

Association reacted first defensively, later militantly, to attacks on their right to treat those too ill to decide for themselves, to the extent of hiring their own lawyers to oppose the "liberty issue" lawyers on the other side. However, there is evidence that both sides are seeking common ground, and more lawyers see that it is often in their clients' interests to be treated.

(e) *Self advocacy* In the late 1960s, large numbers of psychiatric patients in the USA started to speak out against their conditions of treatment. Now there are groups throughout the country, with their own newspaper and own annual conference! They provide mutual support groups, but view psychiatry as oppressive, and refuse to work with psychiatrists. To a lesser degree they also distrust the lawyers!

Already there are a few similar groups in the UK. One, 'Survivors Speak Out', by name alone leaves little doubt that its members do not support present mental health practices.

Less adversarial is the group formed in 1971, known as CMH (Campaign for Valued Futures, with people who have learning difficulties). Its conferences and published reports show that self advocacy groups are now common in the UK but that their style and achievements are variable (*The Growing Voice*—a survey of self advocacy groups in adult training centres and hospitals in Great Britain). CMH also produces a learning pack (LASA Pack). Another group, People First, crossed the Atlantic to the UK in 1984. It organises self advocacy monthly meetings mainly in the London area. The Kings Fund Centre is a valuable source of information on the whole self advocacy question.

(f) *Quality action groups* It might be that a way forward for the advocacy movement could be through what have been termed Quality Action Groups. These groups look at components of a service and include people at all levels in that service. For

example, people with mental handicap, their families, service staff, managers, politicians and members of the local community might work together, although how to 'empower' the handicapped and their families adequately is an issue which has not been resolved. The Kings Fund Centre has pioneered work on this difficult problem (*Pursuing Quality*, 1986). It will be important for the work of all such groups to be carefully evaluated and audited.

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Correction

The responsibility of the child and adolescent psychiatrist in multidisciplinary teams (*Psychiatric Bulletin*, September 1989, 13, 521).

The second paragraph of this statement referred to multidisciplinary teams as including 'educational psychiatrists'. This should have read 'educational psychologists'.