The Impact of Social Capital on Youth's Mental Health; the Mediating Role of National Identity

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Abstract

The purpose of this research was to investigate the effect of social capital on young people's mental health, considering the mediating role of national identity. The method of this research was a survey. 377 youths aged 18 to 29 from Yasouj city were determined and selected using a multi-stage cluster sampling method. Based on the structural equations results, there was a positive and significant relationship between social capital and the national identity of youth ($P < 0.01$). Also, there was a positive and meaningful relationship between national identity and the mental health of young people ($P < 0.05$). Still, there was no significant relationship between social capital and the mental health of young people ($P > 0.05$). The coefficients of determination showed that 39% of the variance of national identity was explained by social capital and 61% of the variance of youth mental health was explained by social capital and national identity. Finally, the results showed that social capital alone does not have a significant effect on the mental health of young people, but the variable of national identity could have a significant effect on the mental health of young people.

Keywords: Youth, Social Capital, Mental Health, National Identity.

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1. Introduction

Mental health is one of the most important dimensions of health (the most important component of social welfare) and it means living peacefully and being at peace with oneself and others, being aware of one's feelings, having the power to make decisions in crises and successfully dealing with psychological pressures (Garosi and SHabestari, 2012). In Freud's personality theory (1923) mental health is cosides to be the result of the balance between the three elements; Id, the ego and the super-ego1, and the result of the balance between the conscious and unconscious levels. He believes that a mentally healthy person has two basic characteristics: 1. He can love and not love 2- He wants and can work (Keyvanara et al., 2015). According to the results of World Health Organization (WHO), more than 450 million people in the world have mental problems and it is predicted that this figure will increase in the next 20 years (Andersson, 2018). Also, studies show that 20% of Iran's population suffers from mental disorders (Noorbala et al, 2017).

In the historical context, health can be seen in different eras, such as the ancient era (person-oriented and nature-oriented approaches), the medieval era (clinical medicine approach), the new era (biomedical approach and medical era) and the post-medical era (the approach of medical sociology). In the approach of medical sociology, the social-medical model is presented in the form of three approaches: behavioural, social relations social support (social capital) and social-environmental, and this research focuses more on the second approach (social capital). The approach of social relations and social support points to the role of social capital in health and considers social capital (Social relations and obtaining social support from others) as a factor that increases people's ability to deal with stress (Masoudnia, 2017). Therefore, mental health is more dependent on social factors (such as social capital) than medical interventions, which is one of the influencing variables in society's well-being. It may not be far from reality to say that human existence depends on social interaction and communication (Hadavand Aval et al., 2017).

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[1] The **Id** is the primitive and instinctual part of the mind that contains sexual and aggressive drives and hidden memories, the **super-ego** operates as a moral conscience, and the **ego** is the realistic part that mediates between the desires of the id and the super-ego.

According to Fukuyama, social capital is a personal relationship that leads to participation and cooperation between members of society and encourages them to be more altruistic and cooperative (Fatehi and Ekhlasi, 2013). Extensive studies on the direct effect of social capital on health (Nakaie and Arnold, 2010; Bahrami et al., 2013) and mental health (Verhaeghe et al., 2012; Ehsan and Silva, 2015; Saadati et al., 2016; Kazemi et al., 2017) have mentioned. The results related to the relationship between social capital and mental health were not always the same and were inconsistent in some cases. In this context, Mc Pherson et al (2014) found that the relationship between social support networks and mental health was positive in 17 cases, negative in 2 cases, and there was no relationship in 7 cases. In neighborhood quality, 13 cases had a positive relationship, 1 case had a negative relationship, and there was no relationship in 10 cases. Therefore, it is appropriate to pay attention to the mental health of young people and related factors (social capital and national identity). Therefore, one of the factors that may play a role in the mental health of young people is their social capital and national identity.

In addition to social capital, another social factor that may play a role in mental health is national identity. Finding identity is one of the important issues of youth. In this era, a person seeks to answer the question "Who am I?" Answering this question can determine the person's position in different areas of life and clarify the person's orientations throughout life, both in the individual and social areas, and according to the identity formed, to give a special colour and smell to a person's behaviour, actions and thoughts. Therefore, identity in various dimensions (cultural, religious, national, etc.) is one of the necessary conditions of life, and without having a framework to determine one's identity, a person will not be able to live properly and communicate with others in a meaningful and sustainable way (Sharifi et al., 2010).

National identity as a political and social phenomenon affects all aspects of a person's life and it can be considered the most legitimate and important level of social identity among the levels of identities. National identity is a set of geographical, historical, cultural, religious, epic and ethnic attachments and ties that includes human life that people in the society are proud of. In the

following, the dimensions of national identity are defined as follows. The linguistic dimension of the written heritage includes story collections, songs, proverbs, ballads, chistans and belonging to them; the political dimension measures the loyalty of the members of a territory to the government system, values, ideology and borders of the country (Roudbari et al., 2019). And the religious dimension shows the feeling of belonging to religion, commitment to religion and religious society (Ganji et al., 2011).

