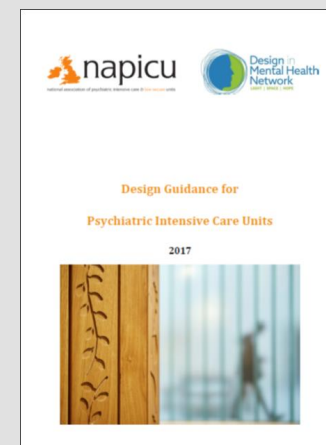


# NAPICU - DiMHN Design Guidance for Psychiatric Intensive Care Units

New guidance 2017

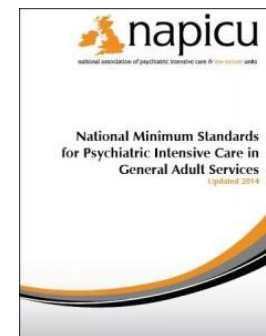
Chris Dzikiti NAPICU Exec, Jenny Gill DiMHN Chairman  
& Caroline Parker NAPICU Director of Operations



# About NAPICU



- Multidisciplinary association, clinicians, patients and carers
- Committed to developing and promoting the psychiatric intensive care specialty
- Aims to improve patients' experience and outcomes
- Promotes staff support and development
- Setting national standards
- AIMs – PICU accreditation joint programme with Royal College of Psychiatrists
- Annual conference & quarterly local meetings
- Training initiatives
- See NAPICU website [www.napicu.org.uk](http://www.napicu.org.uk)



# About Design in Mental Health Network



- Not-for-profit social enterprise
- Brings together people who commission, design, work in and/or use mental health services
- Addresses the broader questions in mental health design
- Encouraging the sharing of best practice in design
- Inspiration from exemplar projects championing collaborative ways of working
- The Network journal
- DiMHN conference
- See DiMHN website [www.dimhn.org](http://www.dimhn.org)

# Core Working Group



Chris Dzikiti

## Co - Chairs



Jenny Gill



Bernard Fox



Roland Dix

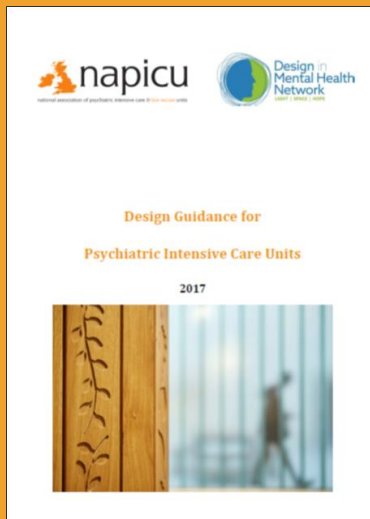


Cath Lake



Steve Jameson

# New guidance



To be read in conjunction with DH technical guidance, particularly HBN 03-01 – Adult Mental Health, HTMs for engineering / environment



## TEN CHAPTERS

- Background, scope, purpose
- Planning considerations
- Design considerations
- Adjacencies
- Room spaces
- Technical specifications
- Safety and security
- Infection control
- Waste management
- Engineering



# PICU built environments best practice guidance



- Intended audience: commissioners; providers; patients and carers
- Great design synergistic with great clinical care
- As for clinical care, informed by experience and evidence
- Increasing evidence that the built environment can be therapeutic in its own right:
  - Outlook onto green spaces
  - Adequate sight-lines for staff
- Enhancing recovery and improved outcomes
- Helping to maximise safety of vulnerable service users





## Focus on people

- Understands the impact of the physical environment on mental health and well-being
- Attention to shape and design of the environment in PICUs where intense levels of distress are exposed
- Enables real healing to take place
- Guidance equips stakeholders with specific design knowledge relevant to attaining better clinical outcomes



About  
collaboration,  
through  
collaboration

- The new guidance is the result of collaboration between NAPICU and DiMHN - united by a shared vision:

**Patients in PICUs need to have a better environment  
one that enhances their recovery**

- Document intends to ensure that everyone involved in the design of a PICU has the relevant information to enable them to go 'above and beyond' in creating a healing environment to meet the needs of patients and staff.
- Guidance developed by collaboration between patients and professionals



