be exercised in drawing wider conclusions on the general pattern of psychiatric morbidity in the Services.

Second, the RAF's medical services were themselves in the process of major change. The future provision of medical services has been addressed in the Defence Costs Study that closed the RAF psychiatric centre. The resulting turmoil would have disrupted the normal functioning of the Community Department. Again, it is appropriate to exercise some caution on the conclusions to be drawn.

The RAF community psychiatric teams provide a primary care liaison psychiatric service. Audit has shown them to be both effective and efficient, they enjoy the strong support of the RAF medical executive. Service medical officers make direct referrals, either to the community psychiatric nurse or to the psychiatrist. The team is closely integrated and community psychiatric nurses refer to the psychiatrist for diagnostic, managerial or administrative decisions. Communication plays an important role in its successful functioning and the psychiatrist has an important supervisory role. It would have been of great interest to have a view of these diagnostic, managerial, educational and supervisory aspects.

Hughes correctly identifies occupational issues as of major concern to the Services. The occupational role of military psychiatry is the reason for its existence. The number of uniformed psychiatric personnel is determined by the requirements of the war role; in operations RAF psychiatric personnel deploy to form psychiatric support teams. Peacetime care is provided from within these resources. Psychiatric services are no longer available to dependants and our civilian colleagues will indeed need to become more aware of the special circumstances of the Services.

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The role of research in psychiatric training: the trainees' perspective

Sir: I read the Collegiate Trainees' Committee comment on the use of logbooks in training (*Psychiatric Bulletin*, May 1997, **21**, 278–280) with a sense of *déjà vu*. In the article they state that trainees should be permitted to develop skills in management or teaching as an alternative to research, given that ". . . not all trainees are interested in, or successful at, research."

In 1995 I was invited to conduct a study of trainees' attitudes to research in south-west Thames, as chair of the trainees' committee. A high response rate was obtained (68%, n=122), as compared to previous studies (Hollyman & Abou-Saleh, 1985; Junaid & Daly, 1991). Fifty per cent of registrars and 21% of senior house officers (SHOs) had conducted some form of research. The most notable finding was an inverse relationship between enthusiasm for research and training experience. Eighty per cent of registrars and 100% of SHOs believed research *was* important for a career in psychiatry, while only 52% of registrars and 67% of SHOs believed it *should* be important. The latter correlated in inverse proportion to the length of time in training.

Crisp (1990) has argued that all psychiatric trainees would benefit from research experience, in order to develop "a capacity to think systematically, measure comprehensively and accurately and analyse the information". Alternatively it could be argued that formal research should not be imposed on the majority. In keeping with the Nietzschean spirit of National Health Service reforms, research could focus on a potential academic elite, improving quality at the expense of quantity. This would also remove the unnecessary burden of 'publish or be damned' from the ranks of disinterested trainees.

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Stalking the stalkers

Sir: From the 16th June 1997 the United Kingdom has come in line with other countries by introducing the Protection from Harassment Act 1997 to combat stalking. This allows a court to order imprisonment or a fine and allows for the rewarding of damages for "anxiety and any financial loss resulting from harassment".

The behaviour of stalkers is generally traumatic for their victims and a recent study shows that a considerable percentage have been forced to change their lifestyle, move accommodation up to five times, change employment, curtail their social outings and remain in a state of siege in their homes. A preponderance of victims report deterioration in their physical and/or mental health since the onset of their ordeal which may have lasted for as long as 20 years. The stalkers may resort to violence, damage property or possessions of their victim, and

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