However, not all young people succeed in acquiring identity completely. For this reason, most of these people face various personal and social problems and negative reactions from the people around them in their current and future lives. In this way, in the study of human personality (especially his psychological dimension), identity is a fundamental and internal aspect, with the help of which a person is connected with his past and feels continuity and integrity in life. In other words, identity is a person's mental concept of himself as a unique and stable person (Berzonsky, 2005). Absence or weakness of national identity causes people to get confused in knowing their place and responsibility in society. The crisis in the national identity and the lack of a stable social personality provide the ground for people's tendency towards social and psychological undesirables and keep them away from observing social norms (Roudbari et al., 2019).

Even in the relationship between religious identity (one of the dimensions of national identity) and mental health, researchers have come to the conclusion that performing religious acts causes a kind of mental and spiritual peace in humans, which can be used in coping with mental disorders, stress and tension (Paarsaamehr and Asghari Yengjeh, 2016). In this regard, the researchers found that there is a significant relationship between national and religious identity with mental health (Sharifi et al., 2010), psychological well-being (Mousavi et al., 2010) and psycho-social health (Paarsaamehr and Asghari Yengjeh, 2016). In this regard, Sharifi et al. (2010) found that there is a relationship between religious and national identity and mental health (body building disorder, obsession, interpersonal sensitivity, depression, anxiety, hostility and aggression, phobia, paranoia and psychosis) of students. There is a negative and meaningful. Also, Paarsaamehr and Asghari Yengjeh (2016)

showed that there is a significant relationship between national and religious identity variables with mental and social health. Therefore, mental health is closely related to the collective identity and especially the national identity of people, and we cannot expect health for young people without paying attention to the national identity.

It should be noted that national identity, like mental health, is affected by social capital, although it also has an effect on it. National identity by creating a sense of solidarity; It provides the context of communication, cooperation and trust (important dimensions of social capital) among the residents of a country, territory or city. On the other hand, this cooperation, and as a result, the communication and trust that results from this cooperation, can be a stimulus in the direction of raising the national identity of individuals. The concepts of "loyalty", "belonging" and "commitment" in the variable of national identity and the concepts of "cooperation", "participation" in the variable of social capital form the basic elements and the analysis of the relationship between these two variables is based on These concepts will be possible. Therefore, these two variables are effective in strengthening each other and help to synergize each other (Mirfardi and Valinezhad, 2018). Therefore, the social capital of citizens plays a role in their perception of their national identity (Alini et al., 2015). In this regard, researchers have shown that there is a positive and reciprocal relationship between social capital and national identity (Ghasemi and Jamalvandi, 2010; Rastegar Khaled et al., 2016; Muir, 2011 and Cote & Bonnie, 2009). Also, studies have studied the positive effect of social capital on national identity (Safiri et al., 2013; Khojasteh and Mirhosseini, 2019; Dai and Gu, 2021; Shirvani et al, 2022) and the positive effect of national identity on social capital (Krok, 2008; Soroush and Hafrasiabi, 2010; Ahmadi et al., 2014; Mirfardi and Valinezhad, 2018).

According to the previous research, there is a mutual relationship between the variables of social capital, national identity and mental health, which makes it possible to conduct such research with this method (mediation of national identity). Since the mediating role of national identity between social capital and mental health has not been mentioned in past research, this research investigates the effect of social capital on the mental health of the youth of

Yasouj City by considering the mediating role. National identity. On the one hand, the city of Yasouj, due to its traditional-tribal context; has preserved its local characteristics, cohesion and local-regional links that are the foundation of social capital, and on the other hand, like other cities, it has been affected by modernization and modernity, and it seems A suitable ground for raising the question of national identity has been formed in this city. Also, since young people are the main wheels of a society that can bring prosperity and pride or lead to destruction, it is clear that paying attention to their mental health is of special importance and necessary to start doing such research. Therefore, this research seeks to answer this question, is mental health influenced by social capital through national identity?

2. Review of Literature
2.1. Study Background

In a research, Shirvani et al (2022) predicted mental health through the dimensions of social capital. The statistical population of their research consisted of 1500 employees of health and treatment centers in Borujen city, and 389 of them were selected as a sample using the stratified sampling method. In their research, they showed that social capital in the dimensions of mutual relations, ethics and social responsibility can predict mental health, but there was no statistically significant relationship with mental health in the dimensions of social trust, social participation and public awareness.

Dai and GU (2021) conducted a study entitled "The Impact of Social Capital on Mental Health: Evidence from the China Family Panel Survey". Using data from the China Family Panel Survey, they measured social capital from social help, social trust, social networks, and social participation, and took regional average level of social capital as the instrumental variables, and applied a two-stage least squares regression. They found that the mental health of residents who trust and help each other is significantly higher than that of residents without trust and mutual help. When residents' efforts to maintain social networks increase, their mental health significantly improves.

