

ORIGINAL ARTICLE

Social support buffers young men's resilient coping to psychological distress

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Abstract

Aim: Social support and resilient coping can aid mental health. The aim of this study was to examine age effects of social support on men's resilient coping for psychological distress.

Methods: The sample consisted of 434 help-seeking Canadian men who completed standardized measures. Regression analyses tested a moderated moderation model, controlling for COVID-19 pandemic impact.

Results: Greater resilient coping was associated with lower psychological distress and this relationship was moderated by social support. Higher levels of social support had a significant positive effect on men's resilient coping for psychological distress. Findings indicated that younger men (18–24 years) were most positively buffered by social support.

Conclusions: Social support appears to be particularly important for young men's coping response to psychological distress. This is an important finding in the context of the COVID-19 pandemic, where social support networks have been challenged. Community-based and clinical programs and initiatives that proactively target young men's development of social connections and robust supportive networks, while bolstering their individual resilient coping skills, are likely to provide protections from psychological distress.

KEYWORDS

moderated moderation, psychological distress, resilient coping, social support, young men

1 | INTRODUCTION

Younger men often experience markedly higher rates of psychological distress (Gottert et al., 2022), with the onset of many mental illnesses occurring during early adulthood, prior to the age of 24 (Horwath et al., 1992; Kessler et al., 2005). Being able to cope effectively with

the vicissitudes of life is important for the prevention and management of men's mental illness, including depression and anxiety (Tugade & Fredrickson, 2004). Resilient coping is a complex, adaptive process that includes both cognitive and behavioural efforts used to manage stressful events (Fletcher & Sarkar, 2013; Polk, 1997). Men with greater levels of resilient coping may be better equipped to adapt

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to, or overcome adversity and avoid negative reactions to stressful events that may otherwise result in psychological distress. Indeed, lower levels of resilient coping are associated with elevated psychological distress (Sinclair & Wallston, 2004), which in turn is a significant risk factor for depression, anxiety, and suicide in men (Kroenke et al., 2009; Zajac et al., 2020). Resilient coping is often understood as an individual trait, which aligns to masculine identities prizing stoicism and self-reliance along with men's preference for self-management (Seaton et al., 2017). However, men are inextricably embedded within social systems (e.g., friends, families, workplace) and the availability of social support can greatly influence men's resilient coping for psychological distress. Men's social interactions and gender relations during adolescence and young adulthood are influential as young men seek to establish their masculine identities and behaviours within these social contexts (Connell, 2005).

Like resilient coping, social support has been long understood as a protective factor that can help mitigate the impact of negative life experiences (Cohen & Wills, 1985; Raffaelli et al., 2013). Social support may attenuate men's resilient coping for psychological distress by contributing to the appraisal of stressful events, feeling understood, an enhanced sense of control or mastery, and the uptake of adaptive coping strategies (Reich et al., 2010; Southwick et al., 2016). A lack of social support may diminish one's resilience to psychological distress (Zhao et al., 2018) and can contribute to cascading isolation, further estrangement from family, friends, and work, and ineffectual self-management (Olliffe et al., 2019). Considerable research has been conducted linking social isolation and loneliness to depression risk and suicidality in men (Cacioppo et al., 2010; Hawkey & Cacioppo, 2010), and masculine ideals of strength and independence (Player et al., 2015; Seidler et al., 2016). While it is often assumed that men are unable or uninterested in building social connections with others, research has revealed that men experience diverse patterns of social support across the lifespan, and may seek support in dynamic ways (McKenzie et al., 2018). Social support may be especially salient during the transition into adulthood as individuals consolidate their identity within social and interpersonal milieu, and has been found to attenuate the development of depressive symptoms among young adults with exposure to childhood trauma (Kealy et al., 2020).

Socialized pressures to be stoic and self-reliant begin at a young age and extend across men's lives, which can manifest considerable shame and stigma when self-disclosing ordinarily private issues and vulnerabilities (Lynch et al., 2018). As a result, men of all ages are likely to try to deal with problems on their own, wherein maladaptive coping strategies (e.g., substance use) emerge as self-managing efforts for waylating emotional pain (McKenzie et al., 2016). While some men adamantly deny the need for social support, others' may compartmentalize their social relations (e.g., rely on women for emotional support), or more actively seek to establish supportive relationships (McKenzie et al., 2018). Some younger men (i.e., 18–30 years), in particular, have expressed a desire for closer social connections with friends and family (Cleary, 2005) and begun to forge masculinities that allow for emotionally supportive peer relationships (Robinson et al., 2018). However, it is currently unknown if the relative importance of social

