Psychiatric Intensive Care
Second edition

Significantly expanded and updated from the first edition Psychiatric Intensive Care is essential reading for all healthcare professionals and managers involved in the care of the mentally ill patient, particularly in the intensive care and low secure environment. It provides practical and evidence-based advice on the management of disturbed and severely ill psychiatric patients in secure hospital settings. An expert team of contributors have refreshed and expanded the content focusing on how to manage patients, support staff, set up and run units, and provide the highest standards of care.

New chapters have been added emphasising the importance of multidisciplinary team working and of the interface of psychiatric intensive care with other mental health specialties.

This book should be read by all mental health team members working with disturbed psychiatric patients on an inpatient basis, as well as by management staff responsible for establishing and running these services.


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Second edition

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Contents

List of contributors vii
Preface to second edition xi
Preface to first edition xiii
Foreword xv

Part I Therapeutic interventions

1 Psychiatric intensive care – development and definition 3
   M. Dominic Beer, Stephen M. Pereira and Carol Paton

2 Management of acutely disturbed behaviour 12
   M. Dominic Beer, Carol Paton and Stephen M. Pereira

3 De-escalation 24
   Roland Dix and Mathew J. Page

4 Rapid tranquillisation 32
   Caroline L. Holmes and Helen Simmons

5 Pharmacological therapy 50
   Chike I. Okocha

6 Psychological approaches to the acute patient 74
   Marc Kingsley

7 Psychological approaches to longer-term patients presenting with challenging behaviours 89
   Brian Malcolm McKenzie
Contents

8 Seclusion – past, present and future 106
Roland Dix, Christian Betteridge and Mathew J. Page

9 Restraint and physical intervention 123
Roland Dix

10 The complex needs patient 132
Zerrin Atakan and Venugopal Duddu

11 Therapeutic activities within Psychiatric Intensive Care and Low Secure Units 149
Faisal Kazi, Brenda Flood and Sarah Hooton

12 Risk assessment and management 161
Stephen M. Pereira, Sabrina Pietromartire and Maurice Lipsedge

18 Severe mental illness and substance abuse 247
Zerrin Atakan

19 Social work issues in PICUs and LSUs 265
David Buckle

20 User and carer involvement 275
Kate Woollaston and Stephen M. Pereira

Part II Interface issues

13 The provision of intensive care in forensic psychiatry 183
Harvey Gordon

14 The interface with forensic services 191
James Anderson

15 Supporting people with learning disabilities on general psychiatric wards, PICUs and LSUs 202
Andrew Flynn

16 The interface with general psychiatric services 220
Trevor Turner

17 The interface with the Child and Adolescent Mental Health Services (CAMHS) 229
Gordana Milavić

149 Therapeutic activities within Psychiatric Intensive Care and Low Secure Units
Faisal Kazi, Brenda Flood and Sarah Hooton

21 Setting up a new Psychiatric Intensive Care Unit: principles and practice 285
Andrew W. Procter and David Ridgers

22 Physical environment 294
Roland Dix and Mathew J. Page

23 Managing the Psychiatric Intensive Care Unit 306
Phil Garnham

24 Multidisciplinary teams within PICUs/LSUs 322
Andy Johnston and Stephen Dye

25 National Standards and good practice 340
Stephen Dye, Andy Johnston and Navjyoat Chhina

Index 351
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Preface to second edition

The first edition of this textbook was published in 2001 and its success surpassed our expectations. The editors have received many positive comments about the usefulness of the text and its relevance to everyday practice. The interest in the care of our most disturbed patients has been highlighted by both sales overseas and by the rapid translation of the text into Czech.

