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A PATH ANALYTICAL MODEL OF PSYCHOLOGICAL CAPITAL AND MENTAL WELL-BEING OF YOUNG ADULTS WITH DEPRESSIVE SYMPTOMS IN UGANDA

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Abstract

This study examines the impact of psychological capital on the mental wellbeing of young adults with depressive symptoms in Uganda, given the rising cases of mental health issues in this group and the need for targeted interventions. The study adopted a correlational research design, involved 300 young adults with depressive symptoms aged 18-30 years. Cronbach's alpha coefficients for the PCQ and the Mental Wellbeing Scale demonstrated satisfactory reliability, while the internal and concurrent validity of the two scales were acceptable. The estimates of effects were then derived through the Path modeling of SEM on the direct, indirect, and total effect of the psychological capital constructs on mental wellbeing controlling for social support and self-esteem as mediators. The result indicated that hope, resilience and self-efficiency anticipated better mental wellbeing, hope having a standardized regression coefficient of 0.038, $p < 0.001$, resilience = 0.091, $p < 0.05$, and self-efficacy = 0.088, $p < 0.05$. Self-esteem on the other hand, was found to have a negative relationship in influencing mental wellbeing ($\beta = -0.027$, $p < 0.05$). Using mediation path analysis, it was also discovered that social support and self-esteem moderate the relationship between psychological capital and mental wellbeing, however did not reach significance. By so doing, it is recommended that interventions geared towards young people with depressive symptoms should target hope, resilience and self-efficacy in order to improve mental health. It will be important for future studies to examine other cultural and environmental factors that might affect these dynamics in Uganda.

Keywords: Mental Well-being, Psychological Capital, Social support, Self-esteem and Young Adult

Introduction

Mental well-being is a critical component of overall health, encompassing emotional, psychological, and social well-being. It involves the ability to experience positive emotions and manage negative emotions effectively (Maluegha, Ibrahim, Irawan, Yendra & Lina, 2024). Psychological well-being includes self-acceptance, personal growth, purpose in life, and autonomy, contributing to a sense of meaning and fulfillment. While social well-being entails having supportive relationships, feeling connected to others, and contributing to the community. That is, mental wellbeing influences how individuals think, feel, and act. It affects cognitive processes such as attention, memory, and decision-making, which are crucial for daily functioning. Individuals with high mental well-being appears to be better equipped to handle stress, as they can employ effective coping strategies and maintain a positive outlook despite challenges (Wang, *et al.,* 2021). Conversely, poor mental well-being can impair cognitive functions, leading to difficulties in concentration and problem-solving, which can exacerbate stress and create a negative feedback loop and depressive symptoms (Bondarchuk, *et al.,* 2023; Oladunmoye, *et al.,* 2025). Nevertheless, depression symptoms are abnormally high among young adults in Uganda (Cohen et al., 2022). Depressive symptoms among young adults in Uganda are conditioned upon socio economic stressors, limited access to mental health services and stigmas that exist around the issue of mental health (Asiimwe et al., 2023). Cohen et al., (2022) notes that 15% of young adults in Uganda have symptoms of depression. In addition, prevalence is higher than the global average of 10% which makes it a critical public health problem (World Health Organization, 2018).

This condition of health is not domicile in Uganda alone. Thus, depressive symptoms are regarded as a major problem for young adults worldwide. Husky et al., (2023) opine that the depression rate among the young adults in US for instance is about 13.1 percent among the young adults aged 18-25. Likewise in the United Kingdom according to the World Health Organization (2020) young adult having depressive symptoms is at 12.7%. These underlined statistics indicate that youth depression is an endemic phenomenon with no discrimination of the country's development status affecting nation's youth. The picture is equally discouraging in Africa, 17.6 % of young adults in South Africa are displaying depressive symptoms, according to the South African Depression and Anxiety Group in 2019 (Mnangagwa, 2023; Oladunmoye, Oboma, & Enamudu, 2024). Also in Nigeria, it was revealed that 20% of the young adults have symptoms of depression due to things

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like volatile economy, high unemployment, rates and cultural perception that does not support the acknowledgment of mental health issues (Ajike, et al., 2022).