Nazoktabar et al (2023) conducted a study entitled "Analysis of the relationship between social capital and the national identity of women aged 18

to 50 living in Shahrekord". Sample size in the statistical population of Shahrekord using the equivalent Cochran's formula 500 people were obtained. They showed that national identity is the result of social interactions between individuals. One of the influential factors in the formation of national identity of individuals is social capital. Based on the findings, there was a significant relationship between social capital and national identity. Also, the results of multivariate regression analysis showed that the components of social capital (social trust, participation, social interactions) explained a total of 59% of the changes in the dependent variable (national identity).

Halimi Jloudar and Hosseyni Bijikola (2020) conducted a research entitled "The Impact of Social Capital (Native Turkish and Kurdish Youth) on National Identity with Emphasis on National Identity Indicators from Imam Khomeini's Viewpoint". The statistical population of this study was 18-25 year olds in Sanandaj, Bukan, Tabriz and Khoy. The findings showed that there is a relationship between social cohesion, social trust, social participation and social capital with the national identity of Kurdish and Turkish.

Paarsaamehr and Asghari Yengjeh (2016) conducted a study entitled "The Relationship between Psycho-Social Health and National-Religious Identity among Yazdi High School Students". In their research, they used a multi-stage cluster sampling method and the sample size is 354 people. Showed that there is a significant positive relationship between mental and social health variables with national and religious identity.

Asmari-Bardezard et al (2021) examined the relationship between national identity and mental health. The results showed that the national identity was positively correlated with the total score of quality of life and mental health, physical health, quality living environment, and was negatively correlated with depression. Religious identity was also found to have a significant negative correlation with depression and was positively correlated with the total score of quality of life, and mental health, physical health, and social relationships but not with quality of living environment. The results of regression analysis also showed that national identity and religious identity were valid predictors of quality of life and depression in school students.

2.2. Theoritical Background

Empirical application of social capital theory in mental health and national identity: The concept of social capital and its role in health can be seen in the work of sociologists such as Durkheim since the 19th century. He showed that suicide rates are higher in communities with low levels of social cohesion and lower in communities that are very connected. In line with Durkheim's argument, Faris and Dunham (1939) argued that the level of "disorganization" in a neighborhood is a factor that can cause different rates of mental disorders. The popularity of the concept of social capital dates back to the nineties with the studies of Pantam, Fukuyama and James Coleman. According to Putnam, social capital, like cultural and economic capital and other capitals, is productive and seeks clear goals. From his point of view, trust includes personal and social trust, which sees social trust as more practical for human society (Putnam et al., 2013). However according to James Coleman, the concept of social capital is a means to explain how people cooperate with each other, and it occurs when the relationships between people change in a way that facilitates action (Majedi and Lahsaizadeh: 2006).

Social capital affects health in different ways; in this way, social capital protects health by maintaining social cohesion in the face of social, economic and technical-cognitive changes, and also strengthens social self-help in society. And it allows communities to easily work with each other to solve collective problems such as health. Finally, social capital can strengthen people's health and empowerment by providing social support and mutual respect (Masoudnia, 2017). More clearly, model one shows the disadvantages of reducing social capital (in relation to mental health), which is more common in areas with low social capital.
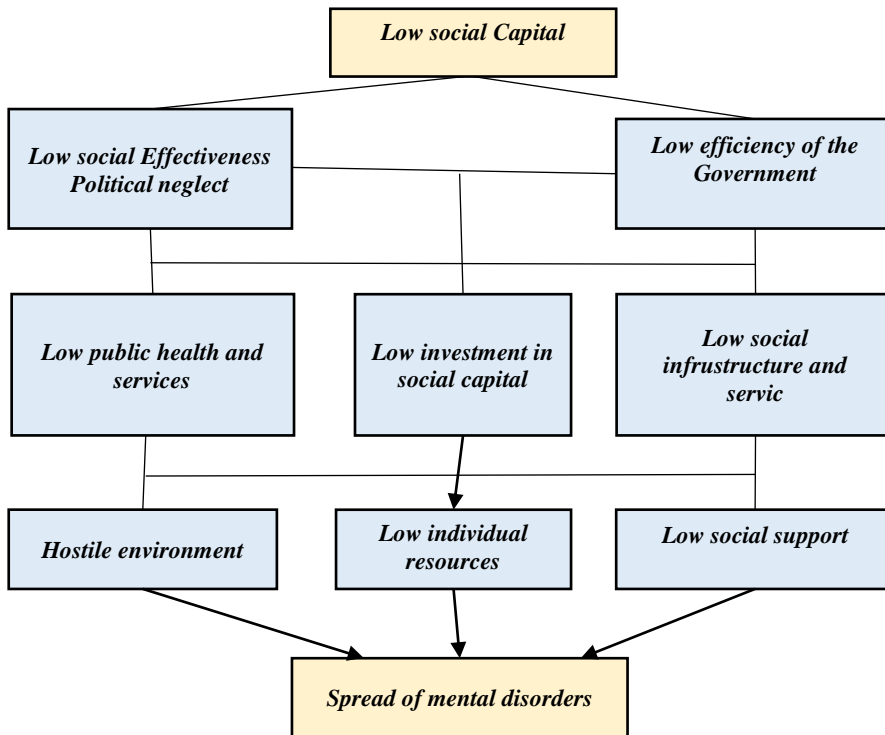
Model 1. Vertical social capital mechanism with mental illness rates (McKenzie & Harpham, 2006).

