

patients. Therefore, to our minds, this practice does not support the option – and informed choice – of recovery with minimal or no medication. This is because true informed choice is possible only if viable alternatives exist within which to exercise these choices. The purpose of our article was to draw attention to the existence of such alternatives. Such recovery without these facilities (as in the UK at the present time) is currently possible only through luck or the good fortune of having an unusually robust network of support. We – along with large sections of the service user/survivor movement, who have

long advocated for non-medical crisis services – do not believe that this is good enough.

Calton T, Spandler H (2009) Minimal-medication approaches to treating schizophrenia. *Advances in Psychiatric Treatment*, **15**: 209–217.

Feeney L (2009) Invited commentary: Minimal – no, minimise – yes. *Advances in Psychiatric Treatment*, **15**: 218–220.

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## CORRECTION

## Correction

Rao H, Luty J (2009) The future of specialised alcohol treatment services: a matter of policy? *Advances in Psychiatric Treatment*, **15**: 253–259.

On p. 253 of the above, the author affiliation for Dr Rao should read:

Harish Rao is an honorary specialist registrar at the South Essex Partnership NHS Foundation Trust. He works as a higher specialist trainee in addictions in East London. He has published research on stigma and addictive disorders.

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