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Mindfulness and Mental Health Relationship Mediated by Psychological Capital: Evidence from India

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Abstract: *With the expanding concern about mental health, mindfulness benefits mental health in various mechanisms. The present work identifies the association between mindfulness and mental health mediated by psychological Capital. The data was accessed from a survey questionnaire survey of 431 respondents from India (approximately 54% males), and the structural equation modelling technique was applied for data analysis. The results suggest that greater mindfulness is remarkably linked with mental health and psychological capital is linked substantially with positive mental health. Mediation analysis is vital in determining the relationship between mindfulness and mental health.*

Keywords: *Mental Health, Mindfulness, Psychological Capital, SEM, Mediation*

INTRODUCTION

Mental health is not merely the absence of mental disease, but the presence of healthy and positive behavior (Huppert & So, 2013). Such mental health conceptualization is consistent with the existing well-being conceptualizations in the form of hedonic well-being and eudaimonic well-being (Diener, 1984; Keyes, 1998; Ryff, 1989). Mental health plays a vital role at every stage of life, from childhood to adulthood (Sharpe, 2020). Positive mental health is related to emotional stability, engagement, meaningful life, optimism, positive emotion, positive relationships, and vitality (Huppert, 1999). Since mental health plays a crucial role in individual adaptation and development, researchers have set out to identify the psychological correlates, such as mindfulness, developing and nurturing mental health (Duan, 2016).

Mindfulness can assist individuals in managing their emotional responses and reinforcing positive thought patterns (Coronado-Montoya et al., 2016; Good et al., 2016). There is preliminary evidence highlighting the benefits of mindfulness on mental health (Coffey et al., 2010). Thompson et al. (2011) established that mindful awareness and acceptance mechanisms about life experiences foster equanimity in the thought process and behavior. Because moment-to-moment experiences characterize mindfulness, mindful individuals possess a greater potential to break the pattern of troublesome and recurring thoughts (Verplanken & Fisher, 2014). Such manifested positivity is expected to be more pronounced in mindful people because of their greater ability to exhibit goal-oriented behavior and respond to demanding circumstances without reacting in non-adaptive ways.While understanding and evaluating the direct effect is important, various mindfulness researchers (e.g., Luberto et al., 2014) have exhorted that understanding the indirect mediating mechanism through which mindfulness influences specific outcomes is also of great relevance, and researchers should explore such intrapsychic processes. The mediating mechanisms by which mindfulness impacts well-being are not adequately investigated (Bajaj & Pande, 2016). To explain the predicted relationship between mindfulness and mental health, it is essential to bring into consideration other constructs that may contribute to this relationship.Mediation analysis is a key area of great theoretical interest (MacKinnon, 2012; VanderWeele, 2015). Mediation analysis consists of methods to extract information about the causal mechanism by which a predictor affects an outcome. Mediation is vital in many classic and emerging theoretical paradigms within psychology (Newland et al., 2013). Mediation analysis tests theory-based mechanisms (MacKinnon, 2012; Mark, 1990). By hypothesizing theoretical mechanisms, researchers generate hypotheses about different causal mechanisms. After testing these mediation hypotheses, the researcher can differentiate the direct influence of the antecedent on the outcome variable from the indirect effects (MacKinnon, 2012; Mark, 1990; Rosenbaum, 1984). Psychological capital has emerged as a crucial construct in positive psychology with multi-faceted outcomes (Malinowski & Lim, 2015). Psychological capital, proposed by Luthans et al. (2006), mentions a person's positive psychological state of development, identified by hope, efficacy, resilience, and optimism (Luthans et al., 2006). Studies highlighted that psychological capital positively

influences individuals' mental health, consisting of a reduction in anxiety and depression and an improvement in well-being (Finch et al., 2020; Turliuc & Candel, 2022). Psychological capital works by automatically recognizing the spectrum of moods and adjusting mental processes accordingly (Gujar & Ali, 2019). Additionally, individuals with a high level of psychological capital tend to have a positive appraisal of circumstances and a greater sense of control, which are expected to enhance individuals' well-being (Youssef-Morgan & Luthans, 2015). At the same time, Luthans, Youssef, Sweetman, and Harms (2013) argue that psychological capital may have key implications for several life domains such as physical and mental health.

