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

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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

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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.