



# napicu

national association of psychiatric intensive care & low secure units

**The National Association  
of Psychiatric Intensive Care  
& Low Secure Units  
(NAPICU)**



## THE NATIONAL ASSOCIATION OF PSYCHIATRIC INTENSIVE CARE & LOW SECURE UNITS (NAPICU)

The National Association of Psychiatric Intensive Care & Low Secure Units (NAPICU) is a truly multidisciplinary, clinician-lead organisation committed to the development of psychiatric intensive care (PIC) and low secure (LS) services.

The aim of NAPICU is to advance the care and treatment of people who require PIC and LS care in acute services. NAPICU achieves this through promoting and sharing good practice, providing education and training, encouraging clinicians to establish networks, and by undertaking research and audit.

### History

The creation of NAPICU was driven by the need for standard-setting in Psychiatric Intensive Care Units (PICU) and LS services. NAPICU was formally established in 1996 by Dr Dominic Beer, Dr Stephen Pereira and Carol Paton and began discussion among clinicians regarding standards of care, ethical issues, service specifications and patient profiles within PICU and LS services.

The disparity between units of that era was highlighted by a survey published in 1997 (Beer et al. 1997). A PICU policy, research and development group was established at the North East London Foundation Trust by Dr Stephen Pereira in 1999. This group conceptualised and initiated a project to develop the National Minimum Standards in psychiatric intensive care and low secure environments given the absence of such national standards in the UK. A multidisciplinary group of clinicians in the field of psychiatric intensive care and low secure care was established and produced clinical standards, which were subsequently adopted by the Department of Health in 2001. The National Minimum Standards in psychiatric intensive care units and low secure environments was launched as a policy implementation guide in 2002 (DOH 2002, editors Dr Stephen Pereira & Colum Clinton). This group also initiated the PICU and low secure practice development network to help units meet with the national standards. The main aim of the 2002 National Minimum Standards was to develop standards of psychiatric intensive care and low secure environments with a multidisciplinary and patient focus. The National Minimum Standards have influenced the successful development of psychiatric intensive care units and low secure environments in a standardised manner across the UK, whilst allowing for local creativity and innovation ultimately leading to high quality care for patients who find themselves in these environments.

After a lengthy process of engagement with all stakeholders these standards have now been revised and published in 2014 as the National Minimum Standards for Psychiatric Intensive Care in General Adult Services Updated 2014. Appendix 1 lists the sections contained within the National Minimum Standards of 2014.

NAPICU is also now in the process of undertaking another National Survey of PICU and LS care across the UK. The intention is that this will be combined with benchmarking tools to enable local services to assess their own performance against national data.

Since 1996 NAPICU has worked to achieve its aims by promoting: the development of PICU and LS services, the clinicians working within these services and most importantly by improving the experience of patients within these services.

## NAPICU EXECUTIVE COMMITTEE

The NAPICU Executive Committee (EC) is multidisciplinary and includes clinicians, managers, service user representatives and carers. The EC meets four times per year to take forward projects, respond to consultation documents and debate wider policy issues.

The current membership of the NAPICU EC is comprised of:

<b>Chair:</b>	Dr Stephen Pereira
<b>Vice Chair:</b>	Dr Faisal Sethi
<b>Treasurer:</b>	Mr Alan Metherall
<b>Deputy Treasurer:</b>	Ms Tina Benson
<b>Editor in Chief (Journal of PIC):</b>	Mr Roland Dix
<b>Director of Operations:</b>	Mrs Caroline Parker
<b>Director of Policy:</b>	Mr Mathew Page
<b>Director of Educational Programmes:</b>	Dr Aileen O'Brien
<b>Director of Research:</b>	Dr Stephen Dye
<b>Director of Scientific Programmes:</b>	Mr Thomas Kearney
<b>Deputy Director of Scientific Programmes:</b>	Dr Dinal Vekaria
<b>Patient Representative:</b>	Mr Bernard Fox
<b>Carer Representatives:</b>	Dr Ratna Sakya Mrs Padma Sakya
<b>Executive Member (Membership Lead):</b>	Mr Chris Dzikiti
<b>Executive Member (AIMS-PICU Lead):</b>	Mr Paul Deacon
<b>Executive Member (Communications Lead):</b>	Dr Daniel Hume
<b>Executive Members:</b>	Dr Paul Birkett Mr Andy Johnston Mr Peter Pratt

NAPICU has a membership of approximately seventy units across the United Kingdom. Over the past few years we have also seen a rise in individual professional memberships and international memberships from Australia, Belgium, Iceland, The Netherlands and Canada.