Depressive symptoms have wide-ranging negative effects. They impair concentration, reduce energy, and lower motivation, leading to poor academic performance or dropout (Deng et al., 2022). Depression also hinders employment by affecting productivity and workplace relationships (Aguiar-Quintana et al., 2021). It often co-occurs with substance abuse, worsening individual and societal health challenges. Critically, depression significantly increases suicide risk, making it a leading cause of death among young adults globally (Shorey, Ng & Wong, 2022; Oladunmoye, Oboma & Enamudu, 2024). These issues impose both personal suffering and economic costs, including healthcare expenses and lost productivity (Folland et al., 2024). Understanding the factors that shape mental wellbeing is essential for addressing these challenges. Psychological resources like resilience, optimism, and hope play a protective role by buffering stress and enhancing wellbeing (Yıldırım & Arslan, 2022). Resilience enables individuals to recover from adversity (Oye, 2024), while optimism fosters positive coping and mental health (Dursun, 2021). Based on the framework of positive psychology, psychological capital (PsyCap) is a unified construct formed by the integration of these psychological resources: self-efficacy, optimism, hope and resilience (Villalobos, 2024). Together these elements have the ability to help people effectively deal with adversity and grow in personal and psychological ways. Mental health needs of young adults with depressive symptoms are particularly suitable for the development of PsyCap, a malleable resource that can be enhanced and built up through interventions. In this study, both the direct and indirect paths leading to how PsyCap shapes mental wellbeing of this population is investigated with special focus on the individual components of PsyCap.

Self-efficacy refers to an individual's belief in their ability to perform tasks, achieve goals, or resist temptations (Bandura, 2023). It plays a key role in goal setting, effort, resilience, and stress management. Individuals with high self-efficacy are more motivated, better problem solvers, and more persistent traits essential for managing depressive symptoms and enhancing mental wellbeing (Tang & Zhu, 2024). High self-efficacy also helps individuals view challenges as manageable, reducing emotional distress (Bandura, 2023). Kent-Craig (2023) found that people with higher self-efficacy were 1.5 times more likely to engage in health-promoting behaviours, which contribute to mental stability. In this study, self-efficacy is seen as a crucial factor enabling young adults with depressive symptoms to actively manage their mental health through help-seeking and positive coping strategies. Enhancing self-efficacy can increase resilience and promote adaptive cognitive and behavioural responses for long-term wellbeing (Cattelino et al., 2023).

Optimism is the belief that good things will happen and that bad events are temporary and manageable (Reivich et al., 2023). It fosters a positive outlook, adaptive coping, and stress management. Optimistic individuals are more likely to engage in health-promoting behaviors like exercise, healthy eating, and seeking social support, all linked to better mental wellbeing. These behaviors enhance both physical health and psychological resilience by fostering control and agency. For young adults with depressive symptoms, fostering optimism can reduce negative thinking and rumination, shifting focus toward solutions (Ciobotaru et al., 2024). Physiologically, optimism is associated with lower cortisol levels and stronger immune function (Walsh, 2021). Studies report a moderate positive effect (effect size = 0.25) between optimism and mental health outcomes, confirming its protective role (Zhai & Carney, 2024).

Hope refers to an individual's perceived ability to set goals and develop strategies to achieve them (Dursun, 2021). Unlike optimism, hope is goal-directed and rooted in agency and planning. It fosters perseverance despite setbacks and helps individuals manage stress and adversity. For young adults with depressive symptoms, hope can counter feelings of hopelessness and inactivity typical of major depression (Vasoya, 2023). It encourages viewing challenges as solvable tasks rather than insurmountable barriers. Lin et al. (2024) found that college students with higher hope reported lower depression and anxiety levels, confirming its protective role. Hope also supports emotional regulation, problem-solving, and engagement with support systems. Integrating hope-enhancing strategies into interventions can help young adults envision positive futures and strengthen mental wellbeing.

Resilience is the ability to recover quickly after encountering difficulties and to adapt well to adverse situations thereby maintaining psychological balance despite very stressful events (Oye, 2024). It's about being able to not just rebound from setbacks, but also use this adversity and use it as an opportunity for personal growth. Being resilient individuals helps people to cope with stress and retain a positive mind which is important for young adults with depressive symptoms (Varma et al., 2021). Developing resilience can enable these people to create their own means of coping with events, to maintain psychological stability and to maintain mental health even in extreme circumstances (Lunov & Rozhkova, 2024). Resilience is also protective of mental health challenges as per literature. Lunov and Rozhkova (2024) performed a longitudinal study which revealed that people with a high level of resilience were 50% less likely to develop depressive symptoms after a traumatic event than those who are not so resilient. Instead, this emphasizes resilience as an active, process-oriented capability which can be supported through interventions. Stress management training, cognitive reframing and mindfulness practices are

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the interventions which aimed to build resilience and have been found to decrease psychological distress and improve wellbeing (Dim, 2023).