Since the publication of the first edition, the subspecialties of psychiatric intensive care and low secure care have grown from strength to strength. The Department of Health adopted standards developed by members of National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) that outline the care that should be delivered in Psychiatric Intensive Care and Low Secure Units (PICUs and LSUs). The publishers of this book have supported NAPICU to develop the first ever journal dedicated to this field: the Journal of Psychiatric Intensive Care (http://journals.cambridge.org/jid_JPI). The current chairman of NAPICU, Dr Stephen M. Pereira, played a central role in the development of the National Institute for Health and Clinical Excellence (NICE) guideline on the short-term management of violence; thus influencing the care of acutely disturbed patients beyond the speciality.

NAPICU continues to organise a successful annual national conference and quarterly regional mini-conferences. The majority of UK mental health trusts are now members of NAPICU, and in order to support the infrastructure of a growing organisation,
a permanent NAPICU office has been set up in Glasgow. NAPICU continues to produce a quarterly bulletin to keep members up to date with developments in the field. The development of a national clinical governance network, sponsored by the Department of Health, has also been supported and this has overseen clinical quality improvement projects in areas such as responding to emergencies, culture and diversity issues, and user and carer involvement. An award is given to the ‘team of the year’. Each year, a travel bursary is awarded to fund a research, clinical audit or good practice project. A national audit of PICUs and LSUs conducted by Dr Pereira’s team highlighted environmental issues that led to the Department of Health’s investing capital monies to improve buildings.

This edition of the textbook has been expanded to include several new chapters. The interface between PICU/LSU and learning disabilities, child and adolescent psychiatry, general adult psychiatry and substance misuse are covered, as are multidisciplinary team working, the role of social work and user and carer involvement. All other chapters have been updated to include developments such as the publication of NICE guidelines. In the interests of space, the sample unit policies have been removed as most units have now developed their own, usually more comprehensive versions.

We hope that you find the additions to the textbook useful in your practice and look forward to further developments in the speciality of PICU/LSU care. Constructive comments on any aspect of the text are welcome and should be sent to the publisher.

Further details about NAPICU and its activities can be found on the official NAPICU website: www.napicu.org.uk.

The editors would like to thank Sarah Price (copy editor), and Jeanette Alfoldi and Chloe Wright from the Cambridge University Press Production team for all their help with the second edition.

M. Dominic Beer
Stephen Pereira
Carol Paton
Preface to first edition

‘Why do we need a book about psychiatric intensive care?’ ‘What is psychiatric intensive care?’ ‘Is there any difference between intensive care and general psychiatry?’ ‘Where is the distinction between forensic psychiatry and psychiatric intensive care?’ ‘What special skills do PICU staff require?’ Our first attempt to address some of these questions came at the first national conference on psychiatric intensive care, held at Bexleyheath, England, in 1996. The enthusiasm of the delegates and their thirst for knowledge and networking has led to the publication of this book.

We, as editors, have attempted to cover as many elements of the psychiatric intensive care provision as is possible within one book. We are, however aware of certain deficiencies. Where there is an evidence-base, we have attempted to use it. Where there is not, we have used personal experience and the experience of others to guide us. We believe that psychiatric intensive care is at the heart of psychiatry and its good practice requires a full multidisciplinary team, strong leadership and effective managerial support. We have, therefore, included a wide variety of chapters, all written by professionals who have extensive expertise in this area of care. We have included examples of sample policies, which can be used as a guide, but these obviously need to be adapted and scrutinised for use locally. The editors would welcome any comments and suggestions on this work.

The first section addresses treatment issues. Effective treatment requires input from a wide variety of professionals. We have included contributions on the role of medication, psychological treatments,
therapeutic activities, and more controversially, the use of both restraint and seclusion. The development and definition of psychiatric intensive care and the management of the acutely disturbed patient and of the complex needs patient also warrant chapters in their own right.

The second section specifically addresses areas of risk and the interface with forensic services. Contributions from colleagues working in forensic services, we hope, will encourage the breaking down of unnecessary barriers between different services.

The third section addresses management issues such as how to set up and design a new psychiatric intensive care unit and how to manage such a unit effectively once it has been established.