As a member of NAPICU, units are eligible for distinct benefits including:

- o Access to a large specialist network offering advice from internationally renowned experts in the field of PICU and LSU care.
- o Access to the members-only section of the NAPICU website, including presentations and videos from Local Quarterly Meetings and Annual Conferences.
- o Reduced delegate and group rates for the NAPICU Annual Conference
- o The invitation to enter the NAPICU Team of the Year Award and Poster Presentations at the Annual Conference.
- o NHS Members are offered the opportunity to promote their trust at the Annual Conference
- o Free attendance for 5 staff at all high quality educational international and Local Quarterly Meetings and the opportunity to host Quarterly Meetings.
- o Free subscription, including online access, to the Journal of Psychiatric Intensive Care
- o Support to take forward research projects and publish findings in the Journal of Psychiatric Intensive Care
- o Support to take forward research projects and publish findings in the Journal of Psychiatric Intensive Care
- o The opportunity to share ideas and good practice with other PICU / LS clinicians
- o Eligibility to work with and join the Executive Committee
- o First-hand knowledge of critical issues affecting policy and practice of PICU and LS care
- o Access to CPD questions via the members-only section of the NAPICU website

### **The Governance Network and AIMS-PICU Accreditation**

In the implementation section of the National Minimum Standards of 2002, mention is made of the development of a PICU / LS Practice Development Network being a way to monitor implementation of the standards. To achieve this end this project was conceptualised by Dr Stephen Pereira and he made a successful bid for a research grant from the National Institute for Mental Health in England (NIMHE), money was secured for one year to pilot and develop a system in which individual service improvements could be shared and implemented by PIC and LS services on a wider basis.

This developed into a Governance Network focusing on eight units around England, concentrating on four themes: multidisciplinary working, diversity, service user / carer involvement and emergency response (psychiatric and physical), using the National Minimum Standards as a benchmark.

The Network continued for a second year and led to the development of the Psychiatric Intensive Care Advisory Service which gave advice and help to many individual units in a similar fashion to the Network. This was in collaboration with the Royal College of Psychiatrists and could be seen as the forerunner to the AIMS-PICU accreditation system (described below).

NAPICU has worked with the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) to devise a quality framework tool for PICUs; the AIMS-PICU Standards Document. The CCQI's national initiatives set standards for the organisation and delivery of mental health services. The CCQI has developed a standards-based accreditation service to improve the quality of care in psychiatric wards; this is the Accreditation for Inpatient Mental Health Services (AIMS). AIMS-PICU promotes local accountability and focuses on the development of PICU services. AIMS-PICU as a quality assurance and monitoring tool can drive service improvement and support the commissioning of services. NAPICU works in partnership with the CCQI to update these standards on a regular basis providing up-to-date expertise and the latest evidence base in PICU practice. Appendix 2 gives details of the AIMS-PICU accreditation standards.

### **The Journal of Psychiatric Intensive Care and Low Secure Units**

Published bi-annually, the Journal of Psychiatric Intensive Care and Low Secure Units is the official publication of NAPICU in association with Cambridge University Press. The Journal has gone from strength to strength since its inception in 2005, and to this day is the only worldwide journal in this area of clinical practice. The Journal's editorial board includes eight members of the NAPICU Executive Committee alongside nineteen leading international contributors. The membership of the editorial board reflects the strength of NAPICU as a truly multidisciplinary organisation.

The Journal is devoted to issues affecting the care and treatment of people with mental disorder who manifest severely disturbed mental or behavioural functioning. It serves the interests of all professionals concerned with these topics whether they work in PICUs, LS services, acute inpatient wards, challenging behaviour services or emergency psychiatry. The content of the Journal includes editorials, original articles / papers / research, correspondence, case reports, notices, review articles and commentaries. Preference is given to original research articles of a high scientific quality.

Appendix 6 lists all published articles. Over one hundred and fifty have been published in ten volumes (nineteen issues) between 2005 and 2014. The Journal is currently registered with several academic databases and NAPICU is collaborating with Cambridge University Press to apply for formal registration with all the major academic databases, including Medline.