Self-esteem, an individual's emotional evaluation of their own worth, plays a key role in mental health (Jordan, Zeigler-Hill & Cameron, 2020). It acts as a psychological buffer, fostering competence, self-acceptance, and resilience against stress (Rex, 2023). High self-esteem is consistently linked to lower depression and anxiety, helping individuals cope effectively with life challenges (Taylor & Conger, 2017). In this study, self-esteem mediates the relationship between stress and mental health outcomes. Those with higher self-esteem are more likely to use adaptive coping strategies, reducing stress impacts. Bondarchuk et al. (2024) found that self-esteem significantly mediated the link between stress and depressive symptoms, with higher levels predicting better resilience and lower depression over time.

Social support can be considered as the perception and reality of being cared for and having help available, is a key factor in mental health and wellbeing (Cacciatore et al., 2021). It includes emotional support (empathy, reassurance), informational support (advice, guidance), and instrumental support (tangible aid), all of which help reduce the psychological and physical effects of stress. The buffering hypothesis suggests that social support protects mental health under high stress by reducing perceived stress severity and enhancing coping (Chen et al., 2021). Empirical evidence confirms its mediating role between stress and mental health among young adults (Noh & Park, 2022). Strong social networks are linked to lower depression and anxiety, better emotion regulation, and resilience (Kansky, 2017). For young adults, especially during transitional life stages, social support reduces vulnerability to mental health issues. In Uganda, Byansi (2021) found an inverse relationship between social support and depression, highlighting its cross-cultural relevance.

Since the importance of social support, it is therefore crucial to investigate its interaction with self-esteem as mediating variables of the link between PsyCap and mental health outcomes. Self-efficacy, hope, optimism and resilience, all of which comprise PsyCap, offer the internal resources for approaching stress and adversity (Byansi, 2021). While internal strengths play a part in mental wellbeing, the synergy of that synergy is amplified by external resources such as social support. This process is complemented by high self-esteem, that is a positive self-view and more confidence in one's ability to cope with stress which further decreases the risk of depression and anxiety (Muris and Otgaar, 2023). Research and practice can use the roles of self-esteem and social support as intermediaries between PsyCap and mental health to inform interventions that focus on the singular needs of young adults. The promise of this holistic approach includes decreasing the incidence of depression and anxiety and increasing resilience and psychological wellbeing not only in Uganda but in other similar contexts around the globe.

Purpose of the Study

This study aimed at exploring the relationships between psychological capital constructs (optimism, hope, resilience and self-efficacy), social support and self-esteem and the mental wellbeing of young adults with depressive symptoms in Uganda. Specifically, the study aimed to explore the direct, indirect, and total effects of these variables on mental wellbeing, while also investigating the mediating roles of social support and self-esteem.

Research Questions

1. What are the effects of psychological capital constructs (optimism, hope, resilience, and self-efficacy), social support, self-esteem, on mental wellbeing among young adults with depressive symptoms in Uganda?
2. To what extent do optimism, hope, resilience, and self-efficacy directly predict mental wellbeing among young adults with depressive symptoms?
3. What are the indirect effects of optimism, hope, resilience, and self-efficacy on mental wellbeing through social support and self-esteem among young adults with depressive symptoms in Uganda?
4. What are the total effects of psychological capital (optimism, hope, resilience, and self-efficacy) on mental wellbeing among young adults with depressive symptoms in Uganda?

Methodology

This study employed a correlational design with a sample of 300 participants aged 18-30 years, recruited from various institutions and communities in Uganda. The study targeted young adults aged 18 to 30 years in Uganda, a group experiencing key social, educational, and occupational transitions that heighten their risk for mental health challenges like depressive symptoms. Participants were drawn from universities, vocational centers, and community settings to ensure diverse backgrounds. A total of 300 participants were selected using a clustered and stratified sampling technique. Clusters were based on institutions and community centers across different regions, while stratification ensured balanced representation by age, gender, and education level, enhancing the sample's diversity and representativeness. The participants were assessed using seven standardized scales with internal consistency ranging between 0.78 and 0.89. These scales measured depressive symptoms (Beck Depression Inventory-II; Beck, Steer, & Brown, 1996), psychological capital (Psychological Capital