There is some preliminary evidence of mindfulness being associated with psychological capital (e.g., Malinowski & Lim, 2015). Avey et al. (2008) found that mindfulness and psychological capital are interconnected to develop positivity, expanding the benefits of mindfulness. Mindfulness is associated with the components of psychological capital, and mindfulness benefits can be augmented by psychological capital, helping people better understand current stress factors and manage them more effectively. Aligned with this, there is preliminary evidence (e.g., Allen & Kiburz, 2012; Leroy et al., 2013) that the function of mindfulness may include psychological capital as a proposed mediator to various outcomes. Thus, the present study attempted to evaluate an integrative model comprising mindfulness and mental health, and assessing the mediating role of psychological capital in this relationship.

The present study has three major contributions: (a) while the previous studies have established the salient benefits of mindfulness on mental health, the intrapsychic processes are yet to be fully understood. The present study contributes to this direction by examining the possible mediating role of psychological capital in the mindfulness and mental health relationship. (b) The present study utilized the tripartite conceptualization of mental health, which apparently is more comprehensive than the earlier mental health models, (c) the present study attempts to validate the existing mindfulness and mental health relationship in the Indian context, which is important for two reasons (i) India is home to one-sixth of world's population and (ii) the established empirical findings from developed economies may not contextually suit the developing regions (Burgess and Steenkamp, 2006).

Literature Review and Hypotheses Development

Mindfulness is referred to as "being attentive to and aware of what is taking place in the present" (Brown & Ryan, 2003, p. 822). Prior studies have established that mindfulness is associated positively with several well-being conceptualizations. Mindfulness is positively associated with subjective well-being (e.g., Baer et al., 2008; Schutte & Malouff, 2011). Mindfulness promotes psychological well-being (Brown & Ryan, 2003). Mindful people find it easier to build social relationships and develop quality connections (Pratscher et al., 2018). A meta-analytic study found that prosocial behavior is a key characteristic of mindful people (Donald et al., 2019), which occurs primarily because one's realization of commonality with other individuals and empathetic feelings towards them (Lim & DeSteno, 2016), which are critical components in promoting feelings of social integration and social acceptance (Keyes, 1998).

Contemporary well-being literature appears to be in agreement with the notion that mental health is a multidimensional construct that integrates the three dimensions of well-being—emotional, psychological, and social (Petrillo et al., 2015). The emotional dimension of well-being primarily deals with the evaluation of life in emotional terms, expressing the presence of positive emotions and the absence of negative emotions (Diener, 2000). Mental health is enhanced by maximizing positive or pleasant feelings, and minimizing negative or unpleasant feelings (Diener & Suh, 1997). In contrast, as stated earlier, the eudaimonic tradition explains well-being from an "optimal functioning" perspective, by interpreting its meaning primarily with the help of self-fulfilment in the form of "full expression of individual potentialities, resources, and predispositions to build meanings and to pursue goals" (Ryff and Keyes 1995). According to the eudaimonic perspective, well-being is not synonymous with pleasure. However, there is greater emphasis on the following:

(i) an individual's ability to pursue significant goals for the individual as well as for society,
(ii) the mobilization of resources,
(iii) an enhancement of individual abilities, the feeling of autonomy, and social competences, and
(iv) the positive influence of interpersonal relationships in forwarding and pursuing the goals of individuals as well as of the overall community (Delle Fave et al., 2011; Petrillo et al., 2015).

Mental health problems constitute a large proportion of the overall disease burden across societies (Patel et al., 2007). A study conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS) in India found that approximately 150 million people in India are in need of mental health care services, with less than 30 million Indians seeking them (Gururaj et al., 2016). In many cases, because of the stigma attached to mental disorders, people suffering from disorders often lead a life hidden from society, leading to a poor quality of life that may even lead to disability and mortality. The problem is compounded by the fact that the availability of mental health care professionals in India is dismal, with less than ten mental health specialists per million of the population (Gururaj et al., 2016).

Studies have exhibited the salient benefits of mindfulness in terms of various positive outcomes, such as reduced stress, depression (Shapiro et al., 1998; Sinha et al., 2020), anger (Speca et al., 2000), stress, as well as improved physical health (Creswell et al., 2019).

Through this study, we have attempted to assess the association between mindfulness and the tripartite structure of mental health.