**The Textbook: Psychiatric Intensive Care, 2<sup>nd</sup> Edition 2008**

The first edition of the textbook was published in 2001 and the 2<sup>nd</sup> edition in 2008. It was edited by Dr Dominic Beer, Dr Stephen Pereira and Carol Paton. The book was significantly expanded in the 2nd edition and is essential reading for all healthcare professionals and managers involved in the care of mentally ill patients in intensive care and LS environments. Appendix 3 lists the contents of the textbook. NAPICU realises principles, practice and policy in healthcare are dynamic processes, and has already started formulating the project management plans for the next edition. The next edition is currently undergoing the process of revision and updating.

**NAPICU Local Quarterly Meetings**

Whilst it is important to maintain a national presence, NAPICU is committed to remaining close to its member units, so as to extract fresh opinions and ideas and reflect experience on the ground as the basis for innovation. The Local Quarterly Meetings allow teams to develop local networks, showcase best practice, debate innovation and consider the national perspective.

The first regional meetings were held in 1997, and by 2000 they had become a quarterly event.

NAPICU has traversed the UK and held over fifty meetings jointly with services in the NHS and private sector organisations, across the spectrum of secure services (general, low, medium and high secure). In February 2010 NAPICU jointly hosted its first international Quarterly Meeting in Belgium. In May 2014 a further International Quarterly Meeting was hosted by NAPICU and Landspítali University Hospital, Iceland. The aim is to jointly host at least one international meeting every year. Appendix 4 details the content and themes of previous Quarterly Meetings.

**NAPICU Annual Conferences**

The NAPICU Annual Conference is the centrepiece of NAPICU's activities throughout the year. The conference themes over the years have reflected critical issues of the time and there is a balance between PICU and LSU focussed material. Delegates are an eclectic multidisciplinary group including: psychiatrists, nurses, occupational therapists, psychologists, psychotherapists, social workers, pharmacists, managers, service user representatives, commissioners and others. There are usually between 175 and 250 people attending, which afford everybody the unparalleled opportunity to network within a diverse pool and share ideas. Appendix 5 lists the topics covered at most of the conferences since 2002.

National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments (NAPICU, 2014)

**Contents****STANDARDS**

1. Definitions
2. Admission Criteria
3. Core Interventions
4. Multidisciplinary Team Service Structure and Personnel
5. Operations and Clinical Leadership
6. PICU Care Pathways
7. Physical Environment
8. Patient Involvement
9. Carer Involvement
10. Documentation
11. Ethnicity, Culture and Gender
12. Supervision
13. Liaison with Other Agencies
14. Policies and Procedures
15. Clinical Audit and Monitoring
16. Staff Training
17. Continuing Professional Development
18. Security and Risk Assessment
19. PICU Support and Infrastructure
20. Other Types of Psychiatric Intensive Care
21. Staffing Levels

Appendix 1: Staff Training

Appendix 2: Places of Safety (where operationally overseen by a PICU)

AIMS-PICU is a partnership between NAPICU and the CCQI that works to assure and improve the quality of care in PICUs. It engages staff and service users in a process of review, through which good practice and quality care are recognised, and services are supported in identifying and addressing areas for improvement. Accreditation assures staff, service users, carers, commissioners and regulators of the quality of service being provided. The complete set of standards is aspirational. Services are not expected to meet every standard, and services can still be accredited as excellent without meeting all standards.

The standards cover five domains with sub sections outlined in the table below:

General Standards	Policies and protocols; staffing; recruitment and retention of staff; appraisal, supervision and staff support; staff education and training; advocacy; compliments and complaints; smoking
Timely and Purposeful Admission	Timely and purposeful admission; control of bed occupancy; admissions systems; admissions process; initial assessment and care planning; carers; continuous assessment; reviews; liaison with other units; discharge planning
Safety	Safety; observation; management of violence' management of alcohol and illegal drugs
Environment and Facilities	Safety; security; alarm systems; medical equipment; confidentiality; seclusion' use of rooms and space; catering' dignity; patient comfort; provision of information; activity equipment; outside space; staff
Therapies and Activities	Medication; engagement; staffing; psychological interventions; provision of activities and therapies; group activities and therapies; external activities and therapies

The standards are aligned with: Department of Health Policy Implementation Guides; the findings of the Confidential Inquiry into Suicide and Homicide; NICE guidance; recommendations by NHS Estates and the Royal College of Psychiatrists about ward design; the National Patient Safety Agency's Safer Wards for Acute Psychiatry Initiative; recommendations arising from the National Audit of Violence.