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Questionnaire; Luthans et al., 2007), mental well-being (Warwick-Edinburgh Mental Well-being Scale; Tennant et al., 2007), self-esteem (Rosenberg Self-Esteem Scale; Rosenberg, 1965), social support (Multidimensional Scale of Perceived Social Support; Zimet et al., 1988). A mediation path analysis was conducted to examine the direct and indirect effects of PsyCap on mental well-being, with self-esteem, social support, and coping strategies as mediators. The data were analyzed using Structural Equation Modeling (SEM) in JASP statistical package.

Model Specification

- Exogenous Variables: Hope (X1), Efficacy (X2), Resilience (X3), Optimism (X4)
- Mediating Endogenous Variables: Self-esteem (X5), Social Support (X6)
- Final Endogenous Variable: Mental wellbeing (X7)

Path Equations

X5 = P1*X1 + P2*X2 + P3*X3 + P4*X4 + e1 ……..equation 1
X6 = P5*X1 + P6*X2 + P7*X3 + P8*X4 + e2 ……..equation 2
X7 = P9*X5 + P10*X6 + P11*X1 + P12*X2 + P13*X3 + P14*X4 + e3 ……..equation 3
Where (P) represents the path coefficients and (e) represents the error terms associated with each endogenous variable. This model assumes that hope, efficacy, resilience, and optimism directly affect self-esteem and social support, which in turn, along with the exogenous variables, affect mental health. The error terms (e1), (e2), and (e3) account for measurement or prediction errors within the model.

Results

Research Question 1: What are the effects of psychological capital constructs (optimism, hope, resilience, and self-efficacy), social support, self-esteem, on mental wellbeing among young adults with depressive symptoms in Uganda?
Table 1: Path Mediation Model Summary showing effect of psychological capital on mental wellbeing.

Path ways			**Estimate**	**Std. Error**	**z-value**	**p**
Social support	→	Mental wellbeing	0.114	0.069	1.647	0.100
Self-esteem	→	Mental wellbeing	0.031	0.075	0.407	0.684
Optimism	→	Mental wellbeing	-0.034	0.016	-2.074	0.038**
Hope	→	Mental wellbeing	0.031	0.010	3.096	0.002**
Resilience	→	Mental wellbeing	0.072	0.039	1.863	0.062
Self-efficacy	→	Mental wellbeing	0.086	0.033	2.591	0.010**
Optimism	→	Social support	0.020	0.017	1.150	0.250
Hope	→	Social support	0.058	0.015	3.754	< .001***
Resilience	→	Social support	0.137	0.029	4.797	< .001***
Self-efficacy	→	Social support	0.011	0.033	0.325	0.745
Optimism	→	Self-esteem	0.141	0.017	8.316	< .001***
Hope	→	Self-esteem	0.011	0.009	1.164	0.245
Resilience	→	Self-esteem	0.107	0.021	5.040	< .001***
Self-efficacy	→	Self-esteem	0.023	0.022	1.047	0.295

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Table 1 reveals that hope had a significant positive effect on mental wellbeing (β = 0.03, ***z*** = 3.10, $p < 0.05$), indicating that individuals with higher levels of hope reported better mental wellbeing outcomes. Self-efficacy also emerged as a significant positive predictor (β = 0.09, ***z*** = 2.59, $p < 0.05$), suggesting that those with greater confidence in their abilities experienced better mental wellbeing. Although resilience was not statistically significant, it approached significance (β = 0.07, ***z*** = 1.86, $p > 0.05$), hinting at its potential contribution to mental well-being. Interestingly, optimism showed a significant negative relationship with mental wellbeing (β = -0.03, ***z*** = -2.07, $p < 0.05$), suggesting that higher levels of optimism may not always correspond to improved mental wellbeing in this context. Meanwhile, social support (β = 0.11, ***z*** = 1.65, $p > 0.05$) and self-esteem (β = 0.03, ***z*** = 0.41, $p > 0.05$) did not have significant effects on mental wellbeing. Table 1 also reveals that hope (β = 0.06, ***z*** = 3.75, $p < .001$) and resilience (β = 0.14, ***z*** = 4.80, $p < .001$) significantly predicted social support young adults. These results indicate that individuals with higher levels of hope and resilience perceived or received more social support. However, optimism (β = 0.02, ***z*** = 1.15, $p > 0.05$) and self-efficacy (β = 0.01, ***z*** = 0.33, $p > 0.05$) did not significantly predict social support. Table 1 also reveals that optimism positively predicted self-esteem (β = 0.14, , $z = 8.32$, $p < .001$), suggesting that individuals with greater optimism reported higher self-esteem. In the same vein, resilience also significantly predicted self-esteem (β = 0.11, $z = 5.04$, $p < .001$), indicating that resilience contributes positively to self-esteem. However, neither hope (β = 0.01, $z = 1.16$, $p > 0.05$) nor self-efficacy (β = 0.02, $z = 1.05$, $p > .05$) were significant predictors of self-esteem.

