

me, and to whom I should address myself. I turned my chair towards the Judge and spoke slowly to him from then on. He seemed a pleasant, benign, attentive man, listening to my every word. He suggested I be asked for my opinion on events which had happened since my last contact with the family and adjourned the court while I read the relevant affidavits. I gave my opinion, was thanked by the court, and dismissed. Once more I headed into the bright afternoon sunshine. The ordeal was over, I was now, for future reference, an expert witness. However, I felt myself to be but a small cog in a very big wheel.

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### *Mental health review tribunals*

DEAR SIRS

Dr Grounds has performed a very useful service in pointing out the difficulties and contradictions in the work of the Tribunals (*Psychiatric Bulletin*, June 1989, 13, 299–300).

There is one problem that I have not seen publicly aired, that is that discharge from a Restriction Order by a Tribunal also means discharge from hospital. The Act seems to make an assumption that anybody under a Restriction Order is anxious to leave hospital as soon as possible.

This is not always the case and there are patients who would benefit from being discharged from their Order and remaining in hospital informally by their own decision. This step in the rehabilitation of certain patients involving the development of autonomy can be an important one and is not, apparently, addressed by the Act.

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### *'Asylum': a new magazine*

DEAR SIRS

We were heartened to read Peter Tyrer's review, entitled 'Arming the Weak: the Growth of Patient Power in Psychiatry', of *Power in Strange Places: User Empowerment in Mental Health Services*, edited by Ingrid Barker and Edward Peck (*Psychiatric Bulletin*, June 1989, 13, 307–308). It was considered and valuable. We agree that "it is much healthier for (patient power movements) to be involved in regular dialogue with the professionals rather than externalised and largely ignorant of other points of view". One could perhaps add that it is for the professionals to try to render themselves less ignorant about the views of patients. We believe that patients must have

a strong voice and power to be able to alter psychiatric practice. It is mistaken for us to believe that we know in all cases what is good for others; if psychiatry could actually cure many of the so-called illnesses that we come across, this would be more understandable.

We are currently involved in attempting to produce a new Master's programme for practitioners, patients and others on 'Psychiatry, Philosophy and Society'. This is primarily intended to equip the practitioner with a critical faculty such that those involved will be able to deal with the very wide-ranging debate around issues of power in psychiatry; for things to change in practice, most of us need to start thinking differently. We have tried to democratise our own service and are hoping to develop greater contact with user movements. Part of this process has been setting up a magazine for democratic psychiatry known as '*Asylum*'. Some of the members of our department are currently members of its editorial collective. It is a magazine that is dedicated to an open debate and to enhance a dialogue between workers and users so that both sides can see what the other is saying and have a chance to respond. Many varied views are published, activities of user groups advertised, bad practices highlighted, and there is regular space for the critics of psychiatry to put their case. There is space for more orthodox views. Sadly, professionals seem unenthusiastic about this debate and rarely send articles. Many of the user groups such as Survivors Speak Out, the Campaign against Psychiatric Oppression, the Network for Alternatives to Psychiatry and many others, on the other hand, have used our '*Asylum*' magazine.

We would like to propose that *Asylum* could be an excellent vehicle to achieve some of the aims, and more, that Peter Tyrer attempts to delineate in his review. It is a non-profit making, and frequently a loss-making, magazine although it is read quite widely throughout the country by patients and workers. We think it would go a long way towards bridging some of the gaps between patients and professionals if members of the Royal College of Psychiatrists could make more regular contributions to such a journal and engage in some of the debates that patients wish to initiate around issues such as patient power, the Mental Health Act, the validity of treatments, access to notes, the position of particular client groups, including those arranged in terms of class, sex and race, client-led research and client control. We think that the Royal College of Psychiatrists and its Members and Fellows could usefully subscribe to this magazine to find out what patients' views really are. *Asylum* would obviously have to remain structured in the way it is for patients to feel they could trust such a magazine. The editorial collective is open to all comers but clearly would fear a professional takeover.