We believe that this book will be of use to all disciplines working in, or interacting with, Psychiatric Intensive Care Units, and also to managers who have the responsibility for commissioning, providing and monitoring this high risk area of care. Although the emphasis is towards practice in the United Kingdom, the general principles should be relevant and applicable in any care setting where the disturbed psychiatric patient is managed.

We would like to thank all the contributors to the book; those who have assisted in the publishing, especially Geoff Nuttall, Nora Naughton, Kathleen Orr and Gavin Smith; our secretarial staff, Mrs Linda Wells, Mrs Lorraine Wright, Miss Michelle Gillham and Mrs Rosemary McCafferty for their considerable hard work; our patients and colleagues who have taught us much; and our families, especially Drs Naomi Beer and Preeti Pereira, for their support and patience through this project.

Dominic Beer
Stephen Pereira
Carol Paton

August, 2000
I am delighted to be able to recommend this book to clinicians working at all levels of the multidisciplinary team in psychiatric intensive care, low secure, medium secure and general hospital psychiatry.

Psychiatric intensive care units (PICUs), have now been with us for some 20 years or more and, in that time, have refined and defined their role within the various levels of care offered by individual mental health care trusts. Most patients in the UK have access to intensive care and the importance of this area is emphasised by the continuance and strengthening of the National Association of Psychiatric Intensive Care Units (NAPICU) and the successful founding of the *International Journal of Psychiatric Intensive Care*. The editors of this edition have all been pivotally involved in these developments.

The PICU stands at the interface point between these different levels of care and is often the corner-stone of effective management of the most unwell and difficult to treat within the psychiatrically unwell population. All of those working within this field are consistently faced with complex issues that cut across ordinary boundaries of care. In addition, the biopsychosocial management of PICU patients, from the first break to the chronically treatment resistant, requires the individual practitioner to have access to, and knowledge of, the fullest therapeutic armamentarium.

The first edition of this book published in 2001, represented the ‘first definitive and authoritative text in the subject (of PICUs)’, and, covered, ‘all aspects of the specialty from techniques for rapid tranquilisation through to physical, risk and management
issues, as well as interfaces with forensic services. In the second edition the editors have again gathered and expanded their thoroughly inclusive, clinically experienced and scholarly panel of authors.

For this second edition, the authors and editors have revised, updated and supplemented the text recognising the rapid expansion in the evidence base impacting upon psychiatric intensive care. This includes the routine and rational use of the newer antipsychotics, the implementation of the NICE recommendations, the incorporation of a formal national guideline for PICUs, alterations in guidelines for physical restraint and seclusion, and finally the rapid expansion in forensic psychiatry services within the United Kingdom and the crucial interdependent relationship between these services and PICUs.

The popularity of the first edition of this book, will, I am sure be matched and surpassed by this edition. The authors and editors have produced another landmark publication, which stands at the forefront of the field. The challenges over the coming decade include the advent of new pathophysiological based diagnoses and treatments for mental illness that will transcend the simple clinical descriptions and ‘trial and error’ treatments of the past. These developments will be incorporated within ICD-11 and DSM-V within the next 5–8 years. Other, more local, challenges include further changes in clinical service delivery and the implementation of the European Reform Treaty with its possible impact on human rights legislation.

The second edition of Psychiatric Intensive Care, will, in my opinion, prepare the reader to meet the existing and future challenges within this field.

On a final note, the pleasure of writing this foreword is, unfortunately, tinged with a certain sadness. Sadness, that Professor Robert W. Kerwin was unable to write this foreword himself, as he did the foreword for the first edition, due to his untimely death in February of this year. His legacy, however, lives on in the other clinicians and scientists he inspired, myself and several authors of this book included. In addition to projects, like this book, which he avidly supported, Professor Kerwin, though his editorship of the Maudsley Prescribing Guidelines and his numerous publications provided the tools for a generation of psychiatrists and mental health professionals to implement rational pharmacological and management strategies for their patients both within and without the PICU.

Rob would have enjoyed studying this book, as I am sure will you.

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