A psychiatric intensive care unit (PICU) is a hospital ward dedicated to the short-term management of people in an acutely disturbed phase of a serious mental disorder who cannot be safely managed in a general ward.

Core features include a high staff to patient ratio and a secure physical environment. Patients are usually detained under the Mental Health Act 1983 and are often admitted because of the risk of aggression.

**What is a PICU?**

- The PICU is both a clinical service and a unit which combines an expertly staffed team in high ratios with an optimally designed clinical setting, able to safely and therapeutically manage acute disturbance.
- Patients in the PICU have a loss of capacity for self-control with a corresponding increase in risk which does not enable their safe, therapeutic management and treatment in a less acute and/or secure in-patient ward.
- The PICU is a locked environment. PICU security is provided through four related dimensions: physical, procedural, relational and via the treatment model.

**Who is admitted to a PICU?**

- The ‘typical’ patient in the PICU is male and has a primary diagnosis of schizophrenia.
- PICU patients often have a forensic history and once admitted to the PICU are more likely to be violent than patients on acute wards.
- Most PICUs accept prisoners who are transferred.

**Interventions in the PICU**

- The PICU should ensure that patients are provided with a service that is: intensive, multidisciplinary, therapeutic and evidence-based.
- Interventions in the PICU include biological interventions, seclusion, control and restraint, psychological and substance misuse interventions, a ward-based activity programme and social interventions.
- Everyone being admitted should be offered a physical examination, admission blood tests, ECG and urine drug screen.
- Polypharmacy and high dose medication should be avoided.
- Nursing observation is used to safely manage acute disturbance and post-rapid tranquilisation monitoring, but once any physical or clinical risk is minimised, the focus should be on engagement.

**Outcomes and standards in the PICU**

- Psychiatric intensive care has been subject to best practice guidelines since the publication of national minimum standards by the Department of Health in 2002.
• AIMS-PICU was developed as a partnership between the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) and the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) to assure and improve the quality of care in psychiatric intensive care units.

• The Quality Network for Psychiatric Intensive Care Units (QNPICU) standards were developed to replace AIMS-PICU and to assess the quality of PICUs via a process of accreditation, incorporating elements of self and peer-review. QNPICU standards cover: admission and assessment; care planning and treatment; referral, discharge and transfer; patient and carer experience; workforce; environment and facilities and governance.

Multidisciplinary working in the PICU

• Multidisciplinary team working is at the heart of good PICU services. The team is usually made up of a consultant psychiatrist and trainee psychiatrists, a senior nurse manager and team of ward nurses, an occupational therapist, a pharmacist and professionals offering associated therapies (e.g. music therapy, art therapy, dance therapy, yoga and exercise).

• The role of the PICU consultant psychiatrist involves being a clinical expert in the management of severe acute disturbance and experience of multi-agency working, especially with the criminal justice system and colleagues in forensic services.

The PICU interfaces

• The key interface for the PICU is the general adult psychiatry ward. Most PICU patients will be transferred from PICU to the general adult psychiatry ward as the next step in the pathway to recovery and ultimate discharge from hospital detention.

• There are a number of activities on the PICU which involve interaction with the police, courts and prisons. The PICU also provides guidance to less secure services about the criminal justice system.

Further reading

Bowers L (2006) Psychiatric Intensive Care Units, a Literature Review. City University. [PDF]