Wards are diverse and it is recognised that, for example, high quality care does not require a new purpose-built ward. Therefore, services are categorised against each standard at one of three levels:

Level 1: Failure to meet these standards could result in a significant threat to the safety, rights or dignity of service users and / or would breach law, these standards must be met for a ward to be accredited

Level 2: Standards an accredited ward would be expected to meet

Level 3: Standards an excellent ward should meet or standards that are not the direct responsibility of the ward

The standards were developed from a literature search and in consultation with all professional groups involved in the provision of acute inpatient mental health services, and with service users and their representative organisations.

The book is in three sections. The first addresses the definition of PICU / LS and therapeutic interventions used within. The second discusses interfaces between PICU and LS services. The third looks at management and standards. Many chapters are written by NAPICU Executives or members.

### Part I: Therapeutic Interventions

1. Psychiatric intensive care – development and definition.
2. Management of acutely disturbed behaviour.
3. De-escalation.
4. Rapid tranquilisation.
5. Pharmacological therapy.
6. Psychological approaches to the acute patient.
7. Psychological approaches to longer-term patients presenting with challenging behaviours.
8. Seclusion – past, present and future.
9. Restraint and physical intervention.
10. The complex needs patient.
11. Therapeutic activities within Psychiatric Intensive Care and Low Secure Units.
12. Risk assessment and management.

### Part II: Interface Issues

13. The provision of intensive care in forensic psychiatry.
14. The interface with forensic services.
15. Supporting people with learning disabilities on general psychiatric wards, PICUs and LSUs.
16. The interface with general psychiatric services.
17. The interface with child and adolescent mental health services (CAMHS)
18. Severe mental illness and substance abuse.
19. Social work issues in PICUs and LSUs.
20. User and carer involvement.

### Part III: Management of the Psychiatric Intensive Care Unit/Low Secure Unit

21. Setting up a new Psychiatric Intensive Care Unit: principles and practice.
22. Physical environment.
23. Managing the Psychiatric Intensive Care Unit.
24. Multidisciplinary teams within PICUs / LSUs.
25. National standards and good practice

## APPENDIX 4: REGIONAL QUARTERLY MEETING CONTENT / THEMES

The average attendance at Local Quarterly Meetings, based on statistics from 2005 – 2014 is 66. Themes presented have included a multitude of critical issues that impact PICU and LSU services, the professionals working within them and the patients being treated.

The bar chart below displays the nature of the themes discussed or presented in sessions

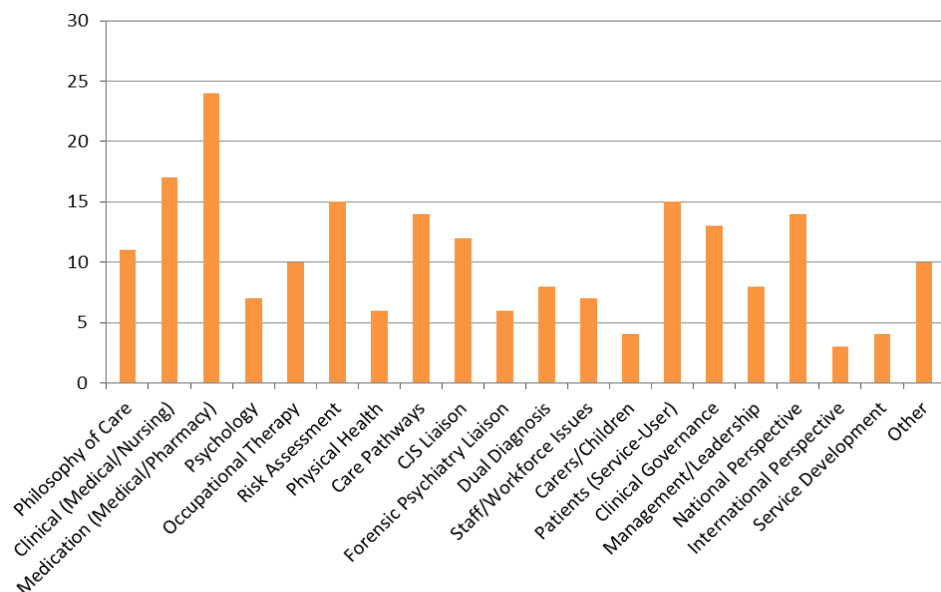


Figure 1: Themes Presented/Discussed At Local Quarterly Meetings (2005-2014).

This data has been collated using the programmes from the 32 Local Quarterly Meetings held in 2005 – 2014. 208 sessions were categorised for the purpose of this analysis.

