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Original Research Article

A CROSS-SECTIONAL EVALUATION OF PSYCHOSOCIAL FACTORS, SEVERITY OF DEPRESSION AND COPING STRATEGIES AMONG SUICIDE PATIENTS AT A TERTIARY CARE HOSPITAL

Poonam K Muniya[1], Prashant C. Jariwala[1], Amisha H. Patel[2], Pruthviraj G Parmar[3]

[1]Assistant Professor, Department of Psychiatry, GMERS Medical College and General Hospital, Rajpipla, Gujarat, India.
[2]Senior Resident, Department of Psychiatry, GMERS Medical College and General Hospital, Rajpipla, Gujarat, India.
[3]Junior Resident, Department of Psychiatry, GMERS Medical College and General Hospital, Rajpipla, Gujarat, India.

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Corresponding Author:
Dr. Amisha H. Patel,
Email: akkupatelg@gmail.com

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ABSTRACT

Background: Suicide attempts represent a significant prognostic indicator for eventual suicide completion and constitute a critical public health concern. Hence; the present study was conducted for psychosocial factors, severity of depression and coping strategies among suicide patients at a tertiary care hospital. **Materials and Methods:** A total of 100 participants with documented suicide attempts and ICD-10–confirmed depressive disorder were assessed using PHQ-2, HAM-D, and the Brief-COPE inventory, with sociodemographic and psychosocial data recorded. Statistical analysis in SPSS examined associations between depression severity, coping styles, and relevant variables. **Result:** Among suicide attempters with depressive disorder, depression severity showed significant associations with gender ($p = 0.001$) and educational attainment ($p = 0.003$), but not with age, marital status, or socioeconomic status. Males were more represented in severe depression, while lower education correlated with higher severity. Coping style was significantly linked to gender ($p = 0.001$), with males favouring approach coping and females predominantly using avoidant strategies. **Conclusion:** Facilitation of adaptive coping mechanisms entails equipping individuals with structured psychological interventions and evidence-based resources aimed at modulating stress responses and mitigating affective distress.

INTRODUCTION

Suicide attempts represent a significant prognostic indicator for eventual suicide completion and constitute a critical public health concern. Epidemiological data suggest an approximate ratio of 20 suicide attempts for every completed suicide. These attempts vary in method, intent, degree of premeditation, lethality, level of communication prior to the act, and the extent of resultant physiological injury.[1,2] Within this continuum, the term serious suicide attempt (SSA) has been operationalized based on medical lethality, encompassing both the physiological sequelae and the level of post-attempt medical intervention required. SSA is defined as a suicidal act causing substantial physical harm necessitating intensive medical management. Individuals engaging in SSA exhibit a markedly elevated risk for eventual suicide completion compared with non-serious attempters and have approximately double the likelihood of progressing to completed suicide. Moreover, SSA shares clinical, behavioral, and etiological parallels with fatal suicide attempts, making this subgroup essential for understanding suicidal behavior.[3]

SSA is a multifactorial construct, with psychosocial determinants playing a pivotal role. In male populations, psychological disturbances and conduct disorders frequently correlate with SSA, whereas depressive symptomatology alone does not consistently predict fatal outcomes. Certain psychosocial stressors, such as occupational or academic problems, and psychopathological traits, including heightened agitation, have been associated with an increased probability of SSA.[4-6] Hence; the present study was conducted for psychosocial factors, severity of depression and coping strategies among suicide patients at a tertiary care hospital.

