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### Mental Health Review Tribunals in Bradford

Sir: The issue of outcome following Mental Health Review Tribunals (MHRTs) has been the subject of recent studies (Wilkinson & Sharpe, 1993; Saad & Sashidharan, 1992) but the period from initial application to the hearing itself has received scant attention. We would like to report our study in Bradford. All MHRT applications for sections 2 and 3 from January 1986 to July 1992 were identified. A central register provided data on the fate of applications. Information regarding outcome after successful appeal was extracted from the case-notes and a deliberate self-harm register.

Of 682 patients detained under section 2, 86 (13%) appealed. This resulted in 70 tribunal hearings. Thirteen patients were discharged by the tribunal from compulsory detention. Within three months, two of these patients deliberately self-poisoned and attended hospital, and six patients required readmission (two compulsorily). Of the 214 patients detained under section 3, 44 (21%) appealed, leading to 25 tribunals. Five patients had their appeal upheld, and none of these were recorded as being re-admitted or carrying out acts of self-harm within the follow-up period.

The proportion of patients who appealed is broadly comparable to other studies (Wilkinson & Sharpe, 1993; Saad & Sashidharan, 1992). We found two reasons for failure to proceed to a tribunal hearing after application: withdrawal of application by the patient (four patients on section 2, and two patients on section 3) and discharge from the section prior to the tribunal (12 patients on section 2, 17 patients on section 3). The median time from application to hearing was six days (range 3–8) for section 2, and 47 days (range 22–112) for section 3.

The lengthy delay between application and hearing in section 3 appeals surprised us and may well be linked with the high rate of discharge by the Registered Medical Officer before the hearing can take place. Further studies are needed to determine whether this is true of the situation nationwide. If so, re-evaluation of procedures should be undertaken.

SAAD, D.A. & SASHIDHARAN, S.P. (1992) Mental Health Review Tribunals. *Psychiatric Bulletin*, 16, 470–472.  
WILKINSON, P. & SHARPE, M. (1993) What happens to patients discharged by Mental Health Tribunals? *Psychiatric Bulletin*, 17, 337–338.

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### Research by trainees

Sir: Katona & Robertson (*Psychiatric Bulletin*, 1993, 17, 27–29) show that the possession of any publication is associated with shortlisting for a senior registrar interview and advise trainees to "publish . . . or be damned". However, many trainees who express an interest in research are actively discouraged, have difficulty finding the time or do not have the appropriate training. (CTC, 1991). Training in particular improves trainees' research performance (Lewis, 1991).

We performed a questionnaire census of psychiatric trainees in the West of Scotland to identify their current research activities and their perceived training needs; 48 replied (87%). Respondents had been working in psychiatry for a median of 34 months. Seventy-five per cent had sat Part 1 MRCPsych, 14 (29%) were on training schemes with a research tutor and seven (15%) with a designated research post. Twenty-two (46%) recalled undergraduate teaching in research methods, while 17 (35%) had attended post-graduate research lectures, 13 (27%) had attended local research meetings, and two had attended a formal research course. Twenty-two (46%) reported informal teaching from consultants. Forty-seven (98%) felt that further training would be useful, preferring active teaching methods. Thirty-one (65%) had attempted research projects. Twenty-six (84%) had experienced difficulties, the most common problem (24 doctors) being finding sufficient time at work.

The most important influence on taking part in research was interest in a clinical topic followed by worry about future promotion. The most important factor influencing choice of project was having a clear research design. The type of research preferred as a next project was clinical research.

The response rate shows this to be an important topic for psychiatric trainees. With less than half of our respondents having received any training in research methods and 98% feeling they required further teaching, there is clearly a need for structured teaching in this area. Despite this, the majority were taking part in research although most had experienced problems. It has been pointed out that trainees have little time for research as they must acquire clinical skills and pass examinations as well as fulfilling their service requirements. Our results show that most psychiatric trainees are keen to participate in research and, contrary to findings in other specialities (Gaylard & Lamberty, 1989), do so because of an interest in their work. However, they feel inadequately trained and unsupported in their efforts to receive supervision and time to perform their research. Addressing these issues would improve the likelihood of psychiatric trainees completing good quality research projects.