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Research Article

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Exploring Patients Service Experience of Psychiatric Intensive Care Unit (PICU) Admissions

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Abstract

Background: *A psychiatric intensive care unit (PICU) is a tertiary mental health service that provides short-term care for patients who present with highly challenging behaviours during their psychiatric admission and require close supervision and observation due to their elevated risk of self-harm and harm towards others. A key feature of a PICU is its high level of staffing and more secured facilities. The main purpose of a PICU admission is to optimise management of patients who pose a risk to themselves and others whilst benefiting from a low-stimulus environment. However, the body of knowledge that sub serves the perspective of patients' 'service experience' regarding PICU admissions remains relatively unexplored.*

Objective: *The purpose of this study is to explore patients' service experience of PICU admissions with the hope that this will help improve service delivery on these wards/units.*

Methods: *The study employed a descriptive qualitative research approach. Data for this study was collected using a semi-structured questionnaire over a six-month period. The study participants involved psychiatric patients admitted to PICU under the Irish Mental Health Act of 2001 legislation from other approved centres in Ireland.*

Results: *Six themes emerged from participants' responses namely, communication and therapeutic engagement, unit environment, recreational and activity therapies, privacy and confidentiality, access to information as well as general experience of care and service provision in PICU. The results provide moderately less evidence for the engagement of PICU patients in recreational activities during the period of admission in PICU. Additionally, there was significantly inadequate pre-discharge debriefing for patients prior to discharge from PICU. Lastly, a greater proportion of the study participants were satisfied with PICU services and expressed their willingness to recommend PICU to individuals who may benefit from PICU services.*

Conclusion: *Understanding the experiences of this patient population and their perspectives on PICU services is crucial to informing and developing concrete strategies for clinical practice in acute psychiatric settings. Therefore, therapeutic programs and more flexible activities are required to facilitate easy access by patients that will enhance or positively shape their experiences of PICU and other acute psychiatric services.*

Keywords: Psychiatric Intensive Care, Involuntary Admission, Physical and Psychological Wellbeing, Therapeutic environment, Activity therapies, Safety and Security, Staff-Patient Relationship, Debriefing

1. Introduction

Psychiatric intensive care is for patients who are compulsorily or involuntarily detained and are in an acute phase of a serious mental disorder. They have a loss of capacity for self-control, an increase in risk of aggression, suicide, and self-harm. This compromises the physical and psychological wellbeing of themselves and others and does not enable their safe, therapeutic management and treatment engagements [1]. There is very little evidence and understanding about what it is like to experience this intensive care and an absence of research that examines patient perception and overall impression with patients' service experience of PICU admissions. Prior studies indicates that psychiatric intensive care units (PICUs) are considered when the nursing resources and treatment capacity of general psychiatric and acute care wards cannot meet the needs of patients experiencing severe psychiatric symptoms and engaging in challenging behaviours. The complex care required for this patient population exceeds what can be provided on regular inpatient ward [2,3].

Against this backdrop, this current study intends to obtain a better understanding of patients' service experience of PICU admissions. This information will allow us to improve service delivery through provision of tailored patient and recovery-focused interventions to this patient population.

2. Methods and Materials

2.1 Study Design

The study employed a descriptive qualitative research approach, based on the principles underpinned within interpretivism phenomenology. A semi-structured questionnaire with focus on the certain thematic areas were explored. Service improvements recommendations as well as practice development protocols/ guidelines that will positively contribute to current knowledge were also examined. This will guide future practice and service developments.

2.2 Data Collection and Analysis

Data for this study was collected using a semi-structured questionnaire. The participants (patients) were informed about the study in the days prior to their discharge. Information leaflet regarding the study was given and explained to them at this point and they were informed about the location of the anonymous questionnaires and the 'drop box' for the completed questionnaires in both male and female PICU wards. To further enhance the anonymity of the study, the 'drop box' was kept locked until the end of the data collection period. Data for this study was collected over a 6-month period (from 12/23 to 06/2024). Participants' responses were organized into clusters of themes using Colaizi's methodology. These themes were used to provide full description of patients' service experience in PICU. The participants responded to the questionnaire using a Likert Scale (Strongly agree, strongly disagree, partly agree, partly disagree and do not know).

2.3 Participants

The study included only in-patients transferred from other approved centres to the male and female PICU of the study site (PCC).

