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Editorial

Psychiatric intensive care and low secure units past, present and future – introducing the Journal of Psychiatric Intensive Care

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At least twenty-five years have passed since the term 'psychiatric intensive care unit' (PICU) was imported into the UK and Western Europe from the United States. During that time the concept of psychiatric intensive care has continued to develop, with a number of important milestones.

The Glancy (1974) and Butler (1975) reports first identified the lack of security in the range of the UK's in-patient provision. Those reports predominantly focused on the need for the then new concept of Medium Secure Units (MSUs). By 1992, the Reed committee had unapologetically exposed the need for many more MSU beds, which in 1992 fell far short of bed numbers recommended by the reports of the 1970s. More importantly for PICUs, Annex J of the Reed Report talked of the need for "locked wards" for local patients, many of whom had not offended but needed a degree of security to help effectively manage problematic behaviours. Also, around this time, NHS trusts were being created and large Victorian institutions decommissioned in favour of new smaller propose built accommodation. Many PICUs were developed by local services without national guidance and in many cases unaware of the experiences of those NHS trusts that had previously developed units.

It could be argued that up until relatively recently an almost "free for all" existed in the development of PICU services, with many local NHS trusts commissioning units on the basis of convenience, often driven by misguided philosophies. Zigmond's (1995) paper entitled "Special Care Wards: Are They Special?" criticised many PICUs for poor environments, high levels of aggression and unsophisticated approaches to treatment. The creation of the National Association of Psychiatric Intensive Care Units (NAPICU) was inspired by Zigmond's observations and set about developing an evidence base, along with trying to establish a theoretical underpinning for the concept of psychiatric intensive care (Dix et al. 1997).

During the last decade much has been achieved toward establishing the evidence base and producing consensus on the notion of PICUs. By the mid 1990's the concept of the Low Secure Unit (LSU) had also emerged as the solution to the need to provide longer-term rehabilitation for those who, by and large, had not responded to the relatively short and intensive periods of treatment provided by the PICUs.

The publication of the Department of Health's (DOH) Minimum National Standards for PICUs and LSUs (2002) marked a real breakthrough in national policy and represented a determined steer towards improved standards for a group of inpatients who had previously received very little attention from DOH strategists. International PICU conferences also, for the first time, brought

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the PICU and LSU clinical community together in an effort to learn from mistakes and share their hard-won expertise.

This first edition of the Journal of Psychiatric Intensive Care (JPI) also marks a significant leap forward for present understanding and future development of the speciality. The patients and unit characteristics for the London area are surveyed in this edition, providing evidence on which to advance service provision and standards of care. These papers raise many important questions regarding present service status; what are the issues surrounding the patient mix in many units? Is the difference between short-term intensive care and longer-term low secure care properly understood? Are some ethnic groups over-represented in the PICU/LSU population? How are people with learning disability catered for?

With the unavoidable PICU focus on acute treatment and behavioural disturbance has the concept of social exclusion been paid due attention by service planners? This issue is also explored in some detail within this first edition. The paper confirms the need for the full range of professional interventions, if any claim to holistic care can be made. JPI reflects this in its multidisciplinary editorial board and focus. The solidifying of intensive care into a nationally defined entity has also exposed the need for the development of more sophisticated treatment approaches, far beyond the traditional PICU's past of containment and pharmacological treatments. This use of anger management with the PICU population also receives attention within these pages.

The evolution of mental health services continues with renewed focus on helping those in crisis and, as far as it is possible, engaging people in the community with the intention of reducing recourse to hospital admission. Further DOH policy guidance (2001) related to Assertive Community Treatment and Crisis Resolution/Home Treatment teams aim to ensure that in-patient care be reserved for clear and evidence-based treatments worthy of the resource implications. The interface between the criminal justice system and mental health care services also continues to develop (Joint Prison Service and NHS Executive 1999). Recent times have seen a much closer collaboration between the two systems, no better example of which is the transfer of responsibility for the healthcare of prisoners from the Home Office to the DOH. This will no doubt prove significant for the future use of PICU and LSU beds.

PICUs and LSUs have become established as essential parts of the spectrum of in-patient services. In the ever-changing landscape of mental health need and service provision, the coming years mark no better time to critically review the care and treatment offered for the distress, fear and torment that all too often characterise the PICU patient population. It is essential that the PICU clinical community in partnership with their patients mobilise to advance the clinical approaches and standards of care for what could be described as among some of the most disadvantaged members of society. The stakes are high.

JPI represents a forum within which evidence, review and debate can be disseminated. As the theory and practice of psychiatric intensive care struggles from adolescence toward maturity, the need for quality evidence has never been more important. It is time to harness the experience of patients and staff to ensure the most effective impact on alleviating the incalculable suffering which accompanies acute and prolonged mental illness. To this end, do not keep your ideas, experience and opinions to yourselves, publish them.

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