Mindfulness and mental health

We build the rationale behind the mindfulness and mental health relationship using the Self-Determination Theory (SDT; Deci & Ryan, 1980; Ryan & Deci, 2000). SDT is an attempt to distinguish between intrinsic and extrinsic motivations based on various reasons or goals that give impetus to an individual's behavior (Brown & Ryan, 2004). An autonomously driven behavior is self-endorsed, and when done willingly, and thus self-determined (Brown & Ryan, 2004). Intrinsic motivations are derived from fundamental psychological needs. They reflect psychological growth and self-actualization needs, the satisfaction of which is essential for well-being. In contrast, extrinsic motivations do not stand for themselves and are derived from the need to seek other people's approval and avoid social sanctions (Brown & Ryan, 2004).

SDT puts forward the existence of psychological needs, namely, the need for autonomy, competence, and relatedness. Satisfying these needs leads to the optimal functioning of people (Slemp & Vella-Brodrick, 2014). Autonomy relates to the experience of choice—and being the initiator of one's actions and behavior—instead of them being initiated by external social and cultural factors. Competence relates to facing challenging tasks and succeeding at them to attain desired results. Relatedness relates to a sense of caring for everyone, having mutual respect, and an interdependent relationship with others. Ryan and Deci (2000) mention that the satisfaction of these essential psychological nourishments is essential for growth, health, and well-being. An individual who is satisfied with these needs has a higher tendency to experience optimal functioning and eudaimonia. Indeed, both cross-sectional design studies (Deci et al., 2001; Ilardi et al., 1993) and longitudinal studies (Sheldon & Elliot, 1999), have supported the theory that psychological need satisfaction is a key predictor of well-being. Thus, it is implicit in the premise of SDT that satisfying one's psychological needs—for autonomy, competence, and relatedness—leads to a greater perception of fulfilment and well-being (Ryan & Deci, 2000).

Mindfulness is expected to be positively associated with mental health for various reasons.

First, mindful, nonreactive awareness reduces the automaticity of the behavior of individuals (Bahl et al., 2016). Automaticity in one's behavior stands in contrast with the human capacity for autonomy, and related preferences for making choices (Brown & Ryan, 2004). Higher levels of mindfulness have the potential to inoculate people against social and cultural factors acting to undermine "choicefulness" (Brown & Ryan, 2004). When people are aware of competing motives and choices, mindfulness provides the opportunity to make choices that maximize the overall satisfaction of needs (Deci & Ryan, 1980).

Second, Bishop et al. (2004) described self-regulation (of attention) as one of the important components of mindfulness. Any behavior guided by such consciousness encourages the adoption of higher-order goals, values, and related intrinsic aspirations, which are related to the satisfaction of basic psychological needs by directly fulfilling the needs for autonomy, competence, and relatedness (Kasser & Ryan, 1996). In contrast, extrinsic values (such as wealth accumulation, building public image, etc.) cannot fulfill the basic psychological needs described by SDT for a long duration. Lives occupied with satisfying extrinsic needs (e.g., income, status) tend to be characterized by alienation (with low satisfaction of the need for relatedness) and low self-actualization (Kasser, 2002). Thus, SDT holds the view that satisfying these intrinsic needs has a higher capability to create happiness and overall well-being than the satisfaction of

extrinsic needs. To support this, Emmons (1991) used a diary study spanning 21 days, to demonstrate that power aspirations (an extrinsic motivation) exhibit a positive correlation with psychological distress, physical discomfort, with negative affect. Contrastingly, affiliation aspirations were positively correlated with positive affect.

Third, mindful people exhibit a more engaged and all-encompassing behavior, and not a behavior that focuses on self-interest only (Nilsson & Kazemi, 2016).

H1: Mindfulness is positively associated with mental health.

Psychological capital and mental health

Psychological Capital (or, simply PsyCap) is a construct that combines the four components related to an individual's strength: self-efficacy, hope, optimism, and resilience. Luthans et al. (2015, p. 2) define PsyCap as:

"an individual's positive psychological state of development that is characterized by (i) the confidence (efficacy) to take on and put in the effort necessary to succeed at challenging tasks;

(ii) making a positive attribution (optimism) about succeeding in the present and in the future;

(iii) persevering toward goals and when necessary, redirecting paths to goals (hope) in order to succeed; and (iv) when beset by problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success."