2.4 Study Setting

The Phoenix Care Centre (PCC) North Dublin is a state of the art built for purpose psychiatric hospital that was opened in May 2013 and it is a 54-bed capacity. There are two psychiatric intensive care units that consists of a male and female wards, with 12 beds each. There is also 30-bed psychiatric rehabilitation units divided into two wards. The two 12-bedded PICU on the ground floor is designed around a landscaped courtyard. Single en-suite bedrooms open out to the central circular space which encircles a courtyard and provides a nursing station with good visibility. The facility in each PICU ward includes an open dining room, activities room, two television lounges, step-down comfort rooms, a seclusion room and open access courtyard. These designated areas provide a low-stimulus environment and open space for patients. An indoor gym was developed in 2017 for patients and is always supervised by the PICU staff. However, at the time of this study an outdoor gym was being considered.

The criteria for admission into PICU at the time of study include but not limited to the following: foremost, the referring approved centre shall meet the legal requirements set out in Sections 20 to 22 of the Irish Mental Health Act 2001. Additionally, patients admitted to PICU should be between the ages of 18 and 65 years who cannot be safely assessed or treated in an open acute inpatient facility. In furtherance, these patients must present a significant risk of aggression or absconding with highly elevated risk in the context of serious mental disorder.

2.5 Inclusion and Exclusion Criteria

For the purposes of this current study, only patients who were admitted to the male and female PICU wards of the Phoenix Care Centre from other approved centres during the study duration were included however, patients admitted to the psychiatric rehabilitation units of the Phoenix Care Centre were excluded.

2.6 Ethical Considerations

Phoenix Care Centre Research Ethics Committee approved the current study, which conforms to the 1964 Declaration of Helsinki Ethical Standards for Human Research. Once ethics approval was obtained from the ethics committee of PCC, prospective participants were given an information leaflet explaining the purpose of the study. The information leaflet informs prospective participants of the benefits and potential risks involved by participating in the study whiles emphasizing anonymity, voluntary participation,

and participants' eligibility for the study. Contact details of the investigators were provided in the event further information is required by participants.

3. Results and Discussion

The results obtained were discussed viz a viz the existing literature consistent with the subject matter. Six main themes emerged from the responses of the participants namely, communication and therapeutic engagement, unit environment, recreational and activity therapies, privacy and confidentiality, access to information as well as general experience of care and service provision in PICU.

Participants' Clinical Characteristics.

VARIABLE	MALE (n)	FEMALE (n)	TOTAL (N)
Number of Admissions	27 (75%)	9 (25%)	36 (100%)
Number of Participants	10 (58.8%)	7 (41.2%)	17 (100%)

Table 1: (Source: Author's Field Work, 2024)

Over the study period (12/23 to 06/24), there were a total of 36 admission episodes comprising 75% males (n=27) and 25% females (n=9). However, only 17 (47.2%) patients voluntarily participated in the study of which 10 were males, representing 58.8% of the study subjects whiles 7 were females constituting 41.2% of study participants. Preliminary studies have reported significantly higher number of male admissions compared to females' admission to PICU [4,5]. This substantiates our findings as the number of females admitted over the study period constituted just a quarter (25%) of the total number of admission episodes.

3.1 Communication and Therapeutic Engagements in PICU

Effective communication and therapeutic relationships are the primary component of all health care interactions that facilitate the development of positive nurse–patient experiences. Therapeutic relationships have the capacity to transform and enrich the patients' experiences. Consequently, with an increasing necessity to focus on patient-centred care, it is imperative for health care professionals to therapeutically engage with patients to improve health-related outcomes [6]. In relation to this, participants in this current study shared their opinion about their engagements with the people (staff) who attended to them during their stay on the PICU ward. Over 80% of participants '*'strongly agreed*" that the staff' '*listened*" to them (see figure. 1) while more than 72% (n=14; strongly agree and partly agree) emphasized how '*'easy it was to talk to the PICU staff*" (see figure 2). This means that PICU staff established a strong therapeutic interpersonal relationship, which was perceived by patients to encompass caring, and the supportive nature of PICU staff.