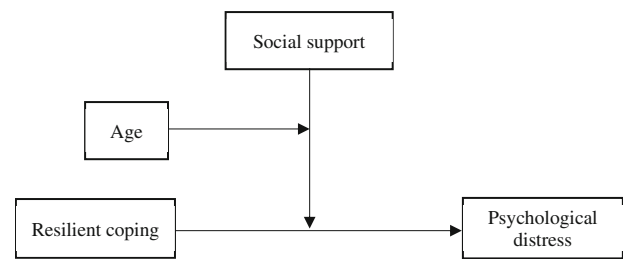


FIGURE 1 Social support and age as primary and secondary moderators of the relationship between resilient coping and psychological distress.

support in enhancing men's resilient coping for psychological distress is influenced by men's age.

The aim of this study was to examine whether the effects of social support on men's resilient coping for psychological distress differed by age. We used a moderated moderation model to determine if the relationship between resilient coping and psychological distress was moderated by social support, and if the magnitude of this effect was moderated by age (see Figure 1). We predicted that high levels of social support would enhance men's resilient coping to psychological distress and that this effect would be greatest for younger men. As the COVID-19 pandemic has disproportionately impacted younger men (Gottert et al., 2022; Ogrodniczuk, Rice, et al., 2021), we controlled for the extent to which participants reported that the pandemic had affected their mental health.

2 | METHODS

2.1 | Study design and participants

Four hundred and thirty-four Canadian men completed a cross-sectional survey between April 1 and May 30, 2020. Participants were recruited online via the HeadsUpGuys website (headsupguys.org), a leading global resource for men's depression and suicide prevention (Ogrodniczuk, Beharry, & Olliffe, 2021) and redirected to an independent survey site to complete eligibility. Eligible participants were adults (≥ 18 years) who self-identified as men, were able to read and understand English, and were residents of Canada. A Can\$500 prize draw was offered to incentivize participation. Participant IP addresses and study ID numbers were associated with the collected data, which was stored on a password-protected, secured Canadian server. Ethics approval was granted by the Behaviour Research Ethics Board at the University of British Columbia (H20-01401) and all participants provided consent prior to taking part in the study.

2.2 | Measurements

The four-item Patient Health Questionnaire (PHQ-4) was used to assess psychological distress associated with symptoms of anxiety and depression (Kroenke et al., 2009). Participants reported how often

they were bothered by symptoms (e.g., feeling down, depressed or hopeless) over the last 2 weeks, with scores ranging from 0 (not at all) to 3 (nearly every day). Scores were summed to produce a total score, with higher scores representing greater psychological distress. The scale had strong internal consistency in the present study ($\alpha = 0.87$).

Resilient coping was measured using the 4-item Brief Resilient Coping Scale (Sinclair & Wallston, 2004). Participants were asked to consider how well each item describes their behaviour and actions (e.g., I look for creative ways to alter difficult situations) on a scale from 1 (does not describe me at all) to 5 (describes me very well). A total score representing the sum of responses was used with possible scores ranging from 4 to 20, where higher scores were indicative of greater resilient coping. Internal consistency for this scale was 0.73.

Social support was assessed using the 3-item Oslo Social Support Scale (Kocalevent et al., 2018). Likert-scale responses focus on the accessibility of practical help and assess the number of close friends, sense of concern from other people, and relationship with neighbours. Cumulative total scores were calculated with possible scores ranging from 3 to 14 and higher scores representing greater social support. Internal consistency for this scale was 0.72.

Age was reported in years and treated as a continuous variable. The extent to which the COVID-19 pandemic affected participants' mental health (control variable) was assessed using a single item, rated on a 5-point scale from 1 (very positively) to 5 (very negatively).

2.3 | Statistical analysis

Analyses were conducted using SPSS version 27 and the PROCESS macro version 3.5 (Hayes, 2017). Descriptive statistics were obtained to characterize the sample and zero-order correlations were computed to examine associations among study variables. Regression analyses were conducted to test a moderated moderation model, using psychological distress as the dependent variable, resilient coping as the independent variable, and social support and age as primary and secondary moderators, respectively (see Figure 1). Self-reported impact of the COVID-19 pandemic on mental health was included in the model as a control variable to account for its confounding effects. A moderated moderation model, or three-way interaction, was used as it allowed us to observe how the moderation of resilient coping's effect on psychological distress by social support varied with age (Hayes, 2017). Bootstrapped 95% confidence intervals (CIs) were estimated using 10 000 re-samples and moderated moderation was determined by a statistically significant three-way interaction term (resilient coping \times social support \times age). Moderating moderation effects were calculated by age group corresponding to the 16th (18–24 years), 50th (25–54 years), 84th (55+ years) percentiles. All regressions satisfied assumptions of non-multicollinearity, homoscedasticity, absence of multivariate outliers, and normality of residuals.