When these four individual resources are taken together, they form a higher-order construct named PsyCap. Such a higher-order conceptualization of PsyCap is empirically supported by many studies (e.g., Luthans et al., 2007). When these four psychological resources are clubbed together, the higher-order construct thus conceptualized and empirically tested plays the role of a stronger predictor of attitudes and performance beyond the individual effects of the components hope, self-efficacy, resilience, and optimism (Luthans et al., 2007). PsyCap as a construct is built around the core idea of capitalising on people's strengths and virtues, rather than negative dispositional or behavioral propensities, in order to facilitate desired changes in the behavior, emotions, and cognition of people (Krasikova et al., 2015).

The use of psychological capital as a positive psychological resource is drawn from Fredrickson's Broaden and Build Theory (Fredrickson, 2001), which suggests that positivity has the potential to build psychological resources that can be used as needed. Such a notion is also supported by Hobfoll's (1989) Conservation of Resource Theory (COR) that people seek to acquire and maintain personal resources (Luthans & Youssef-Morgan, 2017). As used in PsyCap, the four resources also share the theme of "positive appraisal of circumstances and probability for success based on motivated effort and perseverance" (Luthans et al., 2007). In the presence of higher levels of these resources, people experience higher levels of well-being. Following the COR framework, individual resources are unlikely to exist in isolation because people try to accumulate these resources as strength (Siu et al., 2014). For example, highly efficacious people tend to be less impacted by self-doubt, negative feedback, and criticism (Bandura & Locke, 2003). Optimistic people observe their chances of success to be high. People who are high on hope are able to generate and pursue multiple pathways toward desired goals. Similarly, Resilience is referred as a factor "that enables one to thrive in the face of adversity" (Connor & Davidson, 2003) by employing social problem-solving skills during change (Rutter, 1985). Resilient individuals are accompanied by the belief that though some circumstances are shared, every individual has a different life trajectory and is responsible for their own ends (Frankl, 1985; Wagnild & Young, 1993). Such individuals invest in developing secure relationships that fulfil the intrinsic need of being connected with significant others (Byrne et al., 1986).

Therefore, we expect people with higher PsyCap levels to report greater happiness and optimal functioning in life.

H2: Psychological capital is positively associated with mental health.

Mindfulness and psychological capital

Mindfulness is likely to be associated with psychological capital and its components. As mindfulness acts as an enabler in "disengaging individuals from unhealthy thoughts, habits, and unhealthy behavior patterns" (Brown & Ryan, 2003, p. 823), becoming more mindful with regard to emotional response processes may become a potent source for altering negative thoughts and emotional experiences, thus bringing positive emotional experiences. Using this rationale, mindfulness is found to exhibit a positive association with positive affect and a negative association with negative affect (e.g., Schutte & Malouff,

2011). Cultivating positive emotions is found to help build resilience to stressful events (Tugade & Fredrickson, 2007).

Mindful people possess a greater ability to be aware of distressing conditions without immediately responding or reacting to them and are more likely to be associated with greater hope, self-efficacy, resilience, and optimism. People who are able to maintain their calm and composure under duress and do not exhibit automaticity in behavior in the form of immediate reactive behavior are expected to be more in self-control and possess greater confidence in overcoming challenging tasks, which are related to higher self-efficacy. This perceived capability to assess, maintain one's personal resources, and motivate oneself toward treading the pathways to the desired goal is linked to hope (Snyder, 2002). Thus, mindful individuals have a greater capacity to experience as well as respond to circumstances that are emotionally demanding in a flexible, less impulsive way by stepping back or disengaging from harmful cognitive or emotional reactivity. Thus, they are more likely to be experiencing higher PsyCap levels.

H3: Mindfulness is positively associated with psychological capital.

Mindfulness, psychological capital, and mental health

Building upon the preceding rationale and hypothesized relationships, we expect that in the presence of mindfulness, an individual is expected to experience higher psychological capital, which may enhance the mental health of the people. In doing so, psychological capital may explain additional variance in mental health beyond mindfulness.

H4: Psychological capital mediates the relationship between mindfulness and mental health.

The Present Study

By investigating the formerly unexplored mediating role of psychological capital connecting mindfulness and mental health, as measured by MHC-SF (Keyes et al., 2008), we expect to provide information regarding possible processes through which mindfulness benefits are exerted upon mental health.