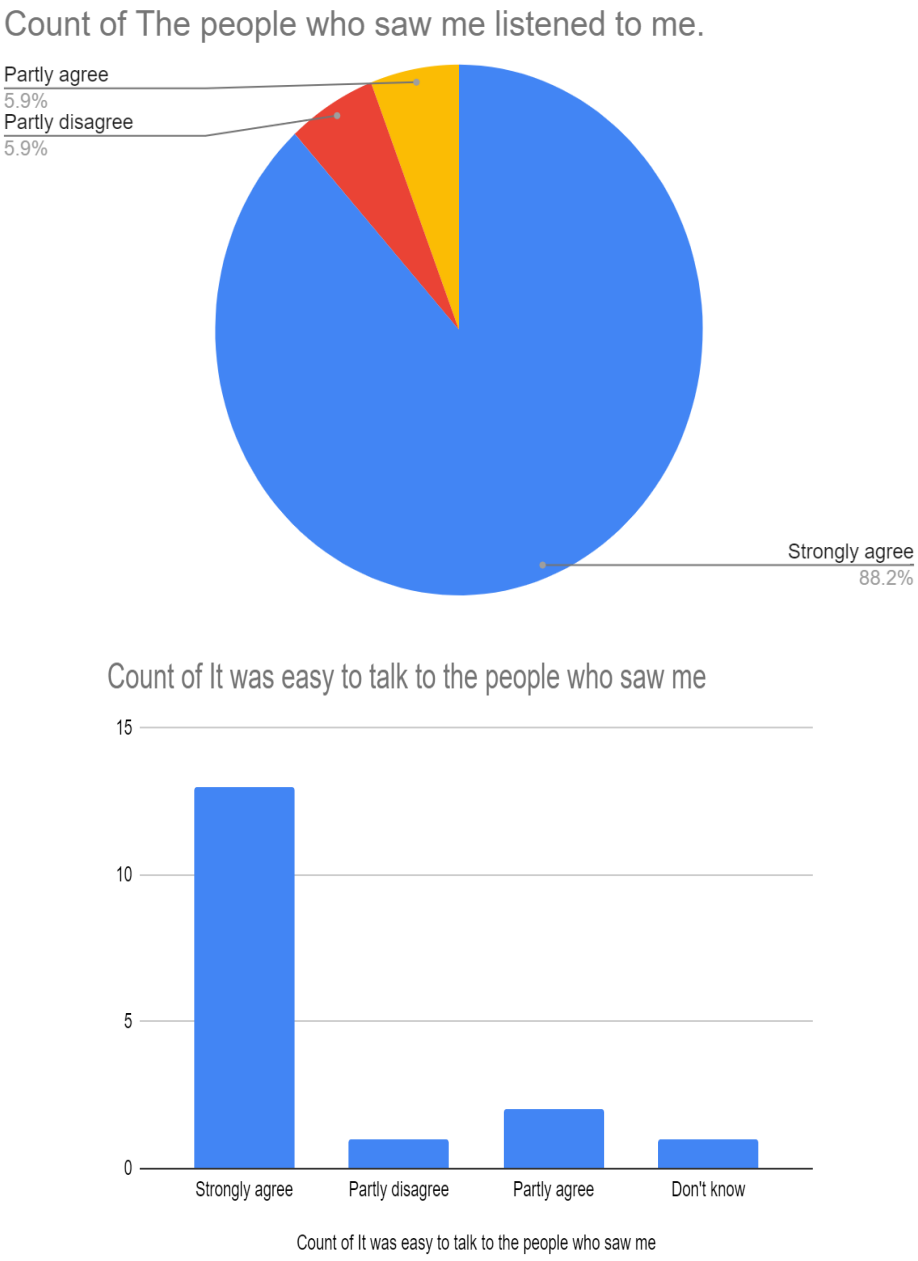


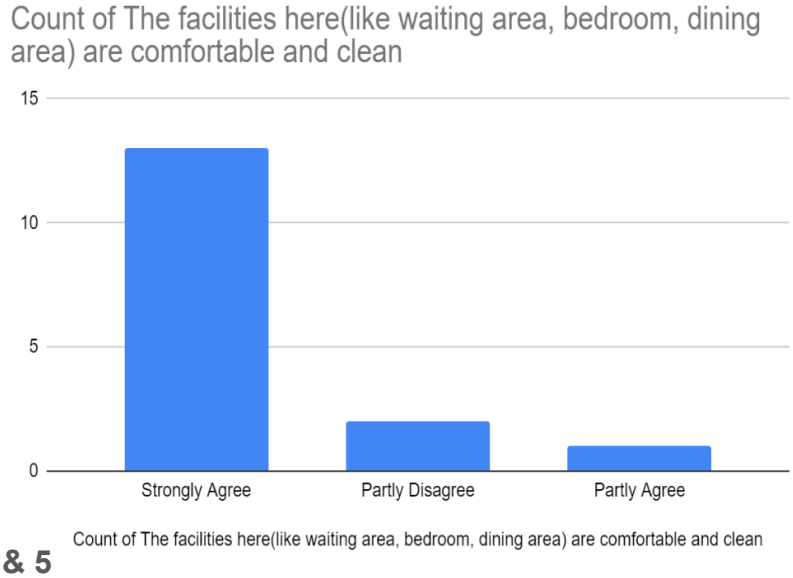
Figure 1&2

Several prior reports corroborate our findings. For instance, Shay et al underscores the importance of building therapeutic relationships to engender an atmosphere for interactions that facilitate effective communication as well as improvements in patient satisfaction, adherence to treatment and overall quality of life [7]. In furtherance, Kelley JM identifies increased psychological distress and feelings of dehumanization are associated with negative nurse–patient relationships while placing much premium on the development of strong therapeutic interpersonal alliance using high-quality communication skills [8]. Similarly, Nørgaard et al sought to investigate whether adult orthopaedic patients' evaluation of the quality of care improved after staff had undergone a communication skills training course [9]. The study demonstrated statistically significant increase in patient satisfaction scores concerning the quality of information, continuity of information, and quality of care provided by health professionals after