3 | RESULTS

Participants ($N = 434$) ranged in age from 18 to 80 years ($M = 39.76$; $SD = 14.04$) and were predominantly white (78%), heterosexual

(70%), educated beyond high school (86%), and employed (61%). The mean PHQ-4 score was 6.33 ($SD = 3.50$), corresponding to moderate psychological distress. Means, standard deviations, and zero-order correlations of study variables are presented in Table 1.

Results of regression analyses and interaction (i.e., moderating) effects are presented in Table 2. Resilient coping ($B = -1.59$, $t = -3.84$, $p = <.001$) and social support ($B = -2.48$, $t = -3.48$, $p = <.001$) were independently associated with psychological distress, such that lower levels of resilient coping and social support were related to increased psychological distress. Younger age was also independently associated with lower levels of resilient coping ($B = 0.02$, $t = 2.36$, $p = .019$) and social support ($B = 0.04$, $t = 2.42$, $p = .016$), and high levels of psychological distress ($B = -0.36$, $t = -2.94$, $p = .004$). The 3-way interaction between resilient coping, social support, and age emerged as significant, satisfying criteria for moderated moderation ($F(1, 425) = 4.930$, $p = 0.027$). Examination of the Johnson-Neyman significance region indicated that the resilient coping-social support relationship was significant for men younger than 46 years (74% of the sample; Figure 2). Lower levels of social support had the greatest negative effect on younger men's resilient coping to psychological distress, and the magnitude of the effect diminished with increasing age. Younger men with low resilient coping were disproportionately affected by low levels of social support, which was associated with the highest levels of psychological distress (Figure 3).

4 | DISCUSSION

This study examined age effects of social support on men's resilient coping for psychological distress. Findings confirm that resilient coping and social support are important protective factors against psychological distress for men, and suggest that social support has a greater role in moderating the effects of resilient coping on psychological distress among younger men. These findings have important implications for early intervention and mental health promotion and suggest that targeted efforts to improve young men's social support may provide an important buffer to psychological distress, particularly among those with lower levels of resilient coping.

The relationship between resilient coping and psychological distress has been well established, whereby men who have the cognitive and problem-solving skills to cope with stressors experience less psychological distress. However, when challenges exceed or exhaust men's capacity to cope, psychological distress may increase, placing them at an elevated risk for mental illness. In line with others (Khan & Husain, 2010; Wilks & Croom, 2008; Zhao et al., 2018), our findings revealed that social support moderated the relationship between resilient coping and psychological distress in men. Similarly, Fang and Lung (2022) reported that greater levels of social support mitigated men's maladaptive coping (i.e., binge drinking) to mental health challenges. Our results highlight the importance of social connections in men's lives that can help to augment individual coping efforts. However, most research into the effects of low social support has focused on children or older adults (Taylor, 2011), particularly in the context of

TABLE 1 Descriptive statistics and zero-order correlations for study variables by age group.

Variable	M	SD	1	2	3
18–24 years (n = 54)					
1. Psychological distress	6.96	3.56	–		
2. Resilient coping	14.33	2.84	–.57**	–	
3. Social support	7.72	2.26	–.40**	.16	–
4. Impact of COVID-19 (control)	3.91	0.81	.28*	–.18	–.22
25–54 years (n = 307)					
1. Psychological distress	6.51	3.43	–		
2. Resilient coping	13.71	2.99	–.37**	–	
3. Social support	7.98	2.72	–.36**	.36**	–
4. Impact of COVID-19 (control)	3.97	0.78	.43**	–.15**	–.08
55+ years (n = 73)					
1. Psychological distress	5.07	3.50	–		
2. Resilient coping	13.33	3.33	–.32**	–	
3. Social support	8.29	2.81	–.23	.45**	–
4. Impact of COVID-19 (control)	3.59	0.81	.27*	–.13	–.11

Note: * $p < .05$ ** $p < .01$.

TABLE 2 Regression analysis examining the relationship between resilient coping, social support, and age on psychological distress.

