

## Section 5(2)

DEAR SIRS

Drs Cooper & Harper (*Psychiatric Bulletin*, 1992, 16, 759–761) have once more drawn attention to Section 5(2) of the Mental Health Act, 1983. Their respondents describe experiencing “current problems” beyond the selection of the nominated deputy.

The use of Section 5(2) for “patients who needed emergency seclusion” is disturbing, as this section confers no powers of compulsory treatment. Treatment given to a patient who is so detained must be either consenting or given under common law. This issue has been discussed by the Mental Health Act Commission (1988).

The transfer of patients between hospital sites under Section 5(2) is cited as a problem. However, a person detained by Section 5(2) is not “liable to be detained by virtue of an application” (Section 145(1)) and hence cannot be transferred under the provisions of regulation 7 of the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 (S.I. 1983 No 893) or Section 19 of the Mental Health Act.

A third issue, not raised in the article, is the application of Section 5(2) in general hospitals. Where NHS trusts are formed from mental health units on district general hospital sites, their staff are no longer “on the staff of the (general) hospital” within the meaning of the Act, nor will the former psychiatric unit have the same managers. In these circumstances, Section 5(2) must be applied by non-psychiatrists and the transfer of disturbed patients will be impossible until formal application is made. The reported difficulties in securing an assessment by an approved social worker at any time therefore is particularly worrying.

Many of the problems of Section 5(2) come from misunderstandings of mental health legislation, but one must wonder what problems will come from those who can claim no training in its use.

GRAHAM M. FULLER

Premier Health NHS Trust  
St Matthew's Hospital  
Burtwood WS7 9ES

## References

MENTAL HEALTH ACT COMMISSION (1988) *Third Biennial Report*, para 14.4. HMSO.

## Psychiatric Hospital of Leros

DEAR SIRS

In the interview given by Professor Ivor Browne (*Psychiatric Bulletin*, 16, 1–9) he refers to the Psychiatric Hospital of Leros stating “. . . when the (Greek) Government changed (in April 1990–ed.). Since

then, as far as I know, all of this activity has ceased and everything is drifting back once again to where it was. The one thing we did achieve to some extent was to stop the admissions into Leros. . .”. The impression is that nothing has happened in Leros since. We are astounded as Professor Ivor Browne is a member of the independent experts committee set up by the European Commission in December 1990, concurrently with the endorsement of the “Leros Programme”, and so consequently he ought to know better.

The application of this programme started in October 1990, and its goal was to improve the patients' living conditions, and to bring about their deinstitutionalisation and transfer to hostels for rehabilitation in their places of origin. The programme was elaborated by the Committee of Mental Health of the Greek Ministry of Health, approved by the Commission in December 1990, under EEC Regulation 815/84, and has been in progress for two years.

The committee assigned to assess the programme, of which Professor Browne was a member, visited Greece and the Psychiatric Hospital on the island of Leros on 22–24 April 1991 and 5–6 November 1991. In the report following the first of these visits the committee stated:

“. . . the experts were pleased to find that the situation on Leros had improved considerably in the past few months. They were satisfied that the process of change had now begun and they considered it essential that this process should be sustained. A determined effort was needed from all concerned if the gains made up to now were not to be lost. . .” (p. 97, paragraph 3)  
“. . . the team was greatly encouraged by the evident signs of improvement in the physical conditions of the Leros Hospital. For the most part, the buildings had been cleaned and painted, patients were wearing clean clothing and new beds and bed linen had been supplied. If these improvements are permanent, they represent a considerable change from the previous situation. . .” (p. 98, paragraph 4).

Following the second visit, the committee stated: “. . . the experts were pleased to find that the overall situation in Leros Hospital had continued to improve since their last visit to Leros in April 1991: improvements in the physical fabric of the hospital and in the living conditions of the patients were visible in many respects.

A new vitality and energy were strongly felt, originating mainly in the work carried out by the members of the “intervention teams” under Regulation (EEC) 815/84 together with all the permanent staff who are involved in these projects. Their dynamism, enthusiasm and commitment appear to be the main determinants of progress achieved up to date and the challenge remains to maintain this