Harpham considers social capital as a stock of investments, resources and networks that create social cohesion, trust and the desire to be involved in local activities.   Also, in his opinion, social capital can reduce stressful and dangerous factors related to health (Harpham, 2008). Therefore, social capital as a concept that has entered the focus of numerous theoretical and experimental discussions, in the last few decades it also taken into consideration in the field of health (psychological, social, physical) and identity (national, religious, political, social, cultural).

In the Oxford Dictionary, identity means what and who people are. In sociology, identity means who someone is and it stimulates a series of cultural and historical elements in an individual or human group. Identity refers to characteristics, personal and social characteristics, feelings and related thoughts that a person acquires through the ability to interact with himself and find ideas about himself and in response to the question "Who am I? According to Purdie

and Wilss' point of view, national identity is an essential part of identity that helps the political and cultural identification of people in the territory (Purdie and Wilss, 2007).

Habermas considers the conflicts and crises of national identity to be caused by the lack of social participation of the people in determining their own destiny. According to his belief, it is necessary to resolve the conflicts of national identity and to achieve general social action, the existence of a free atmosphere and away from domination to conduct a wise dialogue as well as the theoretical and practical participation of people in the public sphere (Rastegar and Rabani, 2013). George Herbert Mead considered "self" as the origin and center of social relations. Therefore, society also consists of "selves" that interact with each other, and these actions take place in relation to others (Tavassoli, 2012). Also, in the self-mirror theory, Charles Horton Cooley tries to explain how the "self" is formed in the mutual relationship between the individual and the society. In this process, man tries to evaluate himself from the eyes of others. If others evaluate him as an active person, he also evaluates himself in the same way, that is, active and independent. All human beings are mirrors of each other and it is in these views that they judge each other (Tanhaei, 2015).

In the following, Giddens believes that the formation of identity depends on the interaction of the individual with the society. Giddens believes that in traditional societies, individuals were usually placed in small but more stable social units and found their identity within the framework of that unit, but with the process of modernization and the expansion of the social space, the possibility of finding identity within a limited and certain social framework is decreasing (Giddens, 2013). Lin is another thinker who considers social relations as a factor in strengthening identity. According to his opinion, the components and dimensions of social capital by increasing the social connections of people and increasing access to resources will ultimately lead to desirable and useful results such as power, fame, mental and physical health, and life satisfaction (Mi Mirfardi and Valinezhad, 2018). In summarizing the theoretical foundations of the research, it can be said that participation and low social relations at the community level is a factor that weakens (national)

identity. When such a situation occurs, people's health and especially their mental health is threatened. Finally, the conceptual model of the research is presented as follows.

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                        │  National   │
                        │  Identity   │
                        └─────────────┘
                      ↗                  ↘
┌─────────────┐                              ┌─────────────┐
│   Social    │  ──────────────────────────> │   Mental    │
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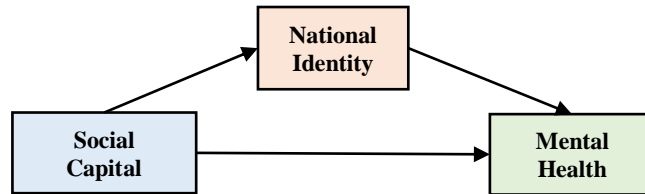
Model 2. conceptual model of research (source: researcher elaboration)

Based on the theoretical framework, experimental research and conceptual model, the research hypotheses to achieve the goal are:

There is a significant relationship between social capital and the national identity of youth.

There is a significant relationship between social capital and the mental health of young people.

There is a significant relationship between the national identity of young people and their mental health.

Social capital through national identity has a significant effect on the mental health of young people.

3. Methodology

This research is a cross-sectional-analytical survey and was conducted from 22nd October to 6th March 2023 Done. This research was conducted among the 18-29 year old youths of Yasouj city, who according to the last population and housing census of 2016 were more than 20,000 people. Using Cochran's formula, 377 people were determined as a sample and selected using the multi-stage cluster sampling method. After determining the sample size, the city was divided into four regions using the guide map of Yasouj city, and then four neighborhoods were selected from each region (the first region includes: Salem Abad, Mahmood Abad, Zirtol and the city centre. The second region includes Akbarabad, Najaf-abad, Saruk and Tal-Khosro. The third region includes Imam Hossein town, Jihad town, Sharaf-Abad and Daulat-Abad. The fourth region includes Belhazar, Upper Madawan, Lower Madawan and Mehrian). In the

next step, several blocks were randomly selected from each neighbourhood, and then from each block, households with a distance of 7 samples were selected regularly. Then the questionnaire was filled by 18-29-year-olds of each household.