DV: Psychological distress	B	SE	t	p	LLCI	ULCI
Resilient coping	–1.590	0.414	–3.841	<.001	–2.403	–0.776
Social support	–2.484	0.713	–3.483	<.001	–3.886	–1.081
Age	–0.380	0.129	–2.937	.004	–0.634	–0.126
Impact of COVID-19 (control)	1.359	0.178	0.178	<.001	1.009	1.709
Resilient coping × Social support	0.144	0.048	2.983	.003	0.049	0.239
Resilient coping × Age	0.023	0.010	2.364	.019	0.004	0.042
Social support × Age	0.038	0.016	2.418	.016	0.007	0.069
Resilient coping × Social support × Age	–0.002	0.001	–2.220	.027	–0.005	–0.0003
$R^2 = .339, F(8, 425) = 27.194, p < .001$						

Note: Boldface indicates significant results.

Abbreviations: DV, dependent variable; LLCI, lower limit confidence interval; ULCI, upper limit confidence interval.

loneliness and social isolation (Beam & Kim, 2020; de Jong Gierveld et al., 2006).

Our findings further revealed that young men's resilient coping for psychological distress may be disproportionately impacted by low levels of social support. This relationship may be understood in part due to the unique generational and gendered circumstances and experiences of young men during these important developmental years (Rice et al., 2018). Young adulthood can be a particularly tumultuous time, characterized by foundational changes, where young men explore possible life directions in love, work, and worldview (Arnett, 2000). During this period, young men may be experiencing numerous challenges for the first time related to their finances, education, and relationships that are accentuated by newly found independence and autonomy associated with moving away from home, beginning post-secondary education, obtaining a driver's licence, and reaching the legal drinking age. As resilience is strengthened through successfully navigating and managing life challenges, it may be that

young men rely more heavily upon the experiences and support of those around them to buoy their development of resilient coping for psychological distress (Rice et al., 2021). Particularly in an era of increased social isolation and divisiveness stemming from the COVID-19 pandemic, young men may be seeking identity markers and connection to likeminded others when their resiliencies for coping with distress are likely under-developed. In this context, there is much potential to be othered and ostracized, and the complexities of social connections and supports in an increasingly online world permeates the study and findings (Seidler et al., 2020). For example, that the sample was comprised of men who were help-seeking online points to the aloneness and anonymity with which men often seek help.

Clinical and community-based efforts to help young men develop supportive relationships with their friends, family, and communities (e.g., universities) are needed (Rice et al., 2021). Efforts to promote men's social support might meaningfully address stigma associated with disclosing vulnerabilities (Mckenzie et al., 2016) and encourage