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MATERIALS AND METHODS

A total of 100 participants were recruited through consecutive sampling. Inclusion criteria encompassed patients with a documented suicide attempt, a confirmed diagnosis of depressive disorder as per ICD-10 criteria, and provision of informed consent. Exclusion criteria included inability to comprehend study procedures or the presence of major psychiatric disorders other than depression. Depression screening was performed using the PHQ-2, with scores ≥ 3 warranting diagnostic confirmation by a consultant psychiatrist. Standardized assessment tools were employed, including the Hamilton Depression Rating Scale (HAM-D) to quantify depression severity, and the Brief-COPE inventory to evaluate coping strategies, with a validated Assamese version used for local applicability. Sociodemographic and psychosocial data were obtained through a semi-structured proforma. Depression severity categories followed the National Institute for Health and Clinical Excellence thresholds for HAM-D scores, while coping styles were classified as avoidant or approach-oriented. Data collection included the correlation of depression severity with sociodemographic and psychosocial parameters, as well as the relationship between coping strategies and these variables. Statistical analysis was applied to examine the association between coping styles and depression severity among suicide-attempt patients. All the results were recorded in Microsoft excel sheet and was subjected to statistical analysis using SPSS software. Chi-square test was used for evaluation of level of significance.

RESULTS

[Table 1] illustrates the association between sociodemographic variables and the severity of depression among suicide attempters diagnosed with depressive disorder. Age distribution showed no statistically significant correlation with depression severity ($p = 0.842$), although individuals aged 20–40 years formed the largest group with severe and very severe depression. Gender demonstrated a significant association ($p = 0.001$), with a higher proportion of females presenting with moderate depression, while males had greater representation in the severe category. Marital status and socioeconomic class did not show statistically significant relationships with depression severity. Educational attainment was significantly correlated ($p = 0.003$), with participants without formal education or with primary schooling showing higher proportions in the severe depression category compared to those with higher education. [Table 2] presents the correlation of sociodemographic characteristics with coping strategies. Age groups showed no significant association with coping styles ($p = 0.8412$), whereas gender exhibited a significant difference ($p = 0.001$), with males more likely to employ approach coping strategies and females predominantly using avoidant coping. Marital status, educational background, and socioeconomic status showed no significant relationship with coping style. Overall, the data suggest that gender and educational status are important determinants in the pattern of depression severity and coping behavior, whereas age and marital status play a less decisive role.

Table 1: Correlation of variables with depression

Variables		Number	Association with severity of depression				
			Severity of depression				p-value
			Mild (n=28)	Moderate (n=29)	Severe (n=30)	Very severe (n=13)	
Age group (years)	<19	23	6	8	7	2	0.842
	20–40	28	8	7	8	5	
	40–60	29	9	7	10	3	
	>60	20	5	7	5	3	
Gender	Male	55	15	15	20	5	0.001*
	Female	45	13	14	10	8	
Marital status	Married	43	13	14	12	4	0.691
	Unmarried	20	5	5	7	3	
	Widowed	30	8	8	10	4	
	Divorced or separated	7	2	2	1	2	
Educational qualification	No formal education	10	1	3	4	2	0.003*
	Primary	20	8	5	6	1	
	Middle	15	6	3	5	1	
	Secondary	20	5	9	5	1	
	Senior secondary	23	7	8	7	1	
	College and above	12	1	1	3	7	
Socio-economic status	Upper	5	1	1	1	2	0.751
	Upper-middle	23	6	6	8	3	
	Lower-middle	21	3	7	9	2	
	Upper-lower	33	10	11	7	5	
	Lower	18	8	4	5	1	

*: Significant

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Table 2: Correlation of variables with coping strategies

Variables		Number	Association with coping strategy		
			Coping strategy		p-value
			Approach (22)	Avoidant (78)	
Age group (years)	<19	23	0	23	0.8412
	20–40	28	7	21	
	40–60	29	8	21	
	>60	20	7	13	
Gender	Male	55	15	40	0.001*
	Female	45	7	38	
Marital status	Married	43	10	33	0.8431
	Unmarried	20	6	14	
	Widowed	30	4	26	
	Divorced or separated	7	2	5	
Educational qualification	No formal education	10	3	7	0.7628
	Primary	20	4	16	
	Middle	15	3	12	
	Secondary	20	4	16	
	Senior secondary	23	5	18	
	College and above	12	3	9	
Socio-economic status	Upper	5	1	4	0.6681
	Upper-middle	23	5	18	
	Lower-middle	21	6	15	
	Upper-lower	33	8	25	
	Lower	18	2	16	

