

personal concern to the President, suggests that pressure from concerned professionals alone is not always sufficient (Shilts, 1987). Thus it is imperative to keep an open mind on the ways and means to influence both government and the public. Scotland may yet need the services of more of the ilk of Miss Dix.

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Review

Power in Strange Places: User Empowerment in Mental Health Services. Edited by Ingrid Barker and Edward Peck. Good Practices in Mental Health, 380–384 Harrow Road, London W9 2HU. 1988. Pp 30.

Arming the weak: the growth of patient power in psychiatry

The word “consumerism”, despite its somewhat slimy connotation, has become fashionable as the principles of the market economy take hold in most developed countries. It describes the power and influence of the buyer or consumer; no longer a passive recipient of goods and services but now representative of a powerful lobby that can topple major corporations as the campaigns of Ralph Nader in the United States have shown.

The transfer of consumerism to psychiatry, although perhaps inevitable, has been delayed because of the unusual position of the psychiatric patient. Most patients are not consumers in the market sense; they have little wish to buy mental health services and some go to extraordinary lengths to avoid them. Those who are regarded as in greatest need reject them absolutely and have to be forced to become consumers through the process of law. Thus, in the words of a member of the Campaign against Psychiatric Oppression, “survivors of the mental health system are no more consumers of mental

health services than cockroaches are consumers of Rentokil”. Yet this obvious imbalance in distribution of power between consumers and providers is one of the main forces behind the growth of the consumer movement in psychiatry. In this booklet, Ingrid Barker and Edward Peck have brought together accounts of the first steps towards user empowerment in psychiatry. They regard this as “the most crucial issue in mental health services”, as “people who have been devalued and disempowered can only start to be restored to full citizenship if the power imbalance between users and providers is redressed”. They realise that a transfer of power from the service providers to the service users is likely to be resisted at first, but hope that when the professionals have had a chance to read about, observe and experience the new movement they will be converted to its philosophy.

The blueprint for many of the developments in the United Kingdom has been established in Holland. The Dutch are very reasonable people and like to consult with each other to get mutual agreement wherever possible. Therefore it might be expected that psychiatric patients would be involved in this process earlier than in many other countries. In 1981 the Patients’ Advocates Foundation (PBP) was set up to represent the interests of psychiatric patients. The advocate assists patients who complain and can have access to full medical records, provide information to patients about their legal rights and is

involved with liaison with patients' councils where patients meet to develop common strategies and policies in negotiating with providers of the service. There has also been a Patients' Councils Foundation established in Holland since 1980. For many years before that there had been patients' committees in many hospitals. These at first dealt with more typical consumer issues such as quality of food and availability of leisure, but rapidly found themselves involved with management issues and now the Foundation has direct access to Government. Of the four full-time workers in the Foundation, three are former patients of psychiatric hospitals. At present, legislation is being enacted which will ensure that all Dutch psychiatric hospitals have patient councils which will have negotiating rights with hospital managers. The parliamentary pressure of the group is likely to lead to the right of patients to have access to their own medical records.

In the United Kingdom there are several groups that reflect the basic philosophy of the Dutch system but they are generally unco-ordinated. Many have been fostered and encouraged by Good Practices in Mental Health of the DHSS. In this book are accounts of groups in Chesterfield, Nottingham and Camden, and discussion about legal issues by Robson and Bean. An embryonic equivalent of Patients' Council Foundation in Holland, called "Survivors Speak Out" is described by Lorraine Bell, and Chamberlin describes similar groups in the United States whose titles, including the Insane Liberation Front and the Network against Psychiatric Assault, suggest a confrontational approach. These accounts indicate tremendous enthusiasm for greater user involvement and action. There is also the complete belief that this is the right approach and that it would develop further. In Barker & Peck's (1988) words "the process of users gaining power and competence has begun and this process is irreversible".

How should British psychiatry react to this movement? The first reaction, which I have experienced at first hand in Nottingham, is one of great suspicion and is sometimes overtly hostile. In particular, the suggestion that patients should have their own independent advocate has been criticised heavily. Yet, whatever reservations psychiatrists may have about this movement, it is not going to go away and the form it takes will depend a great deal on the reaction of the psychiatric establishment. The first organisation to be set up, CAPO (Campaign against Psychiatric Oppression) adumbrates further confrontation and is not encouraging. If we form ourselves into defensive bastions in the hope that we can repel this invasion of patients' power, we will find it much

more difficult to reach agreement in the future and to develop a system similar to that in Holland, which in general is working well.

The user groups also carry a major responsibility for the success of collaboration in the future. Because they occupy the moral high ground it is very easy for them to conclude that any opposition to their views is motivated by self-interest; the potential transfer of power to the patient is a threat to professional power and status. Nevertheless, there are some legitimate concerns that need airing. Although patients need to know their rights and give their consent to most forms of management, the extent to which they should influence treatment is not defined. In Holland, the use of convulsive therapy is now extremely limited and the growth of patients' councils has been a factor in this. While it is understandable that a patients' council would have reservations about the use of ECT, there is a danger that co-ordinated action could lead to effective treatments being banned from use altogether. There are other concerns about the ability of a patients' advocate to detect when psychiatric patients are showing impaired judgement. Some clinical skill is necessary to detect this and it is dubious whether most advocates, even the professionally trained, have such skills. There is also a danger that those who speak on behalf of the users will not be representative of most patients. It is not surprising that those who feel most unhappy with their psychiatric treatment have formed the nucleus of many existing groups and sometimes individual experiences may be wrongly attributed to psychiatry in general. There appear to be no means for determining whether patients' organisations are representative but there is a suspicion that those that are successful are the ones that complain most loudly.

Despite these concerns, the psychiatric profession should try harder to reach accommodation with this new movement. It is much healthier for it to be involved in regular dialogue with the professionals rather than externalised and largely ignorant of other points of view. Far too many of our dissatisfied customers find their way into the ranks of fringe organisations such as Scientologists and the Moonies where prejudices against psychiatry are rampant. The user movement in psychiatry is now a healthy and aggressive toddler but if we ignore its development it could well show signs of delinquency.

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