

on psychiatric care (Sargeant, 1993), which were similar to those from the Schizophrenia Association of Great Britain received by O'Shea.

Communication between health professionals and relatives was poor and the relatives felt unsupported and isolated. They were often ignorant of the diagnosis initially and wanted more easy access to hospital beds, although good community management was preferred by relatives in my sample in contrast to the groups who replied to O'Shea. This difference may reflect difficulties in establishing community facilities before hospital beds are closed. Those relatives I interviewed wished to be involved with the professional multidisciplinary team. Although the relatives were often the primary carers, they were not always informed of decisions that affected them.

I agree that medical education needs to take account of the families from which patients come. I wonder whether this is better placed at the postgraduate level and in the continuing education arena than at undergraduate level where the syllabus is already large and expanding rapidly. If the carers are to be supported the professionals need to support. Medical students will then learn by example.

SARGEANT, R.J. (1993) Schizophrenia: the problems for the family. *Psychiatric Bulletin*, 17, 14–15.

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Sir: Sargeant was 'surprised' to read that the National Schizophrenia Fellowship UK did not reply to my correspondence. Unfortunately, that is not uncommon in this type of research (O'Shea, 1990). What was far more surprising was the fact that the most distant country involved in all three of my papers (New Zealand), of which the article on schizophrenia was the third, was consistently first in giving replies. The difference between Sargeant's and my own findings in relation to where one might wish to be treated may be more apparent than real and may depend on the manner in which questions are phrased: if your choice is confined to choosing between hospitals it is reasonably straightforward, whereas if you prefer to be treated extramurally but the perceived facilities are inadequate then some distress may be engendered.

Finally, psychiatry, at least until recently, was all too often seen as something which could be left to those who specialised in it after qualifying. How many doctors need to remember, or do remember, the amount of anatomy that, at least in my time, they were forced to digest in medical school? Surely the branches of some vessels and nerves could be diverted to make way for a consideration of the family. After all, general practice used to be known as family medicine!

O'SHEA, B. (1990) Huntington's disease association in Australia. *Psychiatric Bulletin*, 14, 94.

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Training in research methods

Sir: I was interested to read correspondence from Kidd, Stark & Henderson (*Psychiatric Bulletin*, January 1994, 18, 55–56) about research by trainees, and the *BJP Review of Books* article 'Psychiatry's Research Toolbox' by Peter Jones, particularly his account of Freeman & Tyrers' *Research Methods in Psychiatry. A Beginner's Guide*. I wish I had been aware of the existence of this book when embarking upon my own research project. I had excellent supervision, but there are things that nobody tells you, such as securing a parking space close to the door to spare the *biceps brachii* and *atissimus dorsi* while carrying 2000 questionnaires to and from the printers, other departments and the post room. Probably the most important point in setting up a postal survey is ordering self-seal envelopes – this is obvious to those who have tried licking or sponging 2000 A4 envelopes. Warning about those excruciating cuts to the digits caused by edges of paper is warranted and the variant of lesions to the lips and tongue, caused by ignoring advice about envelopes.

Next time I will buy *Research Methods in Psychiatry. A Beginner's Guide*, go on a touch-typing course, keep triple-checked copies of my reference list in three separate buildings and become expert in the latest computer reference searching systems before I begin, and I will always be nice to librarians.

Training in research, and the availability of a good, basic textbook, is vital. The question no one dares to ask is "OK – yes – but how do you do it?". The mystique needs to be removed, so we all feel confident enough to start early, setting up small, well organised projects which can be slotted into a busy job. If we are to be in print by senior registrar interviews, with the lengthy submission processes, one needs to start at an SHO level.

FREEMAN, C. & TYRER, P. (eds.) (1992) *Research Methods in Psychiatry. A Beginner's Guide*. London: Gaskell (Royal College of Psychiatrists).

JONES, P. (1994) Psychiatry's research toolbox. *BJP Review of Books*, 7, 6–9.

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Label of personality disorder

Sir: I am currently preparing a paper on the politics of personality disorder. I came across Dr