## APPENDIX 5: NAPICU ANNUAL CONFERENCES (2002 – 2012)

### 2002: The 7<sup>th</sup> Annual NAPICU Conference – University of Edinburgh

Theme: The Dynamic Psychiatric Experience

Topics: National Survey – Patient Characteristics; DOH National Standards; Clinical Trials Network; The Impact of Clinical Outcomes on Patient Satisfaction; Visits on the PICU; Rapid Tranquilisation; Typical and Atypical Antipsychotics; Psychopathic Personality Disorder and Violence

### 2003: The 8<sup>th</sup> Annual NAPICU Conference – Olympia Conference Centre, London

Theme: The Dynamic Psychiatric Experience

Topics: UK and Worldwide Development of PICUs and LSUs; the Future of Inpatient Care; Clinical Guidelines; The Patient's View of the Ward; Relapse Prevention and Acute Management; Psychiatric Observation; Occupational Therapy in PICU and LSU; Police Liaison; The Forensic Interface; Managing Acute Schizophrenia and Mania; Rapid Tranquilisation; Ethnicity in PICU; Rating Procedures for Violence in the PICU; National Survey of PICU and LSUs; Managing Severe Mental Illness and Substance Abuse in PICUs; Managing Violence – Historical Perspective; UKCC Guidelines on Managing Violence; PICU Patients with Learning Disabilities; Adolescents in the PICU

### 2004: The 9<sup>th</sup> Annual NAPICU Conference – Manchester Metropolitan University

Theme: Good Practice

Topics: Rapid Tranquilisation; Psychosis: From Acute Management to Longer Term Treatment Paradigm; Tranquilization Medication and Restraint; Occupational Therapy for PICU; The Significance of Law in PICU Practice; Patient Care in the PICU Setting; Good Nursing Practice and Observation Policies; Agenda for Change; Cultural Dimensions of Care within PICU; Clinical vs. Physical Restraint; PICUs and Developments in Mental Health Nursing; Spirituality; Psychology in PICU; Ethnic Sensitivity in PICUs

### 2005: The 10<sup>th</sup> Annual NAPICU Conference – RSAMD, Glasgow

Theme: NICEly Governing Practice

Topics: National PICU Governance Network; Risk and Mental Health Care; Compliance and Long-Term Outcomes in Schizophrenia; Change Implementation; Management of Violence (Nursing Perspective); Outcome Measure in Schizophrenia; Rapid Tranquilisation; Mental Health Law; Mental Illness and Substance Misuse; Policy Agenda in Mental Health; Gender and Women's Mental Health in PICUs; Environments in Mental Health and Learning Disability Settings

### 2006: The 11<sup>th</sup> Annual NAPICU Conference – Swansea University

Theme: Dual Diagnosis in PICU

Topic: Organisational Approaches to Managing Violence; Managing Aggression (Service-User Perspective); Dual Diagnosis; Dog Searches in a Forensic Setting; PICU Governance Network; PICUs – A Smoke Free Environment; Cannabis and Psychosis; Psychopharmacology of Treatment-Resistant Schizophrenia

### 2007: The 12<sup>th</sup> Annual NAPICU Conference – Loughborough University

Theme: Healthier PICUs

Topics: Mental Health Policy in the Post Blair World; Prospective Audits of Patient Demographics and Treatment; Sport and Activity Therapy; A Healthy Mind in a Healthy Body; Star Wards; Reach4Dance at Roehampton; Benefits of Therapeutic Activity and Fitness; Mental Health and Smoking; Physical Health in People with SMI; The Future Regulation of Health and Adult Social Care; The Tarn Unit Sports Project



APPENDIX 5:  
NAPICU ANNUAL CONFERENCES

**2008: The 13<sup>th</sup> Annual NAPICU Conference – Lancaster University**

Theme: PICU – The Next Generation

Topics: HCC's National Review of NHS Acute Inpatient Mental Health Services; Market Forces; Inner City PICU; Living With Voices Groups in a PICU; Implications of the Changes in the MHA and MCA; Aripiprazole in the Management of Acutely Disturbed Behaviour; The Role of the Specialist PICU; Advances in Medications Used in PICUs; The Medical Emergency Response Team; PICUs as Labs for the Development of Future Psychiatric Nursing Science; Who Decides Admission and Discharge from a PICU?

