enough or they think the therapist knows best. At present, suing by patients is found less frequently in low- and middle-income countries compared with the West, hence therapists are not under pressure when making decisions. This may contribute to the maintenance of the 'therapist-centred' approach in the management of patients in our part of the world. Another reason which makes patient choice less feasible in low- and middle-income countries is the limited number of therapeutic options, owing to lack of resources. This sometimes leads to medications being the only available option although other treatment modalities are indicated for the particular condition. Another factor which might impede patient choice is the lack of a proper mental health act. Some low- and middle-income countries either do not have a mental health act[2] or the existing mental health acts are archaic, were developed during the pre-antipsychotic era and are not at all patient centred. Psychiatrists and policy makers, particularly in low- and middle-income countries, should be aware of these important issues when health plans are made and implemented.
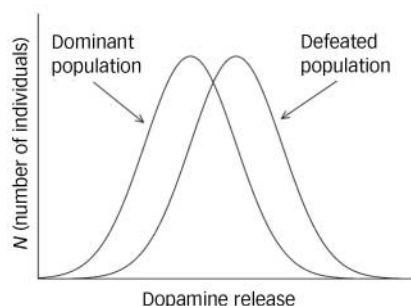
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Corrections

Hypothesis: social defeat is a risk factor for schizophrenia? *BJP*, **191** (suppl 51), s9–s12. The axes of the graph (Fig. 1, page s11) should be labelled *x*-axis: Dopamine release; *y*-axis: *N* (number of individuals), as shown below.

Metabotropic glutamate receptor agonists for schizophrenia. *BJP*, **192**, 86–87. The doi for this paper is 10.1192/bjp.bp.107.045088 (corrected online, in deviation from print).

I Am by John Clare. *BJP*, **192**, 149. The doi for this item is 10.1192/bjp.192.2.149 (corrected online, in deviation from print).