P-51
Coping styles among people who have attempted self-poisoning: a descriptive study

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Objective: Exploration of how people cope with emotional distress associated with interpersonal conflict may be useful in developing strategies to minimize non-fatal self-poisoning. The objective of this study was to describe coping strategies among persons admitted to hospital for medical management of non-fatal self-poisoning.

Methods: All persons admitted to the Toxicology Unit, Teaching Hospital Peradeniya, for medical management of non-fatal self-poisoning, during the six month study period were considered eligible for inclusion. Participant coping styles were examined via the Brief Cope Scale (Brief COPE); 28-item scale, designed to assess fourteen dimensions of coping[1]. During analysis these fourteen dimensions were categorized into three broad coping categories: problem-focused coping (active coping, use of instrumental support and planning), emotion-focused coping (use of emotional support, venting, positive reframing, humor, acceptance, religion, and self-blame) and avoidant (substance use, distraction, denial, and behavioral disengagement) [2]. Data were analyzed using SPSS version 20.

Results: There were 239 participants, of whom 63.2% (n=151) were females. Most were aged between 10-25 years (61.9%). The most commonly reported coping responses were, planning (thinking about how to handle a stressor) and behavioral disengagement. Female participants were significantly more likely to report emotion-focused coping strategies such as self-distraction, denial, emotional support, behavioral disengagement, venting, planning and self-blame compared to males. Younger participants (16-25 ages) used more problem focused coping strategies such as active coping instrumental, seeking emotional support, use of instrumental support, acceptance and self-blame, while older persons (>35 years) used substance use, positive reframing and religion. Participants who had ingested medicinal overdoses more often used productive coping strategies such as active coping, instrumental support, emotional support, planning comparing to the participant who had ingested pesticides. Participants with higher educational levels (educated up to A/L) used mixed coping strategies such as active, emotional and maladaptive or unproductive coping. There was no significant difference among depressed and non-depressed participants.

Conclusion: Strategies to develop more adaptive coping strategies may help minimize the occurrence of non-fatal self-poisoning; these should be developed in a manner suited to the different age groups and gender differences, and warrants further research.

References:

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2. Horwitz, A.G., R.M. Hill, and C.A. King, *Specific coping behaviors in relation to adolescent depression and suicidal ideation.* Journal of adolescence, 2011. **34**(5): p. 1077-1085.