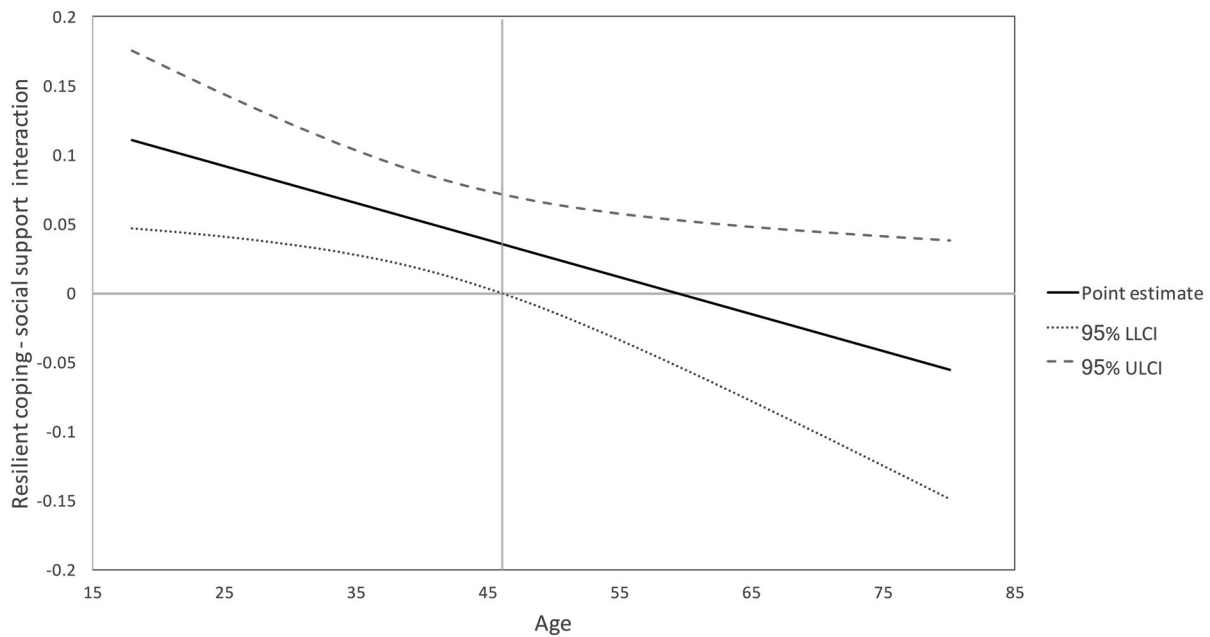


FIGURE 2 Region of significance for the resilient coping \times social support interaction, as a function of age. Vertical line denotes the threshold of significance (i.e., 46 years) where the 95% LLCI crosses zero. LLCI, lower limit confidence interval; ULCI, upper limit confidence interval.

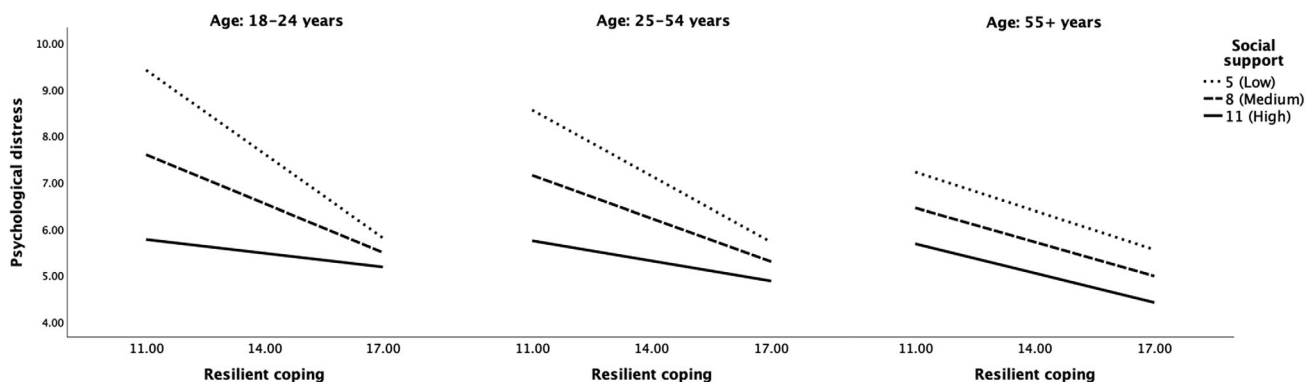


FIGURE 3 Conditional effects of social support on the relationship between resilient coping and psychological distress for younger (18–24 years), middle (25–54 years), and older (55+ years) men. Values for resilient coping and social support are the 16th, 50th, and 84th percentiles.

discussions that are positioned as demonstrations of masculine strength (Wilson et al., 2021). This may involve supporting young men to forge relationships with peers that are not predicated on teasing or competition and promote authenticity about what is experienced and felt – including uncertainties, vulnerabilities and disappointment. Herein, supporting men to negotiate their social practises in ways that accommodate emotionally supportive relationships with other men may be highly beneficial to promoting mental health and well-being. Working with young men in acceptable community-based settings (e.g., sport; Liddle et al., 2021) to increase competencies and intentions to both provide and seek help for mental health challenges may support them to work through and ultimately prevent crisis levels of psychological distress. Peer support ideally comprises both giving and receiving help to avoid indebtedness and power imbalances that can characterize men's experiences with professional health care services

(Mansfield et al., 2003). Approaches are also needed that address health inequities and reduce structural barriers to men's social support and connection. For example, MATES in construction (Doran et al., 2021) is a workplace suicide prevention program for men that aims to promote awareness, reduce stigma, and improve access to mental health services, while also increasing belonging and inclusiveness. Additionally, interventions that support the development of cultures and environments to norm men's interactions and connectedness in social settings, such as Men's Sheds (Lefkovich & Richardson, 2018) and HAT TRICK (Sharp et al., 2020), have shown promise for reducing men's loneliness and isolation. Such program benefits affirm efforts for engaging men in purpose-driven group activities (e.g., mountaineering, hobbies) that encourage communication and connections fostering deeper interpersonal relationships. Clinicians might norm men seeking greater social connection in directing

them to activities with like-minded peers to bolster a sense community and belonging. For example, the GROUPS 4 HEALTH program, a manualized 5-module psychological intervention that targets the development and maintenance of social group relationships, offers a promising model to consider for promoting a sense of belonging among young men (Haslam et al., 2016). As our findings indicate that the greatest effect of low levels of social support was for younger men, identifying and targeting those at high risk of social isolation (e.g., men in distress, LGBTQ+ men) may be especially pertinent.

