

EDITORIAL

The PICU: personality without disorder

Roland Dix, Editor-in-Chief

Wotton Lawn Hospital, Gloucester, UK

Correspondence to: Roland Dix, journal@napicu.org.uk

The psychiatric intensive care unit (PICU), like a living, breathing complex being, will have its own character defining ‘the way things are done here’.

This character evolves through shared experiences within the unit, resulting in the development of collective unit values and expectations. This will of course, profoundly affect the way it is perceived by others. This paradigm is similar to how we might consider a person whose personality, as experienced by others, has developed and is expressed on the basis of expectations and values. If we imagine the PICU as a person, it may be perceived as a person with two very different, even polarised, personalities.

One experience of the PICU’s personality may be felt by patients and staff as ‘firm but fair’, with a regime that needs to engender an atmosphere of order, predictability and control. The vocabulary heard from this personality often includes terms such as ‘rapid tranquilisation’, ‘restraint’, ‘risk reduction’, ‘observation’, ‘seclusion’. These terms frequent the PICU’s language because of its core identity and purpose in maintaining safety and engaging with acute disturbance, in order to contain disturbed behaviour. For me, confirmation of this is represented by the fact that over the last year, I have been involved in developing practice guidance for the use of the seclusion room, helped with research in the area of searching patients for concealed weapons and also assisted in the development of training for rapid tranquilisation.

A credible argument could be advanced that UK inpatient services have seen an increasing emphasis on security and containment over the past decade. This emphasis may have arisen from a sense of duty to maintain safety and reduce untoward incidents. While these are necessary aims, they can lead to increased restriction with the cost of reduced liberty and therapeutic opportunities for the patients.

Within the UK, the last 20 years has borne witness to



many, previously open, mental health inpatient facilities being locked and the reintroduction of uniforms for the staff. In some units, the installation of standard observation regimes requiring staff to patrol inpatient wards with a clipboard ticking off their sighting of patients, in some cases as frequently as every half-hour. Regimes that include the blanket removal of all mobile phones, belts and laces are common. In some units even toilet paper is controlled and restricted to four sheets per visit. Many of these measures have been implemented in pursuit of increased safety following serious incidents.

Most of us in the PICU clinical community, including patients who need PICU services, would agree that approaches promoting safety, security and containment are necessary facets of a PICU service, without which people would be unacceptably allowed into harm’s way. That said, how does a PICU decide and define how far the safety and containment side of its personality should translate into specific rules, regulations and procedures? The answer to this question will inevitably affect the daily lives of its patients and staff. Also, it will profoundly affect

the extent of therapeutic opportunities that are available. All too often, it is not the unit's staff or patients who have a great deal of control over the extent of containment the unit implements. A single serious incident, the individual experiences of senior managers and the requirements to offer protection against litigation often have direct influence over the regimes offered in PICUs. All this can result in some measure of dissatisfaction in the character of the PICU. Or is it that we are just focusing on just one aspect of the PICU personality?

In contrast to this innate need for containment and control, a PICU can also have a different aspect to its personality. This other side of the personality, equally if not more observably than the need to control, aims to present as affable, engaging, caring and determined to achieve a trusting relationship with patients and their families. This personality involves enthusiasm for helping others, the ability to demonstrate high levels of emotional intelligence leading to in-depth understanding of patients' inner worlds. It attempts to be accepted as a trusted companion willing to walk alongside and support patients during a very troubled period in their lives. The environment within which this can be achieved often requires the polar opposite of containment and control. It requires opportunities for freedom of expression and thought, engagement in meaningful activity. Moreover, it requires the confidence to take risks in cultivating opportunities for activity, expression and positive experience to define daily life within a PICU.

How does a PICU decide and define the extent to which this side of its personality will translate into specific behaviour, allowing for risks to be taken and achieving balance with its controlling instincts? This edition of the *Journal of Psychiatric Intensive Care* aims to offer to assistance in answering this question.

The *Journal of Psychiatric Intensive Care* is pleased to offer a number of persuasive papers on issues such as mindfulness, creativity and inclusion. This issue aims to celebrate the value of purposeful activity, persuasively advanced by Taube-Schiff et al. (2016) and Hickey (2016). These authors provide inspiration for how the PICU could further develop its engaging personality, offering balance to the side that is preoccupied with containment and control.

To further underline the essential need for PICUs to remain curious and capable in matters of patients' personal struggles, I would urge you to read Taylor et al. (2016) who explore the often overlooked issue of the experience of the patient's wider family. Reading the papers in this issue of JPI caused some reflection and debate within our editorial staff.

Is it possible that the two distinctly different aspects of personality required to operate a successful PICU are, in fact, not so polarised after all? Could it be that the more understanding, therapeutic opportunity and meaningful engagement the PICU is able to offer results in a correlated decreased need for the control and containment? More containment and control may not necessarily result in more safe and predictable recovery. Professor Len Bowers (2006) reminded us that units with proportionately increased containment behaviours do not result in equally proportional increases in safety or reduction in disturbance.

In the UK, the revision of the Mental Health Act Code of Practice last year provided renewed and determined emphasis on the reduction of blanket policies within inpatient services (Department of Health, 2015). Also, the UK Department of Health has been leading a national programme to reduce restrictive interventions and establish national standards governing their use. In recent years, the UK has been on the brink of a renaissance in the domain of reducing restrictive practice. Recently, many units have started looking to increase emphasis on purposeful engagement and providing the opportunities for trusting relationships leading to therapeutic engagement so ably described within these pages of this issue.

While most would welcome renewed energy on reducing restrictive practice, it may be necessary to go even further and suggest that the difficult balance between containment and opportunity has for too long been weighted disproportionately on the former. Join with us in expressing the PICU's engaging rather than controlling personality by submitting to *JPI* your ideas and experiences.

References

- Bowers, L. (2006) On conflict, containment and the relationship between them. *Nursing Inquiry*. 13(3): 172–180.
- Department of Health (2015) *Mental Health Act 1983: code of practice*. London: The Stationery Office. <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>
- Hickey, R. (2016) An exploration into occupational therapists' use of creativity within psychiatric intensive care units. *Journal of Psychiatric Intensive Care*. Published online 8 April. doi: [10.20299/jpi.2016.011](https://doi.org/10.20299/jpi.2016.011)
- Taube-Schiff, M., Carroll, A. and Flogen, S. (2016) The development of a modification of behavioural activation as a solution to reduce patient boredom in a PICU: overcoming patient and staff challenges. *Journal of Psychiatric Intensive Care*. Published online 23 May. doi: [10.20299/jpi.2016.013](https://doi.org/10.20299/jpi.2016.013)
- Taylor, R., Mellotte, H., Griffiths, M., Compton, A. and Valsraj, K. (2016) Carers matter: promoting the inclusion of families within acute inpatient settings. *Journal of Psychiatric Intensive Care*. Published online 27 May. doi: [10.20299/jpi.2016.014](https://doi.org/10.20299/jpi.2016.014)