The following is the conceptual diagram of the study (Figure 1):

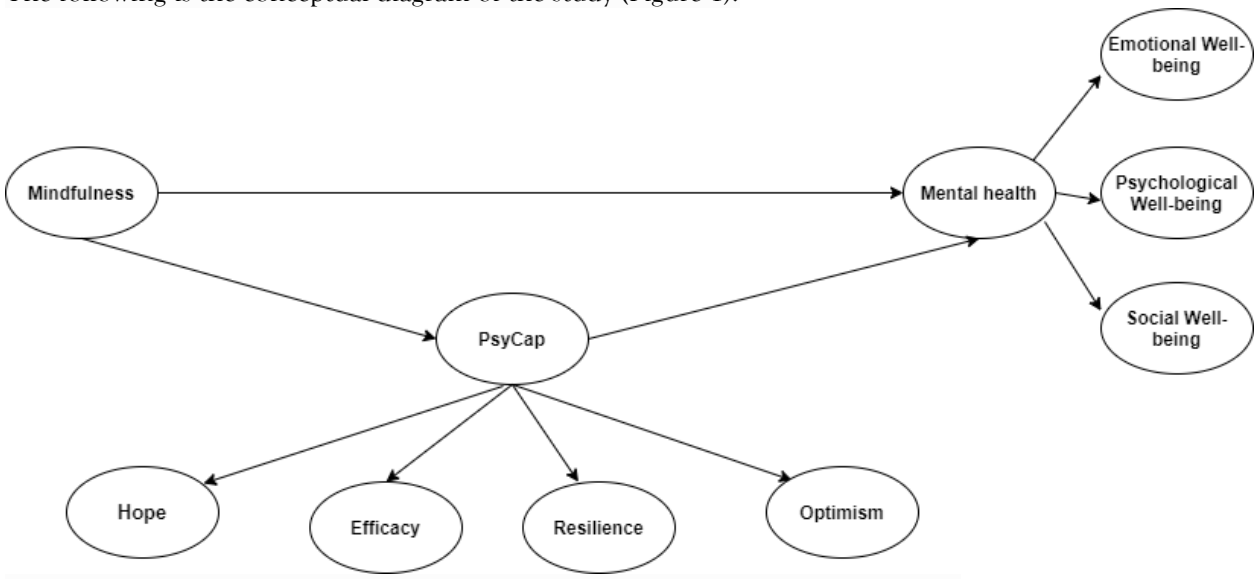

Figure 1: Conceptual model linking mindfulness to mental health through PsyCap

MATERIALS AND METHODS

Participants

Out of a sample of 530 respondents from India, we received 431 completed surveys. Respondents (approximately 54% males) were aged 20–44 years (Mean = 23.91 years, S.D = 3.33). Only those forms were used where the respondents provided their written consent. The respondents were informed that their participation is voluntary, with no right or wrong answers, and the responses would be analyzed in an aggregated and anonymous manner.

Measures

Trait mindfulness

We measured trait mindfulness using the 12-items Cognitive and Affective Mindfulness Scale-Revised (CAMS–R) (Feldman et al., 2007). CAMS–R is devised to evaluate the four mindfulness dimensions: attention, awareness, present focus, and non-judgment (e.g., "It's simple for me to monitor my thoughts as well as feelings"). These four dimensions have been highlighted as the central mindfulness themes (e.g., Bishop et al., 2004). Respondents marked their responses on a four-point scale from 1 (rarely/not at all) to 4 (almost always)

Psychological capital

Psychological capital was assessed using the Psychological Capital Questionnaire (PCQ; Luthans et al. 2007a). The PCQ, consisting of 24 items, measures the four constructs hope, self-efficacy, resiliency, and optimism. Respondents indicated their (dis) agreement with the items (e.g., "there are lots of ways around any problem") on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

Mental health

The Mental Health Continuum-Short Form (MHC-SF) (Keyes et al., 2008) measures various facets of well-being. MHC-SF comprises 14-items: three items of emotional well-being, six items of psychological well-being, and five items of social well-being. Each item represents one theory-guided dimension. The first factor, emotional well-being, measures a cognitive appraisal of satisfaction with life in general. The second factor, psychological well-being, reflects the extent to which individuals perceive themselves as having a meaningful life. The third factor, social well-being, measures individuals' evaluations of their public and social lives. Respondents expressed their opinion using a six-point Likert scale (0 = never, 5 = every day).

