COPING STRATEGIES, EMOTIONAL REGULATION, PSYCHOLOGICAL DISTRESS AND SUICIDE RISK IN TWO GROUPS OF SPANISH POPULATION DURING THE COVID-19 CONFINEMENT

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INTRODUCTION

Understanding how people respond to emergency situations such as the COVID-19 pandemic can support public health policy makers during the crisis and propose long-term health prevention, promotion and intervention measures [1]. People with addictions are identified as a group with a higher risk and psychosocial vulnerability compared to the general population [2].

OBJECTIVE

To compare two groups of Spanish adult populations in terms of coping strategies, emotional regulation, psychological distress and suicide risk during the first phase of the COVID-19 lockdown and to identify if there are differences in the type of psychological response between the general population and the population under treatment for addictions.

MATERIAL AND METHODS

The study is based on Spanish data collected as part of an observational and multicentric study. Snowball non-probabilistic sampling. From April to June 2020, a questionnaire created with Google Forms® was sent by email and social networks such as institutional websites, whatsapp, instagram, facebook, etc., participants were asked that in addition to responding voluntarily; share the link with other contacts.

-The Coping Orientations to Problems Experienced (COPE) contains 60 items evaluating 15 coping strategies (Seeking social support, religion, humor, alcohol or drug use, active planning and coping, abandoning coping efforts, focusing on emotions and venting, acceptance, denial, restraining coping, concentrating efforts to solve the situation, personal growth, positive reinterpretation, distracting activities from the situation, escape).

-The Emotion Regulation Questionnaire (ERQ) measures two emotional regulation strategies: Cognitive reappraisal (6 items) and expressive suppression (4 items).

- The Symptom Check-List-90 Revised (SCL-90-R) contains 90 items organized within 10 dimensions (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism and Sleep Disorder) and a total scale corresponding to Psychological Distress.

- The Okasha Suicidality Scale is made up of 4 items, where the first three explore suicidal ideation, and the fourth item asks about suicide attempt.

DATA ANALYSIS

Descriptive statistics. Cronbach's alpha was calculated to estimate the reliability of the scales. Normality tests were performed to identify the type of distribution of each variable (Shapiro-Wilk), finding that not all of them present a normal distribution, for which non-parametric statistics were performed. The Mann-Whithney U test was used to compare the differences in the medians between the two population groups. To analyze the association between the variables, the non-existence of multicollinearity was verified through Spearman correlations and the Variance Inflation Factor (VIF), and finally the Hosmer –Lemeshow test was used to determine the goodness of fit of the Multivariate logistic regression Model. For all analyzes, $p < 0.05$ were considered statistically significant. Analysis was performed using STATA 16 software.

RESULTS

91 participants, 56 adults from the group of general population and 35 adults from the group of addiction's treatment, 37 men (40.66%) and 54 women (59.34%), aged between 19 and 63 years (mean = 35.7; S.D. = 12.9).

The instruments have good internal consistency (Cronbach's Alpha: COPE = .86, ERQ = .76, SCL-90-R = .98, Okasha Suicidality Scale = .85).

The medians with interquartile range (IQR) between the general population and treatment's addictions population, show only significant differences in the coping strategies: humor ($p<.0001$) and distraction activities, and the symptoms of psychological distress: somatization, depression and hostility ($p<.05$), all being higher in the group of general population.

The most functional multivariate logistic model (see table) that correctly classifies 78.02%, has a sensitivity of 73.33%, specificity of 82.61%, AUC = 0.85, includes a positive association among psychological distress with the coping restraint strategy, and the risk of suicide, and inverse association with the emotional regulation strategy cognitive reappraisal, and being in the group of treatment for addictions. The Hosmer-Lemeshow Goodness of Fit ($p=.444$).

CONCLUSIONS

Even though the pandemic and confinement have increased drug use in a large part of the population [3, 4] and the increase in addictive behaviors [5, 6], the fact of receiving some type of psychotherapeutic support or psychological treatment during the health crisis caused by COVID-19 it has proven to be a protective factor for mental health [7], also in people with addiction diagnoses [8], as found in the present study, where the general population shows less adaptive responses during confinement compared to people in treatment for addictions.

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Psychological Distress	Regression Coefficient	Standard Error	Odds Ratio	P>|z|	95% Confidence Interval	
Coping restraint	.32	.17	1.4	.001	1.0	1.8
Cognitive reappraisal	-.11	.03	.89	.003	.83	.96
Suicide risk	.37	.15	1.4	.000	1.18	1.79
People in addiction's treatment	-1.2	.17	.30	.039	.09	.94
Constant	-.16	1.3	.85	.902	.63	11.42

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