**napicu**

national association of psychiatric intensive care & low secure units



**Design in  
Mental Health  
Network**

LIGHT | SPACE | HOPE





## Scope of the guidance

- Design of PICUs in England
- Adults aged 18 years and above
- Full description of rooms not contained in other best practice guidance (e.g. HBNs)
- Informing the planning and design of in-patient facilities
- Assisting in meeting national and local service objectives



## Purpose of a Psychiatric Intensive Care Unit (PICU)

- Psychiatric intensive care is for patients in an acutely disturbed phase of a serious mental disorder
- Associated loss of capacity for self-control
- Corresponding increase in risk
- Legally detained (MHA), often against their will
- Safe, therapeutic management and treatment not possible in less acute or less secure mental health in-patient accommodation
- Patient-centred, provided by qualified, suitably-trained multidisciplinary clinicians (doctors, nurses, OTs, pharmacists....)
- Agreed philosophy of unit operation
- Range of therapeutic interventions, medication & other
- Dynamic, clinically-focused risk engagement
- Length of stay should not usually exceed 8 weeks



## Planning considerations for a PICU

- Generally intended to be short- to medium-stay (<8 weeks)
- Stabilisation of acute episodes of disturbance
- Initiating future care plans
- Acute, very responsive psychiatric service
- Easy access for emergency response by staff from other parts of the hospital
- Access away from main entrance
- Blue light emergency access and egress
- Safe and secure external space / grounds for Section 17 leave
- Clear sight-lines and movement
- Range of rooms and facilities for recreation, therapeutic activities
- Design, décor, acoustics all very important



## PICU location

- Specialist service may serve more than one hospital and geographical area covered by more than one Trust
- Site of mental health hospital to ensure emergency cover, peer support for staff, easier access for patients moving between PICU and other wards – not a standalone unit
- Requires central location within the area served
- Entrance not requiring passage through other parts of hospital (other than main corridor)
- Ground floor with access to external space
- Capacity planning and gender balance:
  - Generally more male than female patients
- Smaller PICUs tend to function more effectively:
  - Maximum of 14 beds
  - Units of 10 beds common – manageable size, safe staff-patient ratio
  - Mixed or single-sex early decision in design process