attending the 3-day course. Again, Lees et al interviewed eleven nurses who had worked with suicidal clients and nine clients who had recently recovered from a suicidal crisis and established that therapeutic engagement could facilitate a reduction in feelings of isolation, loss of control, and distress [10]. The study further emphasizes that therapeutic engagement and effective communication were

seen as incorporating rapport, listening, empathy, relating as equals, compassion, genuineness, trust, time responsiveness, and unconditional positive regard in care delivery [10]. Moreover, in related studies, patients describe their engagement with staff in positive term. For instance, Óladóttir & Pálmadóttir report that patients used such description as friendly, motivated, supportive and attentive following their interaction with staff in a study that sought to explore the experiences of acute care by persons with mental health problems [11]. The above body of evidence corroborate the findings of this current study.

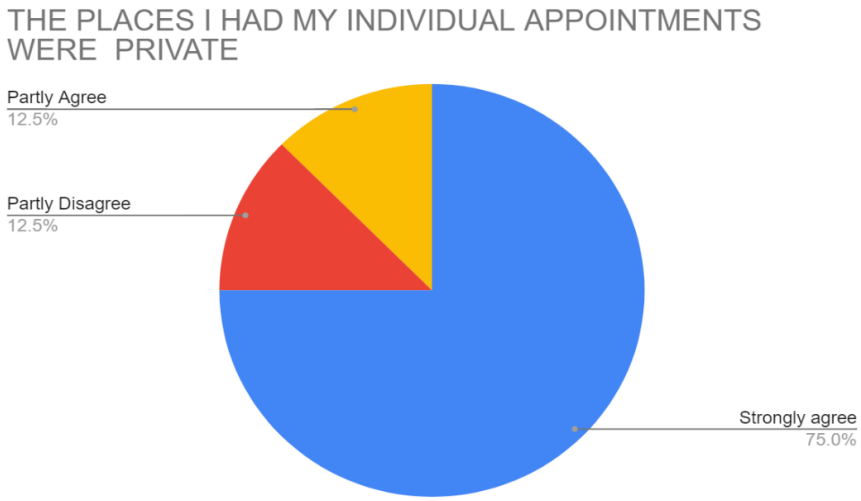
3.2 Psychiatric Intensive Care Unit (PICU) Environment

