

respectively. Regarding self-harm, there were 116,113 cases (25.9%), and 60,098 cases (19.6%). And in both, the recurrence rate was high, with 25.3–33.1%. Properly employed, the Singular Therapeutic Project (STP) can prevent further events and even completed suicide. In this way, there is a reduction in stigma in this population and for family members, adequacy of mental health services, in addition to lower public spending on hospitalizations. We analysed the effectiveness of the STP in cases of suicide attempt and self-harm, in an outpatient setting, through the comparison of a group of patients with more adherence with the STP, in relation to the group with less adherence in a multidisciplinary context.

**Methods.** It was a retrospective cohort, with adolescents aged 12 to 18 years, from the south of Sao Jose do Rio Preto (Brazil), during the period of 2015–2019, with follow-up for more than 3 months.

To analyze the behavior of numerical variables, descriptive statistics, boxplot plots and the specific test for Kolmogorov-Smirnov will be considered. Comparisons of continuous variables between two independent groups will be performed using Student's *t* test or Mann-Whitney test; comparisons of categorical variables with Pearson's chi-square test or Fisher's exact test.

**Results.** The study sample consisted of 88 patients, 79.5% of whom were girls, 1.1% were illiterate, 34.2% were referred from the health unit, 29.5% from the hospital emergency. Patients with new episodes of suicide attempts accounted for 14.7% (1 attempt –10.2%, 2–1.1%, 3–3.4%), and self-harm 23.8% (1–12.5%, 2–2.3%, 4–4.5%, 5–2.3%, 6–1.1%, 7–1.1%).

There was no statistical significance between the group with adherence to STP and without adherence in relation to new suicide attempts ( $p = 1.0$ ) and recurrence of self-harm ( $p = 0.309$ ). In addition, both outcomes were not statistically significant with sociodemographic data, psychoactive substance use, and negative life events.

**Conclusion.** The adolescents' adherence on STP was not associated in recurrence of suicide attempts and self-harm. We hypothesized that the sample size may have influenced the power of the statistical analysis. This pilot study is the first phase of the still ongoing study on all city.

### Web Pages on Mindfulness-Based Interventions: A Review on the Different Training of Third-Wave Psychotherapies Available in the United Kingdom

Dr Jiann Lin Loo<sup>1</sup>, Mr Jashan Selvakumar<sup>2\*</sup>, Dr May Honey Ohn<sup>3</sup>, Dr Asha Dhandapani<sup>1</sup>, Dr Sathyan Soundararajan<sup>1</sup>, Ms Sahar Ali<sup>4</sup> and Dr Nikhil Gaurishankar<sup>1</sup>

<sup>1</sup>Betsi Cadwaladr University Health Board, Wrexham, United Kingdom; <sup>2</sup>St George's University of London, London, United Kingdom; <sup>3</sup>Croydon University Hospital, London, United Kingdom and <sup>4</sup>Keele University School of Medicine, Keele, United Kingdom  
\*Presenting author.

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**Aims.** With extensive evidence and track record on efficiency, third-wave psychotherapies, i.e. mindfulness-based interventions (MBIs), have gained popularity in the United Kingdom (UK) as the mainstream tool for mental health and well-being. During the COVID-19 pandemic, a lot of MBI training has shifted from physical meetings to online to improve access nationally. To date, there is limited data on the differences of online MBIs available in the UK. This web pages review is aimed to elucidate the available resources for online training on MBIs in the UK.

**Methods.** Google Search engine was used to identify web pages providing MBI training in the UK from February 2021 to

March 2021. The search words used were “mindfulness”, “acceptance commitment therapy”, “dialectical behaviour therapy”, “DBT”, “Compassion focused therapy”, “CFT”, “England”, “Northern Ireland”, “Scotland”, “Wales”, and “United Kingdom”. The search word “ACT” was omitted due to a high number of irrelevant search results. Inclusion criteria were any web page providing mindfulness training in the English language, based in the UK. Exclusion criteria were web pages that were not from the UK with limited information and the web page was not about the provision of mindfulness training. Given the high number of web pages appearing in the Google Search for each of the localities, further search was stopped when all ten web pages that appeared on a Google search page were all excluded.

