques to help them manage stress and reduce anxiety and depression.
4. Implement supportive work environments by providing mental health resources, team-building, and stress management programs.
5. Use digital platforms and mobile apps to deliver psychological capital development, social support, and self-compassion programs.
6. Apply policies that promote mental well-being, social support, and work-life balance at the community and organizational levels.
7. Explore the relationships between PsyCap, social support, and self-compassion in diverse populations to deepen understanding and inform interventions.

### Data Availability Statement

The data used in this study may be accessed via the corresponding author, G.H.

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