This study has limitations including the sample of online help-seeking men, cross-sectional study design, and unequal sample sizes between moderator-subgroups. As participants were recruited through Headsupguys.org, a mental health resource for men, the sample are not generalizable to other sub-populations of men. For example, it may be that factors associated with men's online help-seeking (e.g., higher mental health literacy, positive attitude toward help-seeking, less self-stigma) contribute to the observed effects. Additionally, data were collected from a single time point and it is not possible to make conclusions regarding the causality of associations. Furthermore, the measures used lacked comprehensiveness; thus, the reported findings are limited in their nuance regarding specific aspects of social support and resilient coping that impacted psychological distress. A strength of this study was the use of a large, naturalistic help-seeking sample of men to examine a novel three-way interaction (moderated moderation) between resilient coping, social support, and age to identify an important social phenomenon. Despite the large sample, unequal moderator-subgroup sizes may have reduced statistical power and increased Type 1 error rate. However, the residual scatter-plot did not reveal significant variability in the standardized residuals, which was supported by a non-significant Breusch-Pagan test for heteroscedasticity. Replication studies are needed in larger and more representative samples. Further research might also examine these pathways among other groups of men and test the robustness of these trends in longitudinal and experimental trials that utilize more comprehensive assessments and diverse samples.

The present study examined a moderated moderation model and found that the relationship between men's resilient coping and psychological distress was moderated by social support, and that the magnitude of this effect was greatest among younger men (18–24 years). As young men have the lowest rates of help-seeking of any demographic group (Biddle et al., 2007; Oliver et al., 2005), experience unique barriers to managing and communicating distress (Lynch et al., 2018), and have high levels of suicidality (suicide is the second-leading cause of death among young men [Statistics Canada, 2021]), efforts to improve their mental health and well-being should be a public health priority. Supporting young men to establish and maintain social support while also bolstering their individual resilient coping skills may be a particularly salient strategy for the early intervention and management of mental illness.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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REFERENCES

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Beam, C. R., & Kim, A. J. (2020). Psychological sequelae of social isolation and loneliness might be a larger problem in young adults than older adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S58–S60. <https://doi.org/10.1037/tra0000774>
- Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: A dynamic interpretive model of illness behaviour. *Sociology of Health & Illness*, 29(7), 983–1002. <https://doi.org/10.1111/j.1467-9566.2007.01030.x>
- Cacioppo, J. T., Hawkey, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging, and social relations study. *Psychology and Aging*, 25(2), 453–463. <https://doi.org/10.1037/a0017216>
- Cleary, A. (2005). Death rather than disclosure: Struggling to be a real man. *Irish Journal of Sociology*, 14(2), 155–176. <https://doi.org/10.1177/079160350501400209>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- Connell, R. W. (2005). Masculinities. *Polity*.
- de Jong Gierveld, J., Van Tilburg, T., & Dykstra, P. A. (2006). Loneliness and social isolation. In *Cambridge handbook of personal relationships* (pp. 485–500). Cambridge University Press. <https://doi.org/10.1017/CBO9780511606632.027>
- Doran, C. M., Wittenhagen, L., Heffernan, E., & Meurk, C. (2021). The mates case management model: Presenting problems and referral