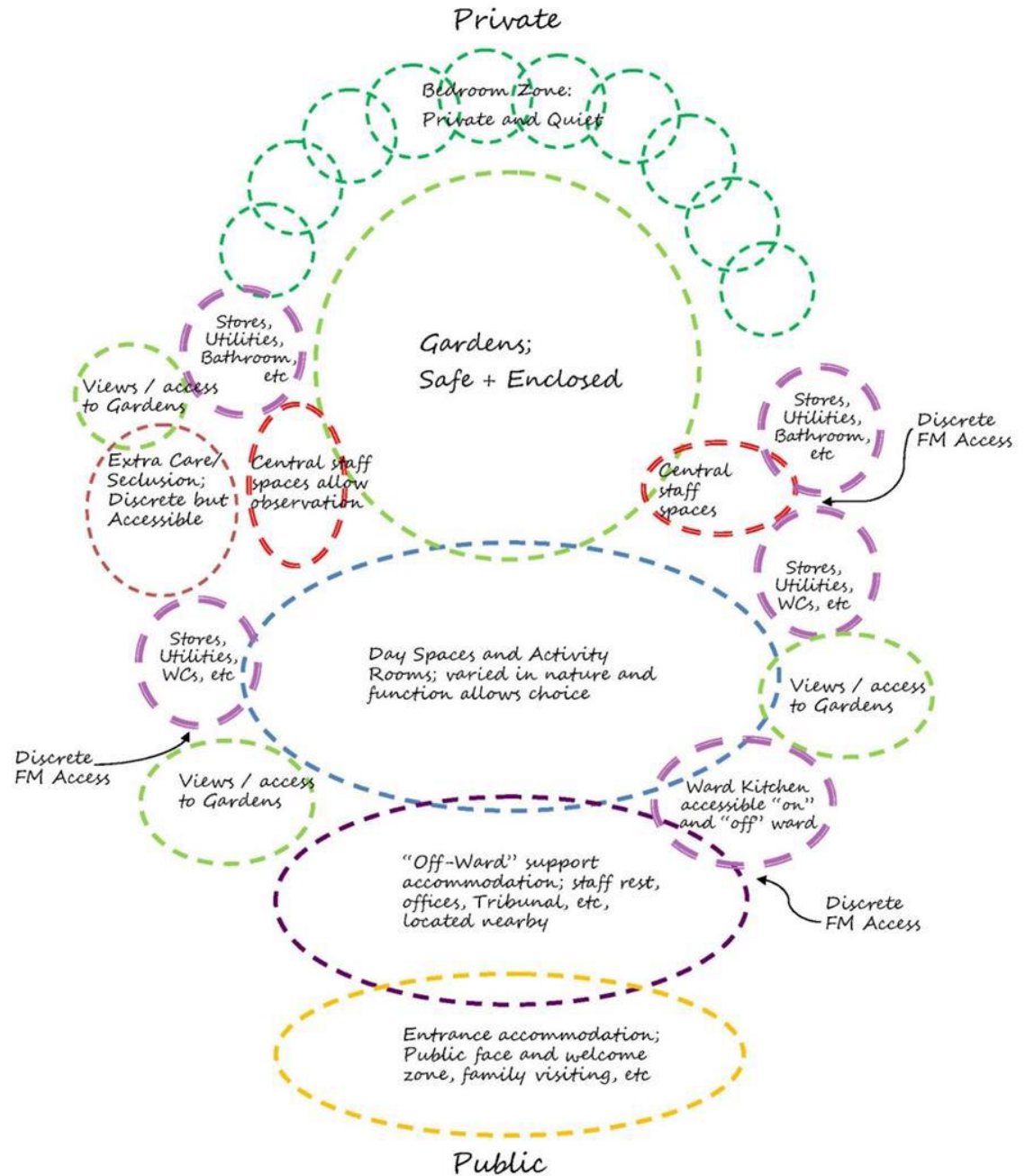


## Design considerations

- Considering full diversity of patient experience
- Art strategy including spaces for displaying patient art, personalisation private spaces
- Privacy and dignity
- Gender separation
- Disabilities
- Bariatric patients



# Adjacencies





## Observation

- Very important in a PICU environment
- Detailed discussions reviewing staffing models in conjunction with the model of care
- Enabling positive interactions
- Windows need be no more than 22-350 mm in width and 500 mm high to provide full visual sweep
- Arranging at intervals provides potential for panoramic observation
- ECA / seclusion room considerations:
  - Close to areas recognised as 'flashpoints' (e.g. day / dining areas)
  - Away from the hub of day spaces
  - Route will not pass through a bedroom corridor



## PICU room spaces

Patient group may require more robust room specifications than those of an adult acute unit (HBN 03-01)

More fitted furniture may be required

- Entrance
- Reception
- office
- Support accommodation
- Communal day spaces
- Bedroom area
- Clinical rooms
- Extra care area
- Seclusion suite
- Office accommodation
- Staff accommodation
- Non-clinical support rooms
- Storage





## PICU technical specifications

- Signage
- Lighting
- Doors
- Locks and ironmongery
- Windows
- Fixtures and furniture
- Finishes and flooring
- Internal walls
- Ceilings



## PICU safety and security



- Levels of interior and perimeter security: whether PICU located within general adult psychiatric service or forensic psychiatric estate (medium / high secure)
  - Within general adult services, MoJ restrictions – low secure service standards
  - Medium / high secure requires internal and perimeter security characteristics to standards defined in design guidance
  - Additional features due to status as a PICU within existing medium or high secure service estate
  - Assessing individual PICU – potential for absconding, taking preventative steps
- Secure gardens
  - Fences and secure boundaries
  - Main entrance
  - Fire exits
  - Managing aggression
  - Locks
  - Observation
  - Staff, patient alarm systems
  - Patient safety
  - Communications systems
  - Transport