Results

Preliminary tests of common method bias, reliability, validity, and correlation

Using SPSS v24.0, We conducted Harman's single-factor test to evaluate the method bias (Podsakoff et al., 2012). Single-factor explained only 37% of the variance. Since the value is less than 50%, there is a lower likelihood of method bias. After that, we used confirmatory factor analysis (CFA) to test the model fit of the recommended three-factor well-being model versus competing models. The CFA results validate that the three-factor structure in emotional, psychological, and social well-being in association with one latent factor is satisfactorily fitted to the data (χ^2 (74) = 174.5, CFI = .964, TLI = .955, RMSEA = .053, and χ^2/df = 2.22), We eliminated two mindfulness items owing to low factor loading. In the accepted model, the standardized loadings in favor of the indicators on their specific latent variables were notable ($p < .001$). The CFA results of psychological capital (Figure 2) supported the 2nd order construct PsyCap, consisting of four 1st order constructs, namely, self-efficacy, hope, resilience, and optimism after dropping two items from the optimism subscale (χ^2 (202) = 539.8, CFI = .905, TLI = .892, RMSEA = .062, and χ^2/df = 2.67).

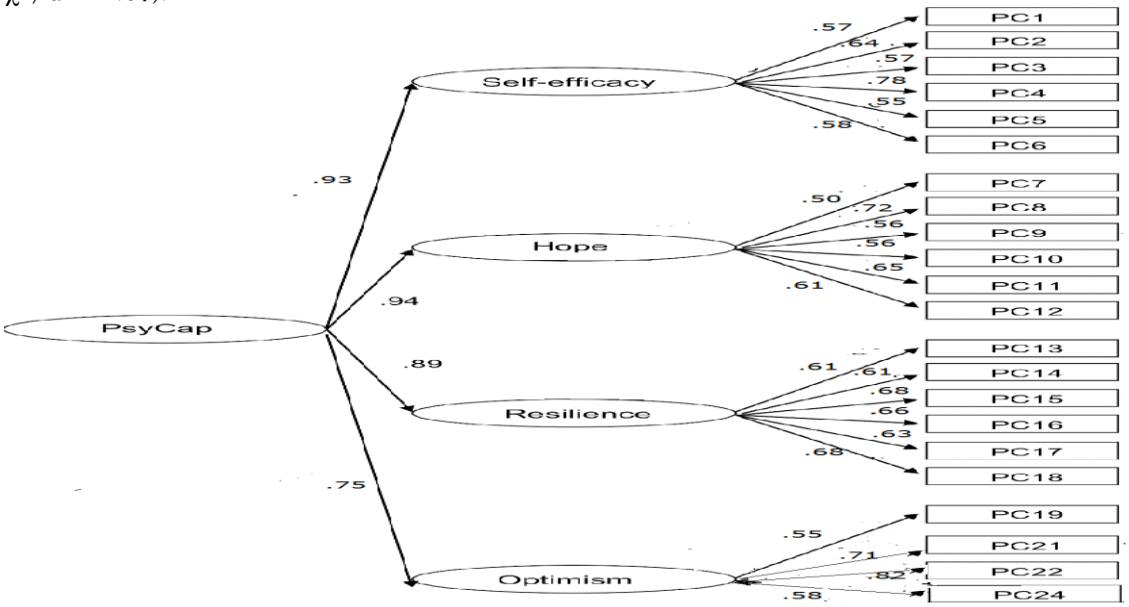

Figure 2 Confirmatory Factor Analysis of Psychological capital

Table 1 reports the bivariate correlations, descriptive statistics, and Cronbach's alpha coefficients (using SPSS v24) of the study variables.

Measures		α	1	2	3
Mindfulness		.67	1		
PsyCap	.91	.535**	1		
Mental health		.88	.472**	.593**	1
Mean			2.35	4.40	3.21
S.D.			.39	.68	.91

(** = p-value < .01) (α = Cronbach's alpha)

Table 1: Bivariate correlations, descriptive statistics and reliabilities (n = 431)

Greater mindfulness was significantly associated with positive mental health (r = .472, p < .001). Mindfulness exhibited significant relationship with the proposed mediator PsyCap (r =.535, p < .001). PsyCap was significantly associated with positive mental health (r = .593, p < .001).

Hypotheses testing

After accepting the specified measurement model in stage 1, the estimation and assessment of the proposed structural model is completed in stage 2 using the Structural Equation Modelling technique using AMOS v18.0. An initial test showed a good model fit: χ^2 (18) = 43.1, CFI = .984, TLI = .975, IFI = .984, RMSEA = .057, and χ^2/df = 2.395. All the hypothesized individual paths were significant (p-value <.05) (Figure 3 and Table 3.3).