In this research, a questionnaire was used to collect information. The questionnaires include three questionnaires: social capital, general health (GHQ) and national identity. To check the validity of the research questionnaire, content validity (of the form type) was used. In this way, the questionnaire was given to the professors of the fields of methodology, sociology and psychology, and after examining their opinions and modifying the items, a high-quality questionnaire was designed for the research. Cronbach's alpha was used to check the reliability of the questionnaire, and values higher than 0.70 indicate the reliability of the instrument. In order to check the reliability, 30 questionnaires were completed before collecting all the data. In order to comply with professional ethics, the subjects were assured that their information would be kept confidential. Data analysis was done by Spss24 and Amos23 software and structural equation model was used.

Table 1. Cronbach's Alpha amount.

Variable	Dimensions	Items	Reliability	Scoring method
Social capital	Structural	Items 1 to 4	0.701	Very low = 1, low = 2, medium = 3, high = 4 and very high = 5
	Cognitive	Items 5 to 9	0.717	
	Communicational	Items 10 to 17	0.880	
Mental Health	physical symptoms	Items 1 to 7	0.765	Much less than normal = 0, less than normal = 1, more than normal = 2 and much more than normal = 3
	Anxiety	Items 8 to 14	0.758	
	social functioning	Items 15 to 21	0.726	
	Depression	Items 22 to 28	0.819	
National Identity	Linguistic	Items 1 to 6	0.832	Strongly Disagree = 1, Disagree = 2, Between = 3, Agree = 4 and Strongly Agree = 5
	Territorial	Items 7 to 11	0.817	
	Political	Items 12 to 15	0.711	
	Religious	Items 16 to 18	0.701	

3.1. Definitions of the Variables
3.1.1. Social capital

Social capital includes active communication between people and includes mutual understanding, trust and common values and behaviors that connect social and human networks together. It also provides the basis for cooperation (Shirvani et al, 2022). In this research, social capital has been measured with three dimensions of structural, cognitive and communication capital.

3.1.2. Mental Health

Mental health means psychological and emotional health, in such a way that a person can use his thinking and abilities, function in society and meet the usual needs of daily life (Kamis, 2021). In this research, mental health has been evaluated with four dimensions of physical symptoms, anxiety, social functioning and depression.

3.1.3. National Identity

National identity is the feeling of belonging to a certain nation; a nation that has traditions, symbols, customs, holy places, historical heroes and a certain land. (Nazoktabar et al, 2023). Therefore, national identity is a set of geographical, historical, cultural, religious, epic and ethnic attachments and ties that encompass human life and have different dimensions (Rodbari et al., 2018: 53). In this research, national identity has been measured and evaluated with four dimensions of linguistic, territorial, political and religious identity.

4. Findings

4.1. Descriptive Findings

Based on the descriptive findings, the average age of the respondents was 24 years. From all 377 respondents, 253 of them (67.1 persent) were men and 124 of them were women (32.9 percent). In this study, 238 people (63.1 percent) of the respondents were single, 79 people (21 percent) were married, 32 people (8.5 percent) were divorced and 28 (7.4 percent) of them lost their partner.

Table 2. Descriptive results of research structures and checking their normality.

Variables	M	SD	Ske	Kur	Min	Max	K-S Z	Sig
Structural dimension	16.27	2.741	-.232	.102	4	20		
Cognitive dimension	17.71	4.419	-.426	.055	5	25	1.198	.113
Communication dimension	26.72	7.115	-.279	-.298	8	40		
Social Capital	60.71	12.226	-.657	.401	17	85		
Linguistic dimension	23.13	4.851	-.968	1.090	6	30		
Territorial dimension	19.87	3.365	-.911	1.151	5	25		
Political dimension	15.25	2.963	-.622	.167	4	20	1.133	.153
Religious dimension	11.68	2.193	-.390	.078	3	15		
National Identity	69.95	9.479	-.312	.077	18	90		
Dimension of physical symptoms	13.78	4.393	-.443	.097	21	0		
Anxiety dimension	14.57	4.229	-.497	-.460	21	0		
Dimension of social functioning	12.21	4.452	-.103	-.310	21	0	1.049	.221
Depression dimension	15.19	4.343	-.516	-.579	21	0		
Mental Health	55.77	13.990	-.258	-.712	0	84		

According to Table 2, the results of the One-Sample Kolmogorov-Smirnov Test Show that the research data are normal. According to the cut point (23) of the mental health questionnaire, the respondents have very good mental health. Also, their social capital and national identity are high.