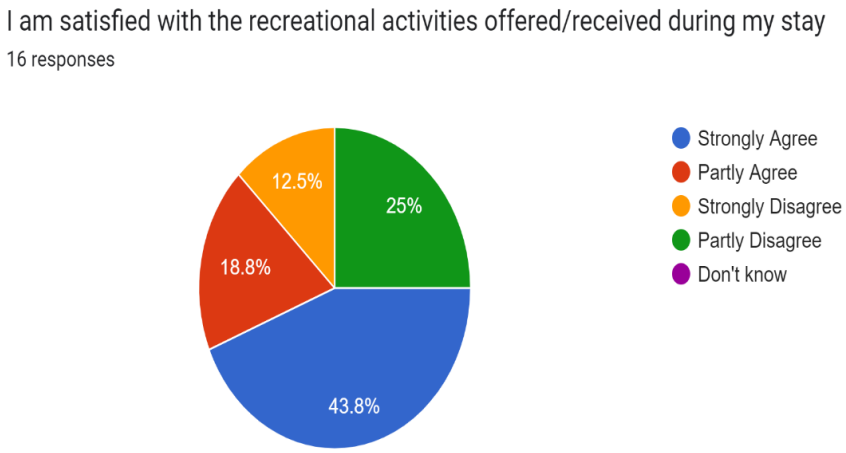
PICU forms a crucially important component of psychiatric care and have gained recognition globally since its inception about five decades ago. PICU aims to provide a safe environment for both patients and staff in ways that are not possible in acute and general psychiatric settings [3]. Some key features of PICU wards are their small-scale design, lower bed capacity, and higher staff-to-patient ratio as compared to acute wards [12]. Prior studies have reported on the elements of a recovery-oriented approach such as the non-stimulating atmosphere of the physical environment of PICU [13,14]. For instance, a study evaluated the implementation of sensory rooms on inpatient wards (also PICUs, but not exclusively) and found that patients felt the rooms reduced their anxiety [15]. This authenticates the finding in this current study as 81.3% (n=13) as well as 75% (n=12) of study participants expressed profound satisfaction about the '*comfortability*' of the facilities and the 'privacy' that PICU environment offered them during their admission period respectively (see figure 3&4). These features can significantly improve patients' service experience of PICU admissions and enhance the recovery process, including treatment adherence as well as compliance with other forms of therapies.



Count of The facilities here(like waiting area, bedroom, dining area) are comfortable and clean

Figures 3, 4 & 5





3.3 Recreational and Activity Therapies in PICU

Recreation is considered an integral component of mental healthcare and service delivery as it increases cognitive abilities, improves social and communication skills among clients with mental health disorders [16]. Therapeutic activities not only enhance an individual's development, but they can also assist in the management of problematic behaviour and maintenance of a safe environment. An effective PICU design would have given the provision of therapeutic activity an equal status to safety and security [17].

The range of activities that can be offered within a PICU requires careful consideration to meet the acute, complex, and challenging needs of this patient population. Nonetheless, clinicians are faced with the task of identifying appropriate strategies and ensuring the necessary structures and systems are in place for therapeutic activities to be safely and consistently provided [18]. Interestingly, a substantial number of participants in this current study (n=6;37.5%; partly disagree and strongly disagree) expressed their dissatisfaction about their experience of recreation and activity therapies during their PICU admission episode while 18.8% (n=3; partly agree) of the participants remained indifferent about recreational activities in PICU throughout their admission period. However, over 40% (n= 8) of participants were appreciative of the recreational activities in PICU. These results indicate that the recreational activities available to patients probably did not meet the interest of some of this patient population. There may also be several other reasons including monotonous activities, certain patient-specific factors such as lack of motivation, lack of initiative to participate in pleasurable activities as well as the patient's independence and ability to function through participation that also forms an integral part of a holistic approach. This can have negative impact on patients leading to feelings of loneliness, anxiety or even provoke violence and aggressive outburst. Therefore, to enhance participation in recreational activities and other forms of therapy, it is incumbent on PICU staff to conduct a thorough assessment of patient's interest, availability of resources for recreational programs, staff capacity to organize and facilitate these activities, including the factors that motivate patients to enhance their participation in activities.

In terms of the advantages of recreational activities, Tint A. highlights some of the many benefits that patients derive from recreational activities to include but not limited to enhancing problem-solving abilities, goal-setting skills, and ability to follow directions, attention, memory, and improved concentration [19]. Similarly, various socialisation benefits such as improvements in social confidence, communication skills, reciprocal relationship skills, and other interpersonal skills as well as a reduction in violence and aggression have been shown to be derived from recreational activities [20]. In a related studies to explore patient opinions on the benefits of recreational programs in residential psychiatric care, psychiatric patients consider several factors to be helpful, especially those based on individual approaches involving therapeutic activities that allows interactions with the outside world [18].