*: Significant

DISCUSSION

A suicide attempt is both a significant predictor of eventual completed suicide and a morbid health event with substantial personal and socioeconomic consequences. Epidemiological evidence suggests that suicide attempts occur 30–100 times more frequently than completed suicides. Such attempts may reflect a maladaptive coping response to distressing physical, psychological, or social circumstances, indicating a state of unmet needs or perceived hopelessness. Individuals with a history of attempted suicide form a high-risk population, with longitudinal studies estimating that 1–10% will ultimately die by suicide.[6-8] Suicide attempters represent a clinically relevant subgroup frequently encountered in general hospital outpatient settings. Research consistently shows that suicidal behaviors increase markedly during adolescence, underscoring a developmental vulnerability period characterized by heightened psychosocial stress, evolving cognitive-emotional regulation, and potential psychiatric comorbidities. This makes early detection, targeted psychiatric intervention, and psychosocial support critical for prevention and long-term risk reduction.[9-11] Hence; the present study was conducted for psychosocial factors, severity of depression and coping strategies among suicide patients at a tertiary care hospital.

[Table 1] shows that age was not significantly correlated with depression severity (p = 0.842), although the 20–40-year group had the highest proportion of severe and very severe cases. Gender was significantly associated (p = 0.001), with females showing more moderate depression and males more severe depression. Educational status was also significant (p = 0.003), with lower education linked to greater severity, while marital status and socioeconomic status showed no significant association. [Table 2] indicates no significant relationship between age and coping style (p = 0.8412), but gender was significant (p = 0.001), with males more likely to adopt approach coping and females avoidant coping. Marital status, education, and socioeconomic status did not significantly influence coping styles. Overall, gender and educational status were key factors influencing depression severity and coping behavior. In a previous study conducted by Saharia et al, authors the psychosocial factors, the severity of depression, and coping strategies among patients attempting suicide. A total of 120 consecutive cases were selected using Patient Health Questionnaire 2 (PHQ-2) scales and assessed for severity of depression and coping strategies using the Hamilton Depression Rating Scale (HAM-D) and Coping Orientation to Problem Experienced Inventory (Brief-COPE) scales, respectively. Pearson's Chi-square or Fisher's exact test and independent-samples t-test have been performed to see the association between categorical and continuous variables. The Pearson correlation coefficient has been used to see the relationship between two continuous variables. Most of the cases (33.3%) were found to be severely depressed. Among all the cases, the majority, that is, 90.8%, were using avoidant-type coping strategies and only 9.2% were using approach-type coping strategies. A significant positive correlation between the avoidant-type coping strategy and depression and a negative correlation between the approach-type coping strategy and depression was found.[11] Mathew A et al studied the recent psychosocial stressors and patterns of coping associated with adolescent suicide attempts. One hundred consecutive cases of adolescent attempted suicide admitted to the hospital and an equal number of controls, matched

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individually for age and sex, from the relatives and friends of other patients in the ward, were studied. Assessment included details regarding socio-demographic data, psychiatric and physical morbidity, their recent stressors, and patterns of coping. Stressors were assessed using Presumptive Stressful Life Event Scale and coping strategies by Ways of Coping Questionnaire (revised). The number of stressful life events and mean stress scores in the preceding 1 month and certain coping strategies such as confronting, distancing, and escape-avoidance were found to be significant risk factors associated with adolescent suicide attempts. Strategies such as self-control, seeking social support, accepting responsibilities, problem solving, and positive appraisal act as protective factors. Recent stressors and strategies such as confronting, distancing, and escape-avoidance are significant risk factors associated with adolescent suicide attempts, whereas certain coping strategies act as protective factors.[12]

CONCLUSION

Facilitation of adaptive coping mechanisms entails equipping individuals with structured psychological interventions and evidence-based resources aimed at modulating stress responses and mitigating affective distress. This includes targeted psychoeducation on cognitive-behavioral coping modalities, structured stress-regulation protocols, systematic problem-solving frameworks, and strategies to enhance perceived and actual social support networks.

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