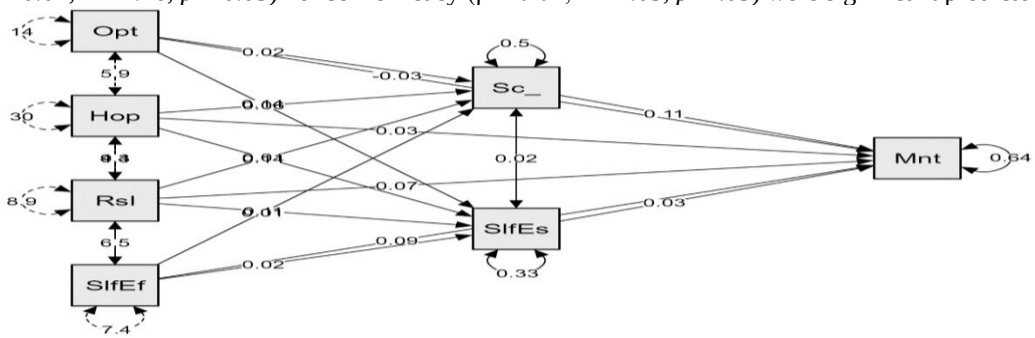


Fig. 1: Path model showing psychological capital constructs and mental wellbeing among young adults with depressive symptoms.

Key word: **Opt:** Optimism, **Hop:** Hope, **RsI:** Resilience, **SlfEf:** Self-efficacy, **SlfEs:** Self-esteem, **Sc_:** Social support, **Mnt:** mental wellbeing

Research Question 2: To what extent do optimism, hope, resilience, and self-efficacy directly predict mental wellbeing among young adults with depressive symptoms?

Table 2: Path Mediation Model Summary showing Direct Effect

Direct Effects			**Estimate**	**Std. Error**	**z-value**	**p**
Optimism	→	Mental wellbeing	-0.034	0.016	-2.074	0.038
Hope	→	Mental wellbeing	0.031	0.010	3.096	0.002
Resilience	→	Mental wellbeing	0.072	0.039	1.863	0.062
Self-efficacy	→	Mental wellbeing	0.086	0.033	2.591	0.010

Table 2 indicates the direct effects of optimism, hope, resilience, and self-efficacy on mental wellbeing among young adults with depressive symptoms in Uganda. Hope emerged as a significant positive predictor of mental wellbeing ($\beta = 0.031$, $z = 3.10$, $p < 0.05$), indicating that individuals with higher levels of hope reported better mental wellbeing. Self-efficacy also had a significant positive effect on mental wellbeing ($\beta = 0.086$, $z = 2.59$, $p < 0.05$), meaning that individuals who felt confident in their ability to manage life's demands experienced better mental wellbeing outcomes. In contrast, optimism had a significant negative effect on mental wellbeing ($\beta = -0.034$, $z = -2.07$, $p < 0.05$), suggesting that in this population, higher levels of optimism were unexpectedly associated with lower mental wellbeing. While resilience is not a significant predictor mental wellbeing ($\beta = 0.072$, $z = 1.86$, $p > 0.05$). Although the result did not reach the conventional threshold for significance, it suggests that the capacity to bounce back from adversity may contribute to better mental wellbeing among young adult with depressive symptoms.

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Research Question 3: What are the indirect effects of optimism, hope, resilience, and self-efficacy on mental wellbeing through social support and self-esteem among young adults with depressive symptoms in Uganda.