4.2. Inferential Findings

To measure the main hypotheses of the research, the structural equation model has been used. Before drawing and interpreting the structural model; the assumptions of the normality of the research data were observed: 1. Multilinearity of independent variables through tolerance and variance inflation factor (VIF). In this way, the value of VIF for all predictive variables was less than 10 and the value of tolerance for all variables was greater than 0.4. 2. Checking the independence of errors: In this way, Durbin-Watson's value was in the range of 1.5 to 2.5.

Table 3. Correlation matrix between research variables.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Social Capital 1	1													
Structural 2	.769**	1												
Cognitive 3	.812**	.553**	1											
Communication 4	.918**	.593**	.561**	1										
National Identity 5	.434**	.446**	.290**	.394**	1									
Linguistic 6	.250**	.246**	.168**	.230**	.820**	1								
Territorial 7	.320**	.479**	.193**	.246**	.690**	.342**	1							
Political 8	.412**	.310**	.312**	.395**	.764**	.511**	.394**	1						
Religious 9	.273**	.227**	.162**	.281**	.416**	.118*	.158**	.217**	1					
Mental Health 10	.426**	.426**	.279**	.395**	.584**	.407**	.444**	.489**	.280**	1				
physical symptoms 11	.379**	.374**	.273**	.338**	.494**	.360**	.325**	.412**	.283**	.818**	1			
Anxiety 12	.252**	.314**	.119*	.239**	.438**	.290**	.372**	.317**	.252**	.782**	.569**	1		
social functioning 13	.449**	.371**	.306**	.439**	.447**	.326**	.296**	.434**	.168**	.793**	.508**	.452**	1	
Depression 14	.284**	.306**	.194**	.249**	.495**	.328**	.435**	.407**	.197**	.819**	.548**	.507**	.576**	1

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

According to the results of Table 3, there is a positive and significant relationship between all the variables, but this table is not used to measure the research hypotheses. Since the accuracy rate is higher in the structural equation model, this model has been used to measure the research hypotheses.
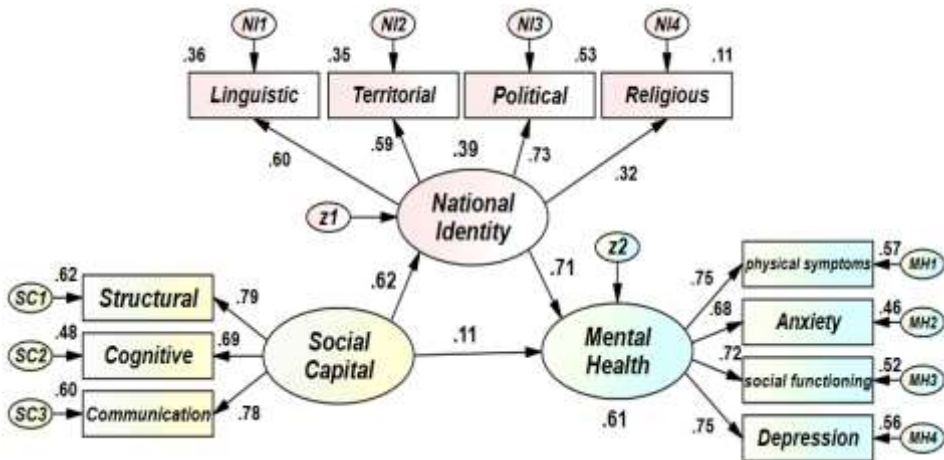
Model 3. The Impact of Social Capital on Youth Mental Health with the Mediating Role of National Identity

Table 4. Fitness of the measurement model (Model fit indices).

Index	amount	Index	amount
CMIN	172.52	IFI	.90
DF	41	CFI	.90
P	.00	RFI	.84
DF/ X^2	4.20	NFI	.88
GFI	.91	RMSEA	.09
AGFI	.88	PCFI	.67
TLI	.88	PNFI	.66

In Table 4, if the chi-square index on the degree of freedom is less than 2, it is an excellent fit, if it is between 2 and 5, it is a good fit, and if it is greater than 5, the fit is weak and unacceptable. When the AGFI index is equal to 0.85 or more, the fit is acceptable, and values close to 0.95 indicate a good fit. The closer the GFI, CFI, IFI, NFI and TLI indices are to 1, the better the model fit. If the value of the RAMSEA index is higher than 0.10, the fit of the model is poor, between 0.08 and 0.08, the fit of the model is average, between 0.05 and 0.08, the fit of the model is good, and if it is less than 0.05, the fit of the model is excellent (Ghasemi, 2011; Lomax and Schumacker, 2009; Byrne Barbara, 2010). Therefore, as seen in Table 4, a careful review of the goodness of fit indices of the structural model shows that the structural model has a good fit.

Table 5. Model explanation results.