**Results.** The total number of web pages returned from searches was 23,030,000 of which were 13.1 million for England, 2.89 million for Scotland, 3.09 million for Wales, 2.18 million for Northern Ireland, and 1,770,000 were unspecified. Only 165 web pages offering MBI training were included. Among those, 57% were for the general public while 30% had information for both professionals and the public. The majority of them, i.e. 65% offered online training courses when only 25% of them offered both online and face-to-face training. There were 25% of web pages offering free basic courses for the public. There was a similar split between the group, individual and mixed training.

**Conclusion.** There is a significant amount of MBI training resources available online for both public and professionals. One interesting finding is that a significant portion of them provide free basic training which is very encouraging and certainly has a positive impact on the accessibility of mindfulness education during the pandemic disruption.

### A-Systematic Review of the Level of Mental Health Literacy Among University Students Regarding Seeking Support From Counsellors in the UK

Dr Areej Serebel\*

University of East London, London, United Kingdom

\*Presenting author.

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**Aims.** Introduction: Mental health literacy (MHL) is defined as “one's knowledge and beliefs about mental disorders” (Nishida-Hikiji et al., 2021). Additionally, it includes the capability to recognise specific disorders, distinguish risk factors and causes, recognise self-treatments and available professional help, and it is an attitude that encourages recognition and appropriate help-seeking (Jorm et al., 1997). Background: In the UK mental health problems are one of the main public health issues as it affects one in four individuals. It specifically has a high prevalence among university students which is between the ages of 16–24 years (Kessler et al., 2005)

**Methods.** The study design used for this study was a systematic literature review in which data were collected from PubMed, EBSCO and ScienceDirect using specific keywords in the advanced search. The amount of papers found were 953 after abstract screening for keywords only 34 papers were left and then final abstract and full-text article screening for the inclusion and exclusion criteria was done leaving it with only 8 papers. A quality assessment was done for the eight papers using CASP tool for RCT papers and EPHH tool for cross-sectional papers.

**Results.** The findings showed that there are different levels of MHL between university students depending on their gender, education year, faculty and ethnicity. It was also found that the professional help seeking behaviour is not significantly different

between genders but there was a difference regarding those identifying themselves as bisexuals despite them having high MHL scores.

**Conclusion.** In conclusion the MHL of university students in the UK was found to be lower than those in Australia thus stating that more attention should be drawn to the issue and the need for easily accessible counselling services should be provided and promoted by universities. So that students can know about their existence and make good use of it whenever needed.

### An Overlooked Crisis: The Impact of COVID-19 on UK Medical Students and Their Mental Health

Miss Aapti Shetty<sup>1\*</sup> and Dr Gurleen Bhatia<sup>2</sup>

<sup>1</sup>University College London, London, United Kingdom and <sup>2</sup>The Tavistock and Portman NHS Foundation Trust, London, United Kingdom

\*Presenting author.

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**Aims.** Medicine is an undoubtedly challenging degree but studying medicine during the COVID-19 pandemic has posed added challenges for medical students across the UK. With teaching being moved online, practical exams cancelled, and final year students being fast-tracked onto the NHS frontline, there has been a dramatic change in how traditional medicine is being taught- with a 'hands-on' approach being swapped for video calls and remote teaching. This study will highlight the impact of the COVID-19 pandemic on the mental health of medical students, how they have coped through what has been an unprecedented two years and what can be done to support them through their medical training.

**Methods.** A cross-sectional survey was performed on medical students at University College London. This involved a combination of face-to-face interviews and an online survey. They were asked about the impact on their overall mental well-being, as well as what the most challenging aspect of studying medicine during the pandemic was. They were also asked how optimistic they feel about their future in the medical profession. The data gathered were then analysed.