Table 3: Mediation Path Model Summary showing Indirect effects on mental wellbeing

Indirect Effect					**Estimate (β)**	**Std. Error**	**z-value**	**p**
Optimism	→	Social Support	→	Mental wellbeing	0.002	0.002	1.103	0.270
Optimism	→	Self-esteem	→	Mental wellbeing	0.004	0.011	0.407	0.684
Hope	→	Social Support	→	Mental wellbeing	0.007	0.004	1.653	0.098
Hope	→	Self-esteem	→	Mental wellbeing	3.327×10^{-4}	8.351×10^{-4}	0.398	0.690
Resilience	→	Social support	→	Mental wellbeing	0.016	0.010	1.509	0.131
Resilience	→	Self-esteem	→	Mental wellbeing	0.003	0.008	0.410	0.682
Self-efficacy	→	Social Support	→	Mental wellbeing	0.001	0.004	0.304	0.761
Self-efficacy	→	Self-esteem	→	Mental wellbeing	7.194×10^{-4}	0.002	0.353	0.724

Table 3 revealed that none of the indirect effects were statistically significant. Optimism (β = 0.002, z = 1.10, p > .05) and self-esteem (β = 0.004, z = 0.41, p >.05) did not significantly influence mental wellbeing via social support. Hope showed no significant indirect effect through social support (β = 0.007, z = 1.65, p > .05), while self-esteem (β = 0.0003, SE = 0.0008, z = 0.40, p > .05) was not found significant as well. In the same vein, resilience was not found to show significant indirect effects through social support (β = 0.016, z = 1.51, p = .131) and self-esteem (β = 0.003, z = 0.41, p = .682). There was no significant indirect effect of self-efficacy through social support (β = 0.001, z = 0.30, p >.05) and self-esteem (β = 0.0007, z = 0.35, p >.05) to mental wellbeing young adults with depressive symptoms. By implication, the results suggest that neither social support nor self-esteem served as mediators in the relationship between the psychological capital constructs and mental wellbeing. Instead, the direct effects of hope and self-efficacy on mental wellbeing are likely more important in influencing well-being.

Research Question 4: What are the total effects of psychological capital (optimism, hope, resilience, and self-efficacy) on mental wellbeing among young adults with depressive symptoms in Uganda.

Table 4: Mediation Path Model Summary showing total effect psychological capital and mental wellbeing.

Total Effect			**Estimate**	**Std. Error**	**z-value**	**p**
Optimism	→	Mental wellbeing	-0.027	0.013	-2.033	0.042
Hope	→	Mental wellbeing	0.038	0.010	3.777	< .001
Resilience	→	Mental wellbeing	0.091	0.035	2.619	0.009
Self-efficacy	→	Mental wellbeing	0.088	0.034	2.621	0.009

Table 4 reveals the total effect which represents the combined direct and indirect influences of each psychological capital variable on mental wellbeing. Optimism demonstrated a significant negative total effect on mental wellbeing (β = -0.027, z = -2.03, p < .05). This finding suggests that higher levels of optimism were unexpectedly associated with lower mental wellbeing outcomes in this sample. Hope was found to have a significant positive total effect on mental wellbeing (β = 0.038, z = 3.78, p < .05). This indicates that individuals with higher levels of hope, characterized by goal-directed thinking and perseverance, reported better mental wellbeing. Resilience also exerted a significant positive total effect on mental wellbeing (β = 0.091, z = 2.62, p < .05), suggesting that the ability to recover from adversity plays a crucial role in promoting mental wellbeing. While self-efficacy revealed a significant positive total effect on mental wellbeing (β = 0.088, z = 2.62, p < .05). This finding highlights the importance of belief in one's own ability to manage life's challenges as a key factor in enhancing mental well-being.

Discussion of Findings

The findings from Tables 1 and 2 highlight significant effects of specific Psychological Capital (PsyCap) constructs on mental wellbeing among young adults with depressive symptoms in Uganda. Hope emerged as a significant positive predictor (β = 0.03, p < 0.05), supporting Snyder's (2000) theory that goal-directed thinking enhances mental health (Roland, 2022). Self-

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efficacy also showed a significant positive effect ($\beta = 0.09$, $p < 0.05$), aligning with Bandura's (2001, 2023) social cognitive theory, emphasizing motivation and adaptive coping.