**2009: The 14<sup>th</sup> Annual NAPICU Conference – Warwick University**

Theme: Quality and Outcomes

Topics: Definitions and Concepts in PICU and LSU, Productive Ward Project, The Medicines Management 360 Tool; The PICU Environment; The Amended MHA; Animal Assisted Therapy in PICUs and Low Secure Units; The Effect of PICU on Local Mental Healthcare Provision in Bruges; The Economic Climate within Mental Health; PICU / LSU and its Interface with the Criminal Justice System; Antisocial Acts Committed by Patients on Wards; Quality Agenda and Treatment Outcomes; Methods of Containment and Control in Secure Settings; Rapid Tranquilisation; Physical Restraint; Seclusion; Innovation – Dragons' Den

**2010: The 15<sup>th</sup> Annual NAPICU Conference – University of York**

Theme: Improving the Patient Experience

Topics: AIMS-PICU: The Standards; The Future of the Low Secure Service; Service User Experience of Intensive Mental Health Care; Leadership in the PICU; Prescribing Trends in Secure Services Based on Gender; Mental Health Law: Community Treatment Orders; The Recovery Model; Depot Medication; Seclusion; Learning from a Homicide Inquiry; Improving the Patient Experience (Dutch Perspective); Ethnicity and Pathways into PICU; Adolescent PICU; Women's PICU; PICU in Forensic Services (Medium Secure and High Secure); Innovation – Dragons' Den

**2011: The 16<sup>th</sup> Annual NAPICU Conference – University of Gloucestershire**

Theme: PICUs and LSUs Working in Partnership – Delivering the QIPP Programme

Topics: The Governments Mental Health Strategy; Levels of Security within Mental Health Services; Assessing Fitness to Plead and Fitness to be Interviewed; 'Essentials' – building blocks for the development of healthcare professionals; Personal Health Budgets; Post RT Monitoring - quality evidence based practice?; AIMS: the next steps; Risk Clinics; Introducing the PIRATE System; Serious Untoward Incidents - internal reviews and investigations; A Matter of Concern - Opportunities and Ideas; The Use of Section 136 and Mental Health Admissions; PICUs / LSUs: a design for living, Psychiatric Emergency Services: The Belgian Experience; Writing for Journal Publication; The PICU / Forensic Interface; Multi-Agency Working; Innovation – Dragons' Den; Team of the Year; Poster Session

**2012: The 17<sup>th</sup> Annual NAPICU Conference – University of Manchester**

Theme: Low Secure and Psychiatric Care: Pathways to High Quality Acute Inpatient Care

Topics: Aiming for Efficient and World Class Secure Care; National Benchmarking Data; What are PICUs for and by What Outcomes can they be Evaluated?; Mental Health Law Update; AIMS-PICU – the next steps; Benchmarking and Peer Review of PICUs across Greater Manchester; Architectural and Environmental Aspects of PICU Design; What is a High Quality Productive Multi-Disciplinary Team Ward Round?; What Does High Quality Care Look Like?; Standard-Setting Guidance and National Policy; Developing Junior Doctors in PICUs and LSUs; Physical and Mental Health in PICU; Doing No Harm; Milestones to Recovery; Using GPS to Improve Leave Safety; Clinical Leadership: Personal Principles / Corporate Imperatives; The Carer's Perspective; Innovation – Dragons' Den; Team of the Year; Poster Session

APPENDIX 5:  
NAPICU ANNUAL CONFERENCES

**2013: The 18<sup>th</sup> Annual NAPICU Conference – University of Keele**

Theme: The Essence of Care in Inpatient Psychiatry – Future Directions

Topic: Compassionate Care in Psychiatry; Implementing Parity of Esteem Between Mental and Physical Health; Evidence Based Practice – How are you Influenced?; Supervised Confinement and Observation; AIMS-PICU: The Next Steps; Psychodynamically Informed Approaches in a LSU/PICU Setting; Managing Violent Incidents on Acute Wards/PICUs – Measuring Incident Management Practice Against NICE CG25 Standards; Working in a Female PICU; The Bröset Checklist; Coercive Interventions During Inpatient Psychiatric Care: Patient's Preference, Prevention and Effects; The Belgium PICU Perspective; An Interview with a Patient; New Child and Adolescent PICU Standards; The Technology of Containment in PICUs and LSUs; The Technology of Medicines; The Physical Environment and Implications for PICU Design; Can a Building Make Me Better?; Service User or Patient?; Team of the Year; Poster Session