**Results.** There were 30 responses, which were a combination of face to face and an online survey. Students unanimously agreed that the most challenging aspects were loneliness, lack of face-to-face teaching and minimal social interaction. 60% stated that their mental health has suffered significantly, and everyone felt that they have missed out on certain aspects of teaching during the pandemic, namely cadaveric dissections, time on wards and gaining vital communication skills. However, the benefits of online teaching included learning at their own pace and being able to take breaks to avoid burnout.

**Conclusion.** There are limited studies looking at the long-term effect of COVID-19 on medical students in the UK. This survey highlights the detrimental impact of the pandemic on medical training and the mental health of these students. To address the possibility of burnout before they start their medical career, more resources could be signposted by medical schools to students during this challenging time. As we are transitioning out of the pandemic, we should be mindful not to forget the cohort of students who studied medicine alone in their homes. Most importantly, we must ensure this generation of doctors is well supported as they begin to care for members of the public.

### Reasons for Relapse After In-Patient De-Addiction Treatment for Alcohol Dependence – a Qualitative Analysis From India

Dr Pavithra Ethirajan<sup>1</sup>, Dr Manjula Simiyon<sup>2\*</sup> and Professor Pradeep Thilakan<sup>1</sup>

<sup>1</sup>Pondicherry Institute of Medical Sciences, Pondicherry, India and <sup>2</sup>Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

\*Presenting author.

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**Aims.** To explore the reasons for relapse after receiving in-patient detoxification and de-addiction treatment for alcohol dependence syndrome, through in-depth interviews and thematic analysis.

**Methods.** This study was conducted in a tertiary care teaching hospital in South India. After obtaining Institutional ethics committee approval, patients of 18 years and above, who were admitted for the management of alcohol withdrawal syndrome, were approached and informed consent was obtained. Patients were screened with Clinical Institutes Withdrawal Assessment-Alcohol Revised (CIWA-Ar) and 15 patients who scored less than 7, who did not have any severe medical or psychiatric illness, whose cognition was intact according to Hindi Mental Status Examination (HMSE) and those who had two de-addiction treatments in the past were recruited. In-depth interviews were conducted in Tamil, audio-recorded, and transcribed. A semi-structured guided interview format was used to gather their narratives. The transcripts were translated to English on the same day and a step-by-step thematic analysis recommended by Braun et al was followed. The interviews were conducted in a soundproof room ensuring privacy and confidentiality. The recorded audios and the transcripts were firewall protected. The transcripts were read multiple times to familiarize the investigators. By using a general inductive method the data were retrieved, coded, and systematically organized according to patterns and themes. Two investigators coded the transcripts separately and any conflict was resolved by discussion. Thematic saturation was attained with the 14th transcript but the coding was completed for all 15 manuscripts. The mean age of the participants was 26.4 years.

**Results.** The analysis resulted in the identification of reasons attributed by the patients for resuming drinking after receiving in-patient detoxification and de-addiction treatment for 21 days. This 21 days deaddiction program comprises of detoxification, motivation enhancement therapy, group therapy, and family interventions. The reasons for relapse included peer pressure, confidence that they will not become dependent again, craving, stressors, and health issues such as pain and insomnia and to test whether the treatment works or not. Reasons for the delay in help-seeking were lack of motivation, poor social support, financial constraints, lack of hope in medical treatment, did not feel the necessity to take treatment, fear of whether the doctors would be upset for relapsing again and, the guilt of letting down the treatment team. The reasons why they finally came for treatment were having severe withdrawal symptoms, pressure from a family member or employee, guilt and a desire to change, and fear of dying.

**Conclusion.** This research provides avenues to understand patients' perspectives on relapse of alcohol dependence. Understanding these would be beneficial in psychotherapy while managing relapses. It also helps us to reflect on our practice and to address these issues before discharging the patients to minimize the relapses.