Routes			Non-standard Estimate	S.E.	C.R.	P	Standard Estimate	Squared Multiple Correlation
Social Capital	→	National Identity	.330	.043	7.689	***	.624	.389
Social Capital	→	Mental Health	.063	.049	1.295	.195	.105	
National Identity	→	Mental Health	.808	.121	6.692	***	.712	.611
Routes			Direct Effects		Indirect Effects		Total Effects	
Social Capital	→	Mental Health	.105		.444		.549	
Social Capital	→	Religious dimension	-		.202		.202	
Social Capital	→	Political dimension	-		.454		.454	
Social Capital	→	Territorial dimension	-		.367		.367	
Social Capital	→	Linguistic dimension	-		.375		.375	
Social Capital	→	Depression	-		.412		.412	
Social Capital	→	social functioning	-		.394		.394	
Social Capital	→	Anxiety	-		.373		.373	
Social Capital	→	physical symptoms	-		.414		.414	
National Identity	→	Depression	-		.535		.535	
National Identity	→	social functioning	-		.511		.511	
National Identity	→	Anxiety	-		.483		.483	
National Identity	→	physical symptoms	-		.537		.537	

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

According to Table 5, the P value being smaller than 0.05 is a criterion for the significant difference between the calculated value and zero at the 95% confidence level, and the value of the critical ratio shows that if the null hypothesis is rejected, the value of this parameter is equal to puts zero, to what extent there is a possibility of error (if the value of this ratio is smaller than the absolute value of 1.96, the calculated parameter has no significant difference from zero). The partial indicators and significance levels (Ps) also show that there is a significant relationship between all research variables (except between social capital and mental health) at the confidence level of 95 or 99 per cent. The majority of factor loadings have a significant difference from zero, so there is a positive and direct significant relationship between social capital and the national identity of young people (P < 0.01 and R = 0.62). Also, there is a positive and direct relationship between national identity and the mental health of young people (P < 0.01 and R = 0.71). The calculated determination coefficients also show that 39% of the variance of the "national

identity" variable is predicted by the social capital variable. Therefore, it can be concluded that social capital has a significant impact on the national identity of young people.

The results of Table 4 also show that there is no significant relationship between social capital and the mental health of young people ($P > 0.05$ and $R = 0.11$). Therefore, the direct effect of social capital on mental health is not significant and only the indirect effect is significant, so in the research model, mediation is general (mediation of national identity variable). Social capital alone has an 11% effect on mental health (which is not significant), but with the mediation of national identity, it has a 44% effect on mental health. The calculated coefficient of determination also shows that 61% of the variance of the "mental health" variable is predicted by the variables of social capital and national identity that have influenced it in this model. Therefore, it can be concluded that social capital through national identity has a significant effect on the mental health of young people.

5. Conclusion

Mental health, its basis and factors affecting it have been seen in different ways in different scientific fields and approaches. In sociological approaches, unequal social structures, lack of social support resources and social capital are the main threats to mental health. Social capital plays a special role in reducing long-term difficulties (such as poverty, high levels of violence and insecurity) and negative life events (separation from a life partner, illness, stressful factors, job loss, etc.). It can also play a significant role in identifying the national identity of the youth. This research sought to investigate the effect of social capital on the mental health of young people, taking into account the mediating role of national identity, which showed that the mental health of young people is higher than average. According to the structural model, among the dimensions of mental health, physical symptoms and reduction of depression had the highest factor load and reduction of anxiety had the lowest factor load. It was also found that the average social capital and national identity of young people is high. Among the dimensions of social capital, the structural and cognitive dimensions have the highest and lowest factor load, respectively; and

among the dimensions of national identity, political and religious identity had the highest and lowest factor load, respectively.

The results showed that there is a positive and meaningful relationship between the social capital and the national identity of the youth, that is, the more the communication, participation and social interactions of the youth increase, the level of their national identity (linguistic, territorial, political and religious) also increases. According to the results of the structural equation model, 39% of the changes in the national identity of young people are predicted by their social capital, and the overall effect of social capital on national, linguistic, territorial, political and religious identity is respectively 62. 0, 0.37, 0.36, 0.45 and 0.20. This research finding is in line with the results of the studies of Safiri et al (2013) and Khojasteh and Mirhosseini (2019), who stated that social capital has a positive and direct effect on national identity. It is also consistent with the research results of Ganji et al (2011), Ahmadi et al. (2014) and Mirfardi and Valinezhad (2018), who stated that national identity has a positive and direct effect on social capital. Finally, it is in line with the results of Hasani and Jalaeipour (2012), Rastegar Khaled et al. (2016) and Muir (2011) who showed that there is a positive and significant relationship between the two variables of social capital and national identity.