Standardized regression coefficients showed that mindfulness was a positive predictor of mental health (β = .13, p = 0.006) as well as of psychological capital (β = .58, p < 0.001). Psychological capital was the positive predictor of mental health (β = .67, p < 0.001).

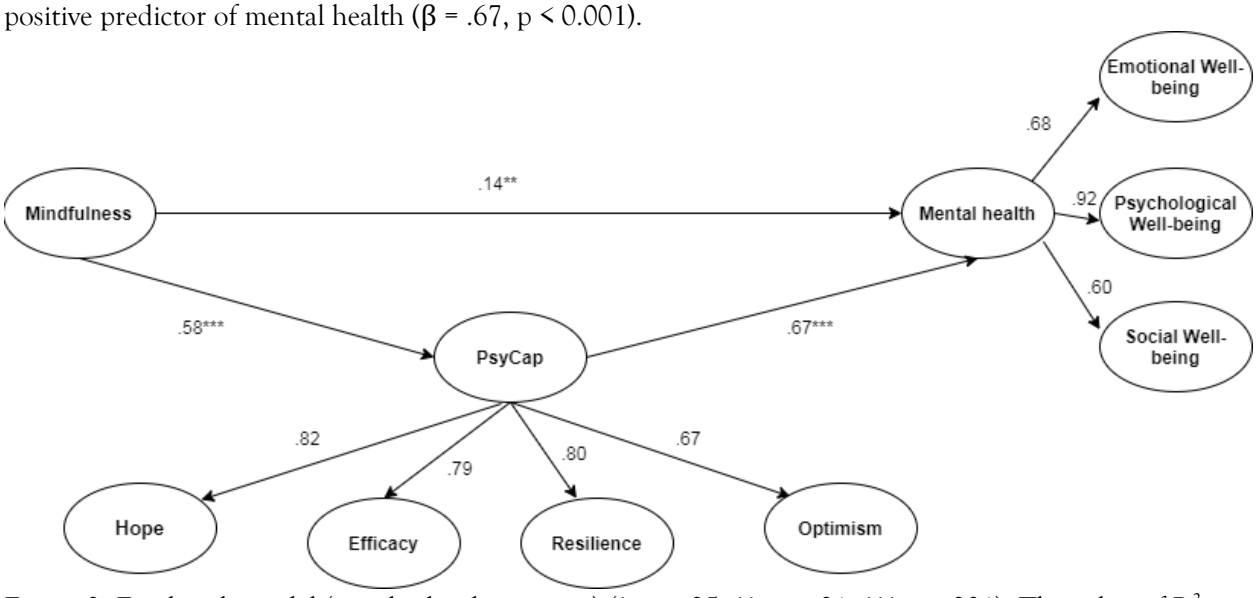

Figure 3**:** Final path model (standardized estimates) (* p < .05, ** p < .01, *** p <.001). The value of R^2, which is a measure of variance, explained by the exogenous variable and mediators in mental health was .58. The error terms and individual items have not been presented here for the sake of better visibility and presentation.

			Unstd. Est.	Std. Est.	S.E.	C.R.	p-value
PsyCap	<~	MFL	298	.584	.028	10.801	***
Mental health	<~	PsyCap	.625	.670	.071	8.856	***
Mental health	<~	MFL	.065	.137	.024	2.723	.006

(*** p <.001)

Table 2: Individual Path coefficients among the study variables (MFL = Mindfulness, PsyCap = Psychological Capital).

The following table presents the direct, indirect, and total effects of the variables on mental health.

	Direct effect		Indirect effect		Total effect	
	MFL	PsyCap	MFL	PsyCap	MFL	PsyCap
Mental Health	.137	.670	.392	.000	.529	.670
PsyCap	.584	.000	.000	.000	.584	.000

Table 3 – Standardized effect of the variables on the endogenous variables

Overall, the following table presents the list of hypotheses and associated results from the study:

H1	Mindfulness is positively associated with mental health.	Accepted
H2	Mindfulness is positively associated with psychological capital.	Accepted
H3	Psychological capital is positively associated with mental health.	Accepted
H4	Psychological capital mediates the relationship between mindfulness and mental health.	Accepted

Table 4 – List of hypotheses and associated results

DISCUSSION

Mental health is a key concern for individuals as well as societies and is included as a target under the Sustainable Development Goals (Izutsu et al., 2015). Mental health problems constitute a large proportion of the overall disease burden across societies (Patel et al., 2007). In a representative sample survey in India, the lifetime prevalence of several mental health issues was found to be 13.7% (Gururaj et al., 2016). The present study confirmed the three-factor model of the MHC-SF in the Indian context, as also found in different geographical samples, such as the Italian (Petrillo et al., 2015), the South African (Keyes et al., 2008), and the Serbian ones (Joshanloo & Jovanović, 2017). All subscales of the MHC-SF and the overall scale exhibited good reliability.

