



Relationship of non-fatal deliberate self-poisoning with emotional intelligence and quality of social relationships in rural Sri Lanka

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Objective: Since 1950, suicide rates in Sri Lanka are among the highest national rates in the world. However, the underlying reasons were poorly understood. To determine the association of emotional intelligence and quality of social relationships with non-fatal deliberate self-poisoning (DSP).

Methods: A matched case control study was conducted at the tertiary care centre (THK), which receives 60% of DSP cases, of the Kurunegala district, in August 2016. Cases (n=96) included consecutive DSP patients admitted to THK, aged 15 to 54 years. Sex & age (± 3 yrs) matched (n=96) controls were selected after excluding history of deliberate self-harm. Both the cases and controls with psychiatric illnesses were excluded. Schutte Self-Report Emotional Intelligence Test (SSEIT), Scenario Based Emotional Intelligence Test (SBEIT) and Quality of Relationship Questionnaire (QRQ) were used to assess emotional intelligence (EI) and relationship quality. SSEIT was translated into Sinhala and validated using modified Delphi technique and cognitive interviews. Initial items of SBEIT were developed by the principal investigator and validation was performed through the same procedure.

Results: Majority (63.5%) of the cases consisted of females. Median age was 21 (IQR 17-27) years. The quality of relationships were significantly better among controls; mean QRQ score 14.3 (SD 2.5) vs. 13.3 (SD 3.5), $p = 0.031$. Poor social relationships/support carried nearly 2.8 excess risk for DSP (95% CI 1.2 – 6.3). McNemar's test analysis showed that a significantly higher proportion of cases reported relationship with family members, friends and neighbours that created moderate to severe stress, compared to controls, $p < 0.0001$. Low level of EI carried 2.5 fold risk for DSP (95% CI 1.3-5.0). Skills of impulse control and adaptability were significantly poor among cases. It carried, 4.2 (95% CI 2.0-8.5) and 3.5 (95% CI 1.7-7.2) fold excess risk.

Conclusion: Poor social relationships/support and poor level of EI were predictors of suicidal behaviour. Interventions targeting social relationships and EI should be evaluated as preventive strategies.