- pathways for a novel peer-led approach to addressing suicide in the construction industry. *International Journal of Environmental Research and Public Health*, 18(13), 6740. <https://doi.org/10.3390/ijerph18136740>
- Fang, L., & Lung, Y. (2022). The moderating role of social support in the relationship between poor mental health and excessive alcohol consumption: A gender-specific analysis. *Substance Use & Misuse*, 57(3), 409–417. <https://doi.org/10.1080/10826084.2021.2019770>
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18(1), 12–23. <https://doi.org/10.1027/1016-9040/a000124>
- Gottert, A., Shattuck, D., Pulerwitz, J., Betron, M., McLarnon, C., Wilkins, J. D., & Tseng, T.-Y. (2022). Meeting men's mental health needs during COVID-19 and beyond: A global health imperative. *BMJ Global Health*, 7(4), e008297. <https://doi.org/10.1136/bmjgh-2021-008297>
- Haslam, C., Cruwys, T., Haslam, S. A., Dingle, G., & Chang, M. X.-L. (2016). Groups 4 health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *Journal of Affective Disorders*, 194, 188–195. <https://doi.org/10.1016/j.jad.2016.01.010>
- Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227. <https://doi.org/10.1007/s12160-010-9210-8>
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Publications.
- Horwath, E., Johnson, J., Klerman, G. L., & Weissman, M. M. (1992). Depressive symptoms as relative and attributable risk factors for first-onset major depression. *Archives of General Psychiatry*, 49(10), 817–823. <https://doi.org/10.1001/archpsyc.1992.01820100061011>
- Kealy, D., Rice, S. M., & Cox, D. W. (2020). Childhood adversity and depressive symptoms among young adults: Examining the roles of individuation difficulties and perceived social support. *Early Intervention in Psychiatry*, 14(2), 241–246. <https://doi.org/10.1111/eip.12894>
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352(24), 2515–2523. <https://doi.org/10.1056/NEJMs043266>
- Khan, A., & Husain, A. (2010). Social support as a moderator of positive psychological strengths and subjective well-being. *Psychological Reports*, 106(2), 534–538. <https://doi.org/10.2466/pr0.106.2.534-538>
- Kocalevent, R.-D., Berg, L., Beutel, M. E., Hinz, A., Zenger, M., Härter, M., Nater, U., & Brähler, E. (2018). Social support in the general population: Standardization of the Oslo social support scale (OSSS-3). *BMC Psychology*, 6(1), 1–8.
- Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An ultra-brief screening scale for anxiety and depression: The PHQ-4. *Psychosomatics*, 50(6), 613–621. <https://doi.org/10.1186/s40359-018-0249-9>
- Lefkovich, M., & Richardson, N. (2018). Men's health in alternative spaces: Exploring men's sheds in Ireland. *Health Promotion International*, 33(3), 525–535. <https://doi.org/10.1093/heapro/daw091>
- Liddle, S. K., Deane, F. P., Batterham, M., & Vella, S. A. (2021). A brief sports-based mental health literacy program for male adolescents: A cluster-randomized controlled trial. *Journal of Applied Sport Psychology*, 33(1), 20–44. <https://doi.org/10.1080/10413200.2019.1653404>
- Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health*, 12(1), 138–149. <https://doi.org/10.1177/1557988315619469>
- Mansfield, A. K., Addis, M. E., & Mahalik, J. R. (2003). "Why won't he go to the doctor?": The psychology of men's help seeking. *International Journal of Mens Health*, 2, 93–110.
- McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018). Masculinity, social connectedness, and mental health: Men's diverse patterns of practice. *American Journal of Men's Health*, 12(5), 1247–1261. <https://doi.org/10.1177/1557988318772732>
- Mckenzie, S. K., Jenkin, G., & Collings, S. (2016). Men's perspectives of common mental health problems: A Metasynthesis of qualitative research. *International Journal of Men's Health*, 15(1), 80–104.
- Ogrodniczuk, J. S., Beharry, J., & Oliffe, J. L. (2021). An evaluation of 5-year web analytics for HeadsUpGuys: A Men's depression E-mental health resource. *American Journal of Men's Health*, 15(6), 1–17. <https://doi.org/10.1177/15579883211063322>
- Ogrodniczuk, J. S., Rice, S. M., Kealy, D., Seidler, Z. E., Delara, M., & Oliffe, J. L. (2021). Psychosocial impact of the COVID-19 pandemic: A cross-sectional study of online help-seeking Canadian men. *Postgraduate Medicine*, 133, 1–10. <https://doi.org/10.1080/00325481.2021.1873027>
- Oliffe, J. L., Broom, A., Popa, M., Jenkins, E. K., Rice, S. M., Ferlatte, O., & Rossnagel, E. (2019). Unpacking social isolation in men's suicidality. *Qualitative Health Research*, 29(3), 315–327. <https://doi.org/10.1177/1049732318800003>
- Oliver, M. I., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behaviour in men and women with common mental health problems: Cross-sectional study. *The British Journal of Psychiatry*, 186(4), 297–301. <https://doi.org/10.1192/bjp.186.4.297>
- Player, M. J., Proudfoot, J., Fogarty, A., Whittle, E., Spurrier, M., Shand, F., Christensen, H., Hadzi-Pavlovic, D., & Wilhelm, K. (2015). What interrupts suicide attempts in men: A qualitative study. *PLoS One*, 10(6), e0128180. <https://doi.org/10.1371/journal.pone.0128180>
- Polk, L. V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science*, 19(3), 1–13.
- Raffaelli, M., Andrade, F. C., Wiley, A. R., Sanchez-Armass, O., Edwards, L. L., & Aradillas-Garcia, C. (2013). Stress, social support, and depression: A test of the stress-buffering hypothesis in a Mexican sample. *Journal of Research on Adolescence*, 23(2), 283–289. <https://doi.org/10.1111/jora.12006>
- Reich, J. W., Zautra, A. J., & Hall, J. S. (2010). *Handbook of adult resilience*. Guilford Press.
- Rice, S., Oliffe, J., Seidler, Z., Borschmann, R., Pirkis, J., Reavley, N., & Patton, G. (2021). Gender norms and the mental health of boys and young men. *The Lancet Public Health*, 6(8), e541–e542. [https://doi.org/10.1016/S2468-2667\(21\)00138-9](https://doi.org/10.1016/S2468-2667(21)00138-9)
- Rice, S. M., Purcell, R., & McGorry, P. D. (2018). Adolescent and young adult male mental health: Transforming system failures into proactive models of engagement. *Journal of Adolescent Health*, 62(3), S9–S17. <https://doi.org/10.1016/j.jadohealth.2017.07.024>
- Robinson, S., Anderson E., & White A. (2018). The Bromance: Undergraduate male friendships and the expansion of contemporary homosocial boundaries. *Sex Roles*, 78(1), 94–106. <https://doi.org/10.1007/s11199-017-0768-5>
- Seaton, C. L., Botorff, J. L., Jones-Bricker, M., Oliffe, J. L., DeLeenheer, D., & Medhurst, K. (2017). Men's mental health promotion interventions: A scoping review. *American Journal of Men's Health*, 11(6), 1823–1837. <https://doi.org/10.1177/15579883177283>
- Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49, 106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>
- Seidler, Z. E., Wilson, M. J., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). Virtual connection, real support? A study of loneliness, time on social media and psychological distress among men. *International Journal of Social Psychiatry*, 0020764020983836, 68, 288–293. <https://doi.org/10.1177/0020764020983836>
- Sharp, P., Botorff, J. L., Oliffe, J. L., Hunt, K., & Caperchione, C. M. (2020). Process evaluation of HAT TRICK: Feasibility, acceptability and