Although resilience was not statistically significant ($\beta = 0.07$, $p > 0.05$), its near-significance suggests potential relevance, as noted by Anderson et al. (2020) and Neduvelil (2021). Surprisingly, optimism had a significant negative relationship with mental wellbeing ($\beta = -0.03$, $p < 0.05$), contrary to previous studies. This may reflect cultural or contextual factors in Uganda, where excessive optimism could lower coping effectiveness. Neither social support ($\beta = 0.11$, $p > 0.05$) nor self-esteem ($\beta = 0.03$, $p > 0.05$) significantly predicted mental wellbeing, despite their theoretical relevance. This aligns with concerns raised by Ashaba et al. (2021) and Aloi (2019) that social support quality and self-esteem pathways may vary across contexts. Further research, especially qualitative studies, is needed to explain these cultural and situational differences.

The results from Table 3 show that social support and self-esteem did not significantly mediate the effects of psychological capital constructs (optimism, hope, resilience, and self-efficacy) on mental wellbeing. None of the indirect paths were statistically significant (e.g., optimism via social support: $\beta = 0.002$, $p > .05$; self-efficacy via self-esteem: $\beta = 0.0007$, $p > .05$). This contrasts with studies that found social support and self-esteem as key buffers against stress (Cohen & McKay, 2020; Orth & Robins, 2022; Bedaso et al., 2021). The non-significant mediation may reflect contextual factors, such as limited or poor-quality social support systems or external stressors like economic hardship common among Ugandan young adults with depressive symptoms. This finding also diverges from previous African studies (Arslan, 2019) and highlights possible cultural or measurement differences. While the indirect effects were not significant, the study reaffirmed the direct influence of hope and self-efficacy on mental wellbeing, consistent with Snyder's (2000) hope theory and Bandura's (1997) self-efficacy model, which emphasize their independent and powerful roles in mental health outcomes.

Results from Table 4 show that hope, resilience, and self-efficacy significantly predicted better mental wellbeing, while optimism showed an unexpected negative effect. Hope had a strong positive total effect ($\beta = 0.038$, $p < 0.05$), supporting Dursun's (2021) view of hope as goal-focused thinking that fosters persistence and adaptability. This aligns with findings that hope enhances resilience and reduces stress (Han et al., 2024), especially relevant for Ugandan young adults facing adversity. Resilience also showed a significant positive effect ($\beta = 0.091$, $p < 0.05$), consistent with Vella and Pai (2019) and Racine et al. (2020), highlighting its role in recovery from stress and trauma. For Ugandan youths, resilience likely helps buffer challenges like economic hardship or mental health stigma. Similarly, self-efficacy positively predicted wellbeing ($\beta = 0.088$, $p < 0.05$), reinforcing Bandura's (1997) theory that belief in personal competence enhances coping and emotional regulation (Fathalikhani et al., 2024; Zhou et al., 2024).

Contrary to expectations, optimism had a negative total effect ($\beta = -0.027$, $p < 0.05$), diverging from studies showing its protective role (Peethambaran & Naim, 2024). This may reflect contextual factors in Uganda, where unrealistic optimism could worsen mental health due to unmet expectations (Etherson, 2022). The findings emphasize the need for context-sensitive interpretations of psychological constructs, recognizing that cultural values, economic instability, and limited mental health resources may shape how optimism operates in this population.

Conclusion

This study examined the roles of psychological capital constructs (optimism, hope, resilience, self-efficacy), along with social support and self-esteem, in predicting mental wellbeing among young adults with depressive symptoms in Uganda. Hope, resilience, and self-efficacy were significant positive predictors, suggesting that higher levels of these traits promote better mental health. Unexpectedly, optimism showed a negative effect, while social support and self-esteem did not significantly mediate the relationship between PsyCap and wellbeing. These findings highlight the direct impact of hope and self-efficacy and the need to prioritize them in mental health interventions for this group.

Recommendations

I. Since hope has such a great positive effect on mental wellbeing, hope boosting interventions via goal setting, future oriented thinking and perseverance should be a priority. Mental health outcomes may be improved if programs help young adults find personal goals, develop pathways to achieve them and persevere when setbacks occur.
II. Mental health programs should have building resilience as a core component. Interventions designed to improve adaptive coping strategies, emotional regulation and the ability to 'bounce back' from adversity are essential to improving mental wellbeing in young adults.
III. Given the positive influence of self-efficacy on mental wellbeing, empowerment programs aimed at boosting confidence in one's abilities to cope with challenges are recommended. These programs can include skill-building activities, mental health education, and opportunities for personal achievements that reinforce a sense of competence and control.

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