**2014: The 19<sup>th</sup> Annual NAPICU Conference – University of Birmingham**

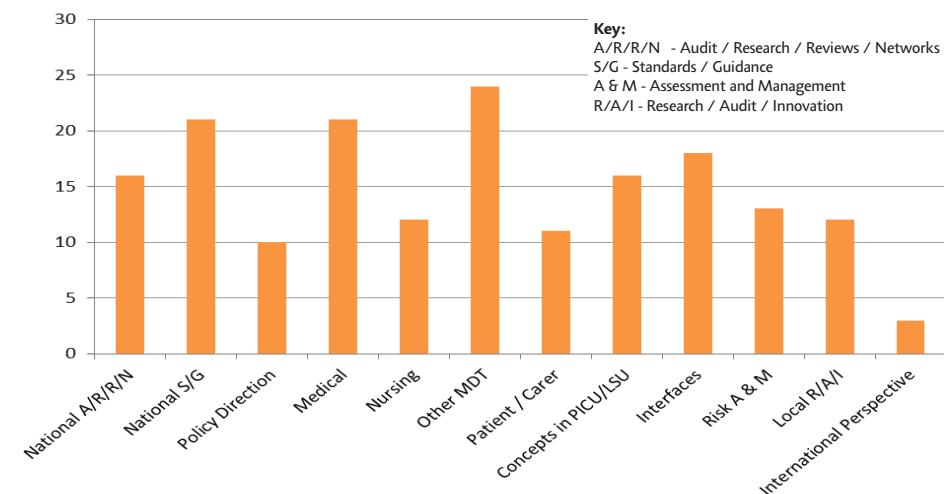
Theme: PICUs / LSUs: Leading the Pursuit of Clinical Quality

Topics: Strategic Direction of National Mental Health in Relation to Low Secure Care and PICU; Compassionate Care and National Reports; NAPICU Online and E-Resources; Positive, Safe & Proactive Care: Reducing the Need for Restrictive Interventions; Requirement to Protect True Psychiatric Intensive Care Thresholds; Patient Experiences; The Boundary Seesaw Model; AIMS-PICU; How Different is Quality Performance Between PICUs?; Updated National Minimum Standards for PICU and PICU Commissioning Guidance; Developing National Minimum Standards for CAMHS-PICU; Safe Wards Study; Preventing Occupational Morbidity and Promoting Health and Well Being in PICU Staff; Carers Clinics Pilot; The Management of Fire Setting; Psychopharmacology: Improving Patient Experience of Medicines in Secure Settings; Locked Rehabilitation; Inspections for PICU/LSU: Expected Standards in Quality; What Does Quality Mean to the Multi-Disciplinary Team?; Team of the Year; Poster Session

**2015: The 20<sup>th</sup> Annual NAPICU Conference – University of Warwick**

Theme: TBC

The bar chart below displays the nature of the themes discussed or presented in 177 sessions at the 12 Annual Conferences held in 2002 - 2014.



APPENDIX 6:  
CONTENTS OF THE JOURNAL OF PSYCHIATRIC INTENSIVE CARE

**Journal of Psychiatric Intensive Care. Volume 1(1) – NAPICU 2005 :**

- Dix R (2005) Psychiatric intensive care and low secure units past, present and future – introducing the Journal of Psychiatric Intensive Care. p1-2
- Dye S, Johnston A (2005) After the standards ... a gaping cavity filled by Clinical Governance. p3-5
- Pereira S M, Sarsam M, Bhui K, Paton C (2005) The London Survey of Psychiatric Intensive Care Units: service provision and operational characteristics of National Health Service units. p7-15
- Pereira S M, Sarsam M, Bhui K, Paton C (2005) The London Survey of Psychiatric Intensive Care Units: psychiatric intensive care; patient characteristics and pathways for admission and discharge. p17-24
- Beer D, Turk V, McGovern P, Gravestock S M, Brooks D, Barnett L, Orr D (2005) Characteristics of low secure units in an English region: audit of twenty mental health and learning disabilities unit for patients with severe challenging behaviour. p25-28
- Beer D, Turk V, McGovern P, Gravestock S M, Brooks D, Barnett L, Orr D (2005) Characteristics of patients exhibiting severe challenging behaviour in low secure mental health and mild learning disabilities units. p29-35
- Buckle D (2005) Social work in a secure environment: towards social inclusion. p37-43
- Dawson P, Kingsley M, Pereira S (2005) Violent patients within Psychiatric Intensive Care Units: treatment approaches, resistance and the impact upon staff. p45-53
- Johnston A (2005) NAPICU activity and PICU / Low Secure news. p55-60

