

## 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.

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## 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

momentum for beneficial change . . ." (p. 4, paragraphs 3 & 4).

And went on to say: ". . . The experts suggest that the recent progress in the Leros hospital, which is attributed to visibly improved physical conditions and to the various rehabilitation projects carried out during 1991 may be regarded as a "paradigm" which should be spread over other psychiatric hospitals in Greece and elsewhere . . ." (p. 5, last paragraph).

Professor Browne inexplicably ignores the positive aspects of the above reports he co-signed, and distorts the truth in saying that the decrease in the number of patients in the Leros Psychiatric Hospital ". . . has not happened because anyone has been moved out of the place but apparently due to the death rate which seems to be appalling". Bearing in mind that the mean age of the Leros patients is 60 years, and the mean hospitalisation period is more than 25 years, it is hardly surprising there was a high death rate.

Another of his inaccuracies was that: "The one thing we did achieve to some extent was to stop the admissions to Leros". In fact, the cessation of new admissions began with an order from the Greek Ministry of Health in 1981, long before Professor Browne was involved with Leros.

This whole issue raises the following questions.

(a) Why does an expert assigned and *paid* by the Commission for the monitoring and evaluation of the Leros programme ignore the existence and functioning of 12 hostels throughout the Greek mainland with over 110 patients from the Psychiatric Hospital of Leros?

(b) Why were the findings of the committee concealed when, after their first visit to six hostels in Greece, they stated: ". . . the transfer of patients to extra hospital hostels had begun and the team was impressed by the positive results already apparent in those patients who had been moved from Leros to hostels in Athens and Salonica. There seemed to have been a substantial improvement in their quality of life and there were signs of a thoughtful and innovative approach on the part of the staff . . ." (p. 98, last paragraph).

(c) Why does Professor Browne conceal the findings of the report, which he co-signed, of the second visit when he stated: ". . . the visit to the Hostel at Paralia Avlidas gave experts the opportunity to see again the successful outcome of the placement of long-term patients from Leros transferred to hostels on the mainland of Greece. The generally favourable impression of the hostels visited in April 1991 was sustained. This is a very positive development . . ." (p. 2, paragraph 4).

(d) Why does Professor Browne choose to give an impression of gloom and death, and why does he conceal the fact that the termination of the attempt

by the Dutch team to help 20 patients was followed by a well-structured rehabilitation programme in the Psychiatric Hospital of Leros, a programme which was followed and evaluated positively by himself as an expert appointed by the Commission?

We are astounded and perplexed at Professor Browne's inaccuracies. The conditions in the Psychiatric Hospital of Leros have improved over the past two years, as has been clearly stated in the two reports of the Commission's experts. Having said that we do not believe that conditions are yet ideal, but Leros is certainly not what it used to be and no fair-minded person would say that it is.

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### Reply

DEAR SIRS

The points which Dr Nimatoudis and Dr Kandylis make are actually correct in regard to the recent, welcome developments which have taken place in Leros. Unfortunately, although it was not published until January 1992, the original taped interview I made with David Healy was recorded when I visited him in February of 1991, almost a year earlier. In fact, I had not visited Leros prior to this with the team of experts since September 1989, nor had I had any information as to what was happening there since that time. So the remarks I made in the interview were in the light of the deterioration in the situation which I had observed during that visit following the change of government in Greece and, (as I now realise), the temporary cessation of the positive developments which had been taking place prior to that.

As our Greek colleagues have pointed out, there was a visit in 1991 (22 to 24 April) of the EEC experts but I was unable to accompany them on that occasion. My next personal contact with the situation in Leros was when we visited it during 4 to 6 November 1991 but both of these visits took place following the taped interview which I had made in February 1991.

The reports we made following these two visits were, as they point out, much more positive and at that time we were very gratified to find a large number of volunteers from several countries, including other parts of Greece, who were active in the hospital and bringing about real improvements in the