3.4 Privacy and Confidentiality in PICU

Maintaining privacy and ensuring confidentiality with patients is paramount to developing an effective nurse-patient relationship [21]. The concept of privacy emphasizes the individuality of a person and concerns a human being's decision to deny or grant access to self and individual behaviours, opinions, and attitudes. More broadly, privacy includes protection of personal space, personal information, protection of identity, and the ability to make choices without interference. Simply, it is the right of an individual to selective expression of themselves, to sharing information about themselves, and to making decisions that affect them personally without interference [22]. Similarly, confidentiality refers to protection of personal information. In medical practice, confidentiality acknowledges respect for privacy, decreases vulnerability, and ensures trust, all of which are critical for obtaining an accurate history and examination, and, ultimately, making a diagnostic impression [23,24]. In a study that examined patient perception regarding privacy and confidentiality, the results revealed that majority of patients felt that privacy and confidentiality were maintained. However, 10% of patients reported that they had rejected examination due to privacy concerns while 15% of

patients indicated that they had changed or omitted information provided to clinical staff due to confidentiality concerns [21]. The study further emphasized that given the correlation between perception and behaviour and the importance of an effective nurse-patient relationship, particularly in the acute settings, initiatives that focus on maintaining privacy and confidentiality should be pursued. These preliminary findings affirm the result of this current study as participants expressed intense satisfaction about the absolute privacy and confidentiality that PICU environment provides (see figures 4 &6). This is particularly important for both PICU staff and patients because it further strengthens the bond and fosters a sense of trust, dignity and respect. Again, this may shape participants/ patients' perspective of PICU admissions and influence future decisions to seek PICU services. The figure below (figure 6) represents participants' responses regarding privacy and confidentiality experience during their stay in PICU.

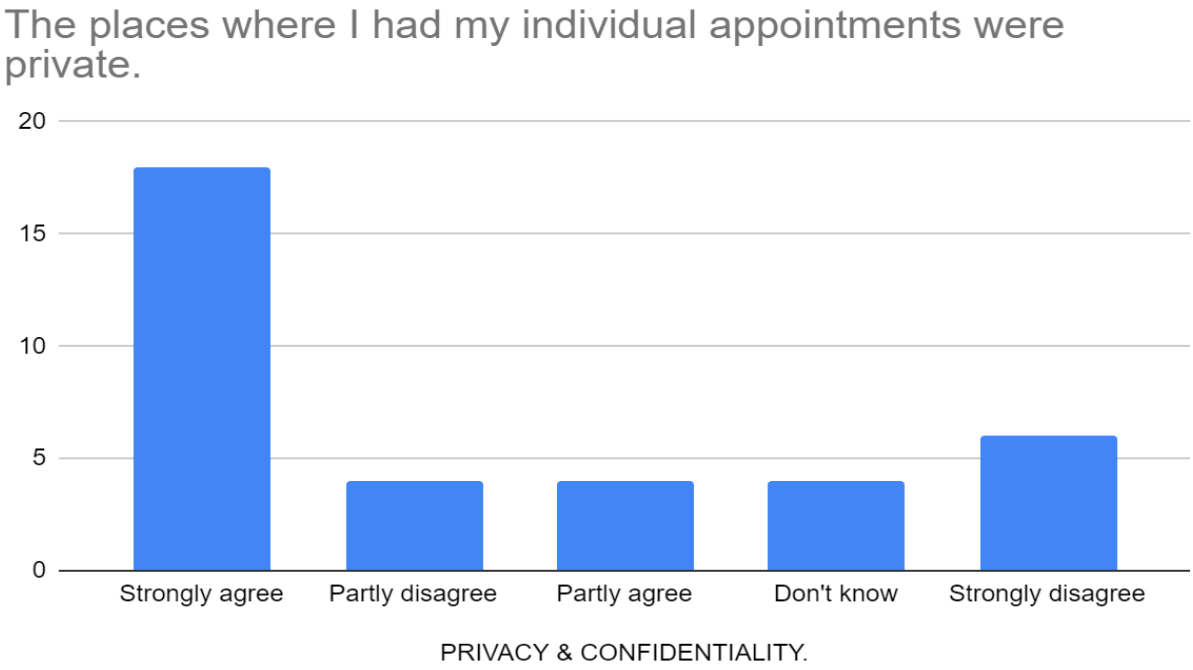
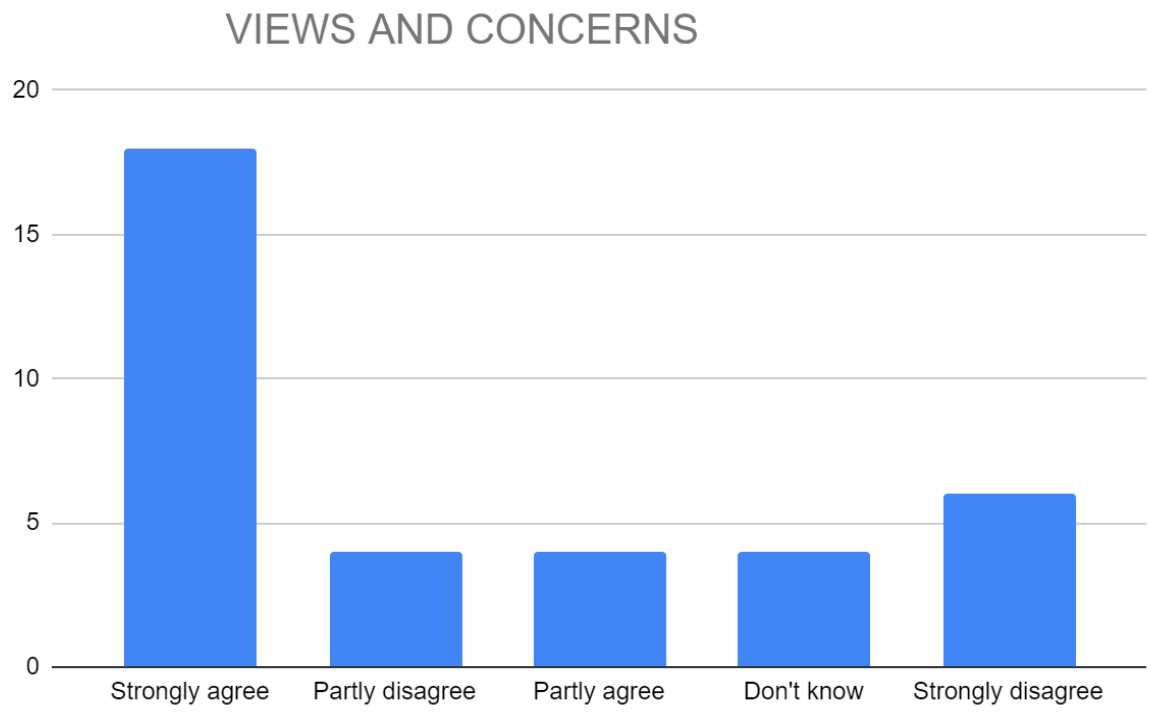


