NAPICU Debate

Dr STEPHEN PEREIRA
Chairman NAPICU, Lead Consultant Pathways PICU NELFT
&
Mr ROLAND DIX
Consultant Nurse PICU and Secure Recovery GHFT, Exec Member NAPICU, Editor NAPICU Journal,

WILL ARGUE FOR THE MOTION THAT

Only specialist PICU's will be able to deliver psychiatric intensive care in the future"

PICU Definition

"Psychiatric intensive care is for patients compulsorily detained usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder. There is an associated loss of capacity for self control, with a corresponding increase in risk, which does not enable their safe, therapeutic management and treatment in a general open acute ward" *Definition includes chronically disturbed phase of illness.*

(DoH, 2002)

Beer et al., (2008) Distinctive Features of a PICU patient

- Acute or chronically disturbed behaviour unmanageable in other settings
- Threatened or actual violence towards others
- Severe emotional upset and psychological distress
- Extreme physical overactivity (running amok) using knives, tables and chairs, involving or disturbing other patients
- Hallucinatory behaviour
- Verbal abuse
- Self harm
- Destruction of property
- Repeated absconding behaviour
- Extreme behaviour, disinhibition, disorientation or confused behaviour

Why can't PIC be delivered in the community?

- 20% cases accepted by Crisis Resolution (CR) and Home Treatment (HT) teams *cannot be managed safely*. The Result: referral to inpatient services (Harrison et al., 2001;)
- The other 80% cases *can be managed safely* by CR & HR or other community type service configurations (Smyth, 2007)
- No convincing list of objective criteria that can prove that CR & HR are better options than PICU (Fear, 2007)

Cont..

- No convincing list of objective criteria that can prove that CR & HR are better options than PICU (Fear, 2007)

- Burden on some carers living with relatives with severe mental illness can be intolerable. Unfortunately few CR/HR have resources to provide vital 24h hour therapeutic support that these carers may need (NIMHE/UCE, 2004; Ostman, 2007*)

- PICU can provide 24 hour therapeutic support (Beer, Pereira & Paton, 2008)

The burden of severe mental illness in the community

- Studied effect of severe mental health difficulties on 162 relatives of inpatients with a variety of mental health difficulties
- Relatives complained of having to give up work, leisure time, isolation, and damage to supportive relationships
- 40% carers suffered their own mental health problems
- 21% wished their relative had never been born and 10% had considered suicide (From Ostman, 2007)

Supervised Community Treatment (SCT)

Will people be able to be forced to receive treatment in their own home?

"People on SCT will normally be expected to accept treatment either "at home" or somewhere else. If they don't they might be recalled to hospital which means they might be taken to hospital for the treatment against their will. ***But no-one can be given treatment by force in their own homes or anywhere else except a hospital if they don't want it"***

Cont

- Under a SCT non-consenting acutely or chronically disturbed patients who are recalled to hospital, could be safely provided medical treatment on a PICU, ***but not*** in the community

- *The requirements that can be imposed on an individual under SCT must be "necessary or appropriate" to:*

  ensure *that the patient receives medical treatment ;*

  prevent *risk of harm to his/ her health or safety; or*

  protect *other persons.*

Why can't PIC be delivered in Acute wards?

The patient to staff ratio is insufficient.

- Staffing levels and skill mix must be sufficient and geared to the provision of high levels of engagement with service users.
- Low levels of staff jeopardise patient privacy, difficult to remove all available tools and weapons; difficult to maintain observations that require more than one person e.g. 2:1 obs.
- Overstimulation on bigger wards can lead to a heightened risk of violence, overcrowding, lack of privacy and access to weapons
- More staff enable the safe management of violence and suicide risk as it allows for constant monitoring

Emergency Treatment

- The MHA 07 now states that when a patient cannot provide consent for treatment during a psychiatric emergency they can be removed to the least restrictive environment in order to receive treatment.

- If this patient had acute or chronically disturbed behaviour the most appropriate setting would be a PICU and not the community or an acute ward if their behaviour is unmanageable.

- If PICUs were abolished where would these patients go?

What can PICU offer that Crisis Resolution/Home Treatment can't?

- Patient centred 24 hour Nursing risk, needs assessment and MDT care planning implementation
- 24 hour patient centred suicide, violence and self harm management protocols (aided by CCTV)
- Regular and Direct observation and monitoring of patient response and adherence to medication regimen
- 24 hour illicit drug use prevention and monitoring procedures

Cont..

- Provide intensive 7 days a week MDT therapeutic programme
- Much greater level of safety and support for patients, staff and carers
- Such environment is a much more effective and safer balance between public protection and patient containment*

Examples of some creative guidance, and initiatives available to further improve PICU

- PICU accreditation system
- PICU and Low Secure Minimum Standards
- Improving Access to Psychological Therapies (IAPT)
- British Psychological Society Clinical Psychology branch recommend basic national inpatient standards for psychological therapy
- NICE guidance and various mental health difficulties

Cont..

- Star Wards based on Recovery Model (Janner, 2006)
- The Woodhaven Inpatient CBT Model (Clark and Wilson, 2008)
- Safe and Therapeutic Engagement in Psychiatric Services (STEPS)
- Providing safe and therapeutic Environments (PASE, Pathways PICU)

PICU the future

- Future PICU care provision will be designed in a way that clearly breaks from the grip of a reductionist biomedical approach. Staff and patients will be partners in PICU care delivery, more like ‘Us together’ than ‘Them’ and ‘Us’.

- PICU’s of the future will be more well controlled environments which provide intensive MDT, psychologically informed, therapeutic interventions and care pathways, for patients that cannot be safely managed by CRHT teams.

Recommendations

- We need a detailed critical analysis of the home/hospital treatment debate to be conducted; otherwise it will be impossible to know the relative merits of both approaches (Fear, 2007)

- Its a question of when to use PICU and when to use HT or CR. PICU should not be abolished or replaced.

- A Network of specially designed and accredited PICU's that are resourced and standardised in accordance with National Minimum Standards

Recommendations (continued)

- Need research into the roles, practice, organisation of PICUs versus acute wards to better understanding of the training resources required to manage each respective patient group.
- Need research into the clinical effectiveness of a PICU and acute ward admission.
- There is a pressing need to collect together examples of successful units and further refine the principles of what makes an in-patient unit work well for patients, staff and visitors.

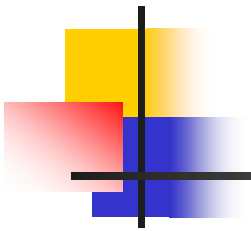
Cont ..

- If the existing interface between CR, HT, acute wards and PICU was improved, patient movement between services would increase. This would in turn minimise the need to redesign PICU services as patient recovery would become a seamless process.

- This would minimise occurrences of delayed discharge, inappropriate discharges, or inappropriate admissions or delayed admissions.

Cont..

- If the existing interface between CR, HT, acute wards and PICU was improved, patient movement between services would increase.
- This would in turn minimise the need to redesign PICU services as patient recovery would become a seamless process.
- This would minimise occurrences of delayed discharge, inappropriate discharges, and/or inappropriate admissions or delayed admissions.



Finished!

Any Questions?