**Journal of Psychiatric Intensive Care. Volume 1(2) – NAPICU 2005**

- Laidlaw J, Buckle D (2006) Informal patients in secure wards: restriction on movement or deprivation of liberty? p61-63
- Dix R, Pereira S M, Chaudhry K, Dale C, Halliwell J (2006) A PICU/LSU Environment Assessment Inventory. p65-69
- Pereira S M, Chaudhry K, Pietromartire S, Dale C, Halliwell J (2006) Design in Psychiatric Intensive Care Units: problems and issues. p70-76
- Sebastian C, Beer M D (2006) Physical health of psychiatric patients admitted to a low secure challenging behaviour unit. p77-83
- Pereira S, Paton C, Walkert L M, Shaw S, Gray R, Wildgust H (2006) Treatment of acute behavioural disturbance: a UK national survey of rapid tranquilisation. p84-88
- Page M J (2006) Low secure care: a description of a new service. p89-96
- Dye S, Johnston A, Pereira S (2006) The National Psychiatric Intensive Care Governance Network 2004 – 2005. p97-104
- Paton C, Okacha C (2006) Pharmacological treatment of borderline personality disorder. p105-116
- Chopra S, Jabber F, Pereira S, Laidlaw J, (2006) Anticonvulsant hypersensitivity disorder. p117-120
- Johnston A, (2006) NAPICU activity and PICU / Low Secure news. p121-129

APPENDIX 6:  
CONTENTS OF THE JOURNAL OF PSYCHIATRIC INTENSIVE CARE

**Journal of Psychiatric Intensive Care. Volume 2(1) – NAPICU 2006**

- Pereira S, Dalton D (2006) Integration and specialism: complementary not contradictory? p1-5
- Pereira S, Dawson P, Sarsam M (2006) The National Survey of PICU and Low Secure Services: 1.Patient characteristics. p7-12
- Pereira S, Dawson P, Sarsam M (2006) The National Survey of PICU and Low Secure Services: 2.Unit characteristics. p13-19
- Metherall A, Worthington R, Keyte A (2006) Twenty four hour medical emergency response teams in a mental health in-patient facility – new approaches for safer restraint. p21-29
- Wynn R, Myklebust L-H, Bratlid T (2006) Attitudes to coercion among health-care workers and the general public in Norway. p31-37
- Holtmann M, Hartling F, Poustka F (2006) Risperidone-induced acute pancreatitis. p39-41
- Pridmore S (2006) Involuntary hospitalisation: old and new. p43-45
- Johnston A (2006) NAPICU activity and PICU / Low Secure News. p47-54

**Journal of Psychiatric Intensive Care. Volume 2(2) – NAPICU 2006**

- Freeth R (2007) Focusing on relationship – is there room for another paradigm in Psychiatric Intensive Care? p55-58
- Onyon R, Khan S, George M (2007) Delayed discharges from a psychiatric intensive care unit – are we detaining patients unlawfully? p59-64
- Beer D M, Khan A A, Ratnajothy K (2007) The effect of Clozapine on adverse incidents in a low secure challenging behaviour unit. p65-70
- Pereira S, Fleischhacker W, Allen M (2007) Management of behavioural emergencies. p71-83
- Mulder W, Dekker J, Gijsbers van Wijk, C (2007) Psychiatric emergency services in Amsterdam: experience of setting up a temporary admissions unit to manage acute admissions in a metropolitan area. p84-89
- Baker J A, Munro S L (2007) Factors influencing acuity within inpatient mental health care. p90-96
- Roberts S H, Woodall A A, Bedson E, Menkes D B (2007) Emergency psychiatric assessments: effect of accessing clinical records on outcome. p97-102
- Stevenson G S, Menon A, Gallacher N (2007) A psychiatric intensive care unit for older adults. p103 - 110
- Seligman M, Feery D (2007) Seclusion: Lord Steyn's Lament. p111-117
- Pridmore S, McInerney G, Rybak M, Archer S (2007) Psychotic disorder NOS with heterotopia. p118- 121
- Verner L J, Kollmar C L, Dietrich D E (2007) Neuroleptic malignant syndrome or haloperidol toxicity: a case report and differential diagnosis. p122-125
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NAPICU Administrative Office  
Glenfinnan Suite, Braeview House, 9/11 Braeview Place, East Kilbride, Glasgow G74 3XH  
Tel: 01355 244 585 Fax: 01355 249 959 Email: [info@napicu.org.uk](mailto:info@napicu.org.uk) Website: [www.napicu.org.uk](http://www.napicu.org.uk)