The social capital of young people plays a role in their perception of their national identity. In this way, the cooperation, participation and social support of the youth and as a result, the relationship that results from this participation and social support, can lead to the rise of their national identity. Also, national identity can provide a basis for communication and cooperation among young people due to creating a sense of solidarity, or in general lead to the accumulation of their social capital. So it can be said that these two variables (national identity and social capital) complement each other. Therefore, it can be concluded that social capital has a significant impact on the national identity of young people. In general, the positive and meaningful relationship of social capital with the national identity of young people is consistent with the theoretical views of Giddens, Habermas and Line. Giddens believes that the formation of identity depends on the individual's interaction with society. Habermas considers the conflicts and crises of national identity to be caused by

the lack of social participation of the people in determining their own destiny. Lin also considers social relations as a factor that strengthens identity.

In the following, it was shown that there is a positive and significant relationship between the national identity and the mental health of the youth, that is, the higher the national identity of the youth, the higher their mental health. The results of the structural equation model showed that the overall effect of national identity on mental health, physical symptoms, anxiety, social functioning and depression is 0.71, 0.53, 0.48, 0.51 and 0.53 respectively. This research finding is consistent with the results of Mousavi et al.'s research (2010), which showed that there is a direct and meaningful relationship between religious and national identity and psychological well-being. This finding is also consistent with the results of the study by Paarsaamehr and Asghari Yengjeh (2016), who stated that there is a significant relationship between mental and social health variables and national identity. All people, especially young people, are formed according to their identity (whether national, linguistic, political, territorial or religious); they add color to their behavior, actions, and thoughts, and they will not be able to live properly and establish relationships with others without determining their identity. Meanwhile, national identity, which includes linguistic, territorial, political and religious identity, can be effective in all aspects of a person's life, including a person's health in general and mental health in particular. In fact, by knowing the national symbols of their country such as the national anthem, flag, language, Nowruz Eid, myths, etc., young people can increase their health (especially mental health) and be effective in the development of their country. In the study of human personality (especially his psychological dimension), identity is a fundamental and internal aspect, with the help of which a person is connected with his past and continues to feel in life. The crisis in the national identity and the lack of social personality provides the ground for people's tendency towards social and psychological undesirables and keeps them away from observing social norms. Even in the relationship between religious identity and mental health, researchers have come to the conclusion that performing religious acts (prayer, fasting, going to holy and pilgrimage places, etc.) causes a kind of mental and spiritual peace in a person.

The research findings indicate that there is a positive relationship between social capital and mental health of young people, but this relationship is not significant. This research finding is consistent with the results of Hefner and Eisenberg (2009), Verhaeghe et al. (2012), Ehsan and De Silva (2015), Dai and Gu, (2021), Shirvani et al (2022), Saadati et al. (2016) and Kazemi et al. (2017). In this sense, it is consistent that they showed that social capital has a positive effect on mental health, but it is not consistent with past studies in terms of significance. Therefore, mental health is one of the dimensions of health and well-being that depends more on what people do than on medical measures. More clearly, people's mental health is affected by their social communication and interactions, and having social capital can be the foundation of their peace, security of mind, and mental-spiritual health. Therefore, mental health is more dependent on social factors than medical interventions.

The result of this finding is different from the results of the past findings in that it has shown the role of the variable of national identity more prominently. Because without this variable (national identity), social capital has not been able to have a significant impact on mental health. This shows the innovation of the research compared to the previous studies. In this way, social capital alone has a direct and positive effect on the mental health of young people, but this effect is not significant, and through the medium of the national identity variable, it has been able to have a significant effect on mental health. Since there is a significant relationship between social capital and national identity and between national identity and mental health, we can finally say that the variable of national identity (linguistic, territorial, political and religious) in the relationship between capital the social and mental health of young people has a mediating and effective role. Finally, the structural model determination coefficient showed that 61% of the changes in the mental health of young people were explained and predicted by their social capital and national identity.

Social capital protects health by maintaining social cohesion in the face of social and economic changes and enables communities to work together easily to solve collective issues such as health. In this context, Harpham (2008)

believes that in areas with low social capital, the spread and prevalence of mental illness is higher. According to him, social capital can reduce stressful and dangerous factors related to health. According to Lin's opinion, the components and dimensions of social capital will lead to favorable results such as mental and physical health by increasing the social connections of people and increasing the access to resources. Concluding the theoretical foundations of the research, it can be said that participation and high social relations at the community level is a factor that strengthens (national) identity. When such a situation occurs, people's health and especially their mental health increases.

Among the limitations of the research, we can mention the non-cooperation and dishonesty of some subjects in answering and their possible bias in answering the questionnaire. Considering the non-significance of the effect of social capital on mental health, it is suggested that in order to strengthen the level of participation, trust and social cohesion of individuals and especially young people, institutions and organizations related to youth affairs (such as institutions related to leisure time), the Ministry of Sports and Youth, the Institute of Education, etc.) To implement detailed arrangements and plans for the growth and accumulation of their social capital. It is also suggested to conduct such research among other strata and other age groups and compare the results.

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