

their report, and some of the information obtained may be of questionable value.

It is not immediately apparent why pharmacists were believed to be the most appropriate source of some of the data acquired. Pharmacists may not be expected to be fully cognisant of admission criteria, levels of security, sources of referral, medical staffing issues and recruitment difficulties. If they are not formally aware of these issues then their 'opinions' may be little more than the distillation of hearsay (the same would apply to other disciplines asked to comment outside their area of expertise).

The point is made apparent by the inclusion of a table (Table 1) bearing little relationship to the text of the paper, and listing verbatim comments made by staff. Quite how these comments were recorded, by whom, and of whom is not clear. Neither is their status as fact. What is the status of the first and last comments listed?: "Good afternoon, lock-up ward, Dave speaking"; "We have 15 beds and 11 consultants who could potentially admit to them. They look after their own patients when they are here - you can imagine what that's like!"

The authors repeatedly refer to 'confusion' existing within these (PICU) units, yet at no point is it clear that this 'confusion' exists in these units rather than in the respondents to the postal survey. There are 'confusions' over the names of the units, the structure and functioning of many, and we are told that the staff feel that they have no control over who is admitted and the duration of their admission. But perhaps it is not surprising that pharmacists are not determining the admissions policies of these units and if the 'staff' referred to are not pharmacists but members of other disciplines then who is reporting their 'feelings' and how have they accessed them?

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Authors' reply: There have been previous surveys of PICUs; one by Ford & Whiffin (1991), who contacted 169 District Health Authorities and received 65 replies, identifying 39 units, and the other by Mitchell (1992), identifying 13 units in Scotland. These numbers are low and we required a methodology which had the best chance of accessing the majority of units. The options included writing to all College members (impractical) or Trusts (difficult to identify Mental Health Trusts). We decided to approach pharmacists with a special interest in psychiatry. Our rationale was as follows; all PICUs use drugs and therefore a pharmacy somewhere serves them. In the UK there is a special interest group of

pharmacists working in psychiatry. The pharmacists in this group were approached as a means of identifying the units. Our method clearly stated that pharmacists who did not have detailed knowledge of their PICU were simply asked to supply a contact name: many did. Eighty-four per cent is a high response rate, which is likely to have picked up the majority of units.

In our paper the questions posed were broadly described as space did not allow a full reproduction of the questionnaire. In respect of pharmacists' detailed knowledge of the workings of the local PICU, although the questions posed were not difficult to answer for anyone who is a fully participating member of the mandatory drugs test, the responding staff were in the main a mixture of consultant psychiatrists and ward managers. With regard to admission policies there is no suggestion that pharmacists either do or should determine policies for these units. The salient point from the survey is that often no-one else does.

'Confusion' can only reflect staffs understanding of the system in which they work. Table 1 aimed to highlight this issue by incorporating spontaneous comments made by PICU staff, as stated in the table heading. They were either written on the questionnaire or made during completion of the questionnaire by phone. None originated from pharmacists.

The principal aim of the study was to identify PICUs and broadly describe them with the ultimate aim of providing a network of support, education, training and improved service provision. To this end, the first national conference occurred in March 1996 where the findings of this study were presented. Over 200 people attended and the overwhelming feeling was of enthusiasm for open discussion of the issues raised by the study. Many identified with the comments made and the discussion afterwards echoed this. Such was the enthusiasm to improve practice that a national multi-disciplinary committee has been set up and has met quarterly in order to take the pertinent issues forward.

FORD, I. & WHIFFIN, M. (1991) The role of the psychiatric ICU. *Nursing Times*, **87**, 47-49.

MITCHELL, G. D. (1992) A survey of psychiatric intensive care units in Scotland. *Health Bulletin*, **50**, 228-232.

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