The present study found that mindfulness significantly predicted mental health, supporting H1. The underlying reason for such an association is explained by the fact that mindfulness plays a significant role in informed and self-determined behavioral regulation by reducing the automatic mental processes (Glomb et al., 2011). This, in turn, acts as an enabler in secondary processing (e.g., reduced ruminative tendencies and greater affective regulation (Glomb et al., 2011), which helps people make deliberate actions in response to any situation, rather than react reflexively to affective cues and prevailing situations. For individuals facing stressful situations, greater mindfulness enables them to view situations "for what they really are" without ruminating on past events or worrying about future incidents. In addition, mindfulness induced present moment awareness and attention allow individuals to take care of the issue at hand. As mindfulness promotes other-oriented prosocial behavior, these people find themselves integrated and involved within society and community work, thus facilitating more remarkable positive mental health outcomes. Mindfulness promotes not only the absence of distress and maladaptive ways of responding to negative emotions and subsequent experiences but also stimulates greater mental health by developing an effective response system marked by flexibility, a greater awareness of emotional state, and a higher capability to pacify oneself when troubled (Feldman et al., 2007). The present study found that psychological capital is a positive predictor of mental health, supporting H2. Psychological capital and its components acting in conjunction act as enablers in getting engaged with proactive self-directed health-management behaviors (Luthans et al., 2013). Specifically, an individual's confidence in their capability to achieve desired results (self-efficacy), an expectation of favorable outcomes (optimism), looking out for possible paths to goals (hope), and ability to bounce back from adverse outcomes and negative experiences (resiliency) are likely to help in maintaining and improving positivity and its adaptive benefits, which in turn contribute towards optimal functioning, and overall satisfaction with life. Individuals high in PsyCap perceive sufficient resources to strive through adversities (Schaubroeck et al., 2011). PsyCap levels that are higher can reduce the detrimental effects of stressors on mental health, improving psychological well-being (Alat et al., 2023). People with higher PsyCap are more resilient, upbeat, and hopeful, all of which support their general wellbeing and good mental health. Therefore, building psychological capital can have a big impact on improving mental health.

The study outcomes revealed that mindfulness significantly predicted psychological capital, supporting H3. In doing so, the present study also supported the preliminary evidence linking mindfulness to psychological capital in the study by Malinowski and Lim (2015). The underlying theoretical mechanism

lies in the fact that the aim of mindfulness is not to suppress affective feelings. Instead, it intends to alter how present-moment experiences are interpreted. The potential to mark affective experiences and mindfully as significant mental events (Papies et al., 2015) is supposed to impart the emotional balance necessary to recover from a misfortune swiftly (Davidson & Begley, 2013).

Our study findings empirically demonstrated that psychological capital did mediate the relationship between mindfulness and mental health, supporting H4. The present study found that in the presence of mindfulness, people are expected to perceive higher psychological capital, which in turn predicted greater variance in the mental health of the people. The study exhibited an important mediating mechanism elucidating the relationship between mindfulness and mental health through this finding. People who report greater psychological capital tend to develop higher resourcefulness, exhibit greater goal-oriented behavior and foster higher social intimacy through which they not only engage in seeking help when in need and reciprocally offer support to others, but also derive pathways to the desired goals and redirect their efforts to use those pathways in pursuit of those goals. Uncovering such findings provides ample support to the notion that psychological capital is positively associated with well-being. These results empirically support the idea that in the presence of mindfulness, a person will possess higher psychological capital and find it easier to experience positive mental health.

Limitations and future directions

The present study has some limitations. The work relied exclusively upon self-reported data. Though the study attempted to address method biases, there could be an element of social desirability in the responses. The study used a cross-sectional design. Thus, the results should be interpreted with the usual caution associated with such designs. The study was conducted with respondents from India, which restricts the generalizability to other contexts. Future studies may evaluate the study findings in other social and cultural backgrounds.

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