## PICU infection control



- Minimise risk – partner with infection control teams when planning, designing, refurbishing
- Striking balance between risk of aggressive/difficult to treat infections and risk of increased disturbance/incidents - acoustics, environmental feel – carpets, soft furnishings
- PICU design ensuring patient areas are easily accessible for cleaning and maintenance
- Lockers and wardrobes for personal belongings
- Curtains – washable, disinfection temperatures / disposable
- Smooth, hard impervious wall surfaces
- Design for easy cleaning and durability – surfaces, fixtures, fittings, furnishings



## PICU waste management

- Complying with legislative requirements and best practice (HTM 07-01)
- Consistency with current regulatory guidance
- Aim to protect health and safety of employees, visitors and patients
- CQC requires supplementary policies (e.g. safe handling and disposal of waste and sharps)
- Access to the policy and / or procedures
- Training

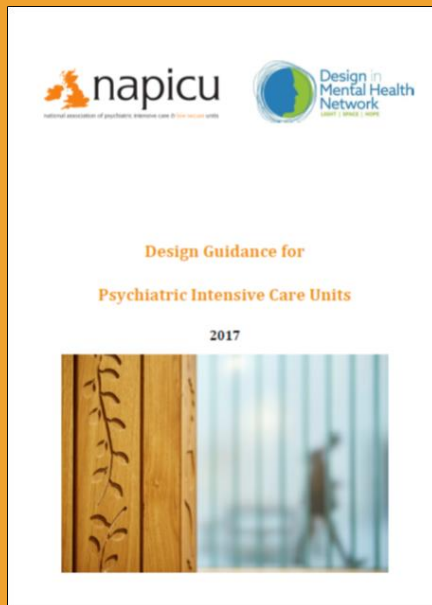


# PICU engineering and environmental management

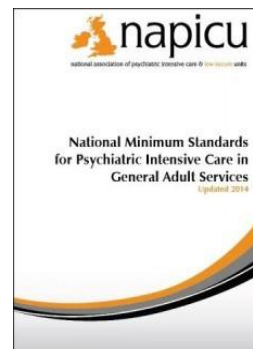
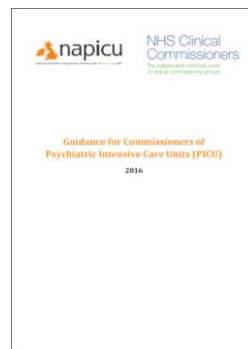
- See relevant HTMs
- Engineering and plant equipment
- Mechanical services
- Fire safety
- Electrical services
- Lightning and protection systems
- Sustainability and energy efficiency
  - BREEAM Excellent for new-builds
  - BREEAM Very Good for refurbishments
- Contractors – site waste management plans, Considerate Contractors scheme, construction environmental management plans

# Summary

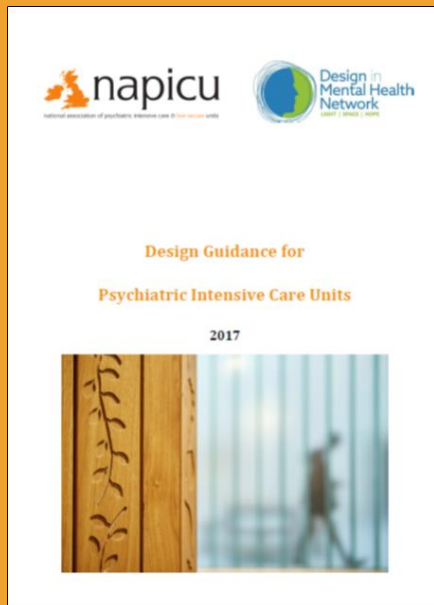
- Brand new best practice design guidance
- Based on evidence and experience
- Developed collaboratively
  - by organisations, patients & professionals
- Use in conjunction with DH best practice HBNs and HTMs



## References and other useful resources



Document available from:



[www.napicu.org.uk](http://www.napicu.org.uk)  
[info@napicu.org.uk](mailto:info@napicu.org.uk)

[www.dimhn.org.uk](http://www.dimhn.org.uk)  
[contact@dimhn.org](mailto:contact@dimhn.org)