- opportunities for programme refinement. *Health Education Research*, 35(6), 605–617. <https://doi.org/10.1177/1557988318799159>
- Sinclair, V. G., & Wallston, K. A. (2004). The development and psychometric evaluation of the brief resilient coping scale. *Assessment*, 11(1), 94–101. <https://doi.org/10.1177/1073191103258144>
- Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: The role of social support. *World Psychiatry*, 15(1), 77–79. <https://doi.org/10.1002/wps.20282>
- Statistics Canada. (2021). Suicide in Canada. <https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>
- Taylor, S. E. (2011). Social support: A review.
- Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320–333. <https://doi.org/10.1037/0022-3514.86.2.320>
- Wilks, S. E., & Croom, B. (2008). Perceived stress and resilience in Alzheimer's disease caregivers: Testing moderation and mediation models of social support. *Aging and Mental Health*, 12(3), 357–365. <https://doi.org/10.1080/13607860801933323>
- Wilson, M., Gwyther, K., Swann, R., Casey, K., Featherston, R., Oliffe, J. L., Englar-Carlson, M., & Rice, S. M. (2021). Operationalizing positive masculinity: A theoretical synthesis and school-based framework to engage boys and young men. *Health Promotion International*, 37(1), 1–11. <https://doi.org/10.1093/heapro/daab031>
- Zajac, I. T., Rice, S., Proeve, M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). Suicide risk, psychological distress and treatment preferences in men presenting with prototypical, externalising and mixed depressive symptomatology. *Journal of Mental Health*, 31, 1–8. <https://doi.org/10.1080/09638237.2020.1755026>
- Zhao, X., Zhang, D., Wu, M., Yang, Y., Xie, H., Li, Y., Jia, J., & Su, Y. (2018). Loneliness and depression symptoms among the elderly in nursing homes: A moderated mediation model of resilience and social support. *Psychiatry Research*, 268, 143–151. <https://doi.org/10.1016/j.psychres.2018.07.011>

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