Figure 6

Furthermore, the issue of confidentiality in mental health care is a subject of long-standing interest. The challenges are at once medical, legal, ethical, and philosophical. In 1991, the United Nations' (UN) placed strong emphasis on confidentiality and privacy, an emphasis that was re-iterated in the World Health Organisation's "Resource book on mental health, human rights and legislation" in 2005 [25]. Consistent with this, Nelson Shen and colleagues investigated issues of privacy and confidentiality to generate an understanding of how patients with mental health conditions feel about privacy and reports that privacy concerns varied, depending on the patient's privacy experiences and health care perceptions [26]. The report further indicates that the decisions to trust others depended on past experiences with the individual staff members (or institution) as well as health care needs. However, participants had little knowledge of patient privacy rights and legislation. Findings from related studies have suggested the need for further patient education regarding privacy and confidentiality issues [27].

3.5 Patient Access to Information about Care and Treatment

Patient access refers to the ability of individuals to obtain and use healthcare services, information, and resources. It is a crucial aspect of the healthcare system, as it affects the quality and availability of care for patients. Improving patient access is a critical goal of the healthcare system, as it can lead to better health outcomes and improved quality of life for patients (Sasha Shepperd et al.,2019). Another important aspect of patient access is the availability of health information and resources. This includes providing patients with information about their health and treatment options, as well as providing resources to help them manage their health. Additionally, providing patients with access to health records, telemedicine services, and secure messaging platforms can improve communication between patients and healthcare providers and to ensure that patients receive timely, effective, and appropriate care [28]. A recent study of patient access to medical records in the acute settings which focused on the practicalities, perspectives, and ethical consequences emphasized the critical nature of sharing information with service users in clinical practice and underscored that assessing and evaluating how it is done could have significant empirical and ethical implications [29]. Nonetheless, this current study identified how PICU patients were expressly content with the way their *views and concerns* were addressed (see figure 7) and displayed intense satisfaction about how PICU staff provided ample explanation regarding their care and treatment during their admission episode (see figure 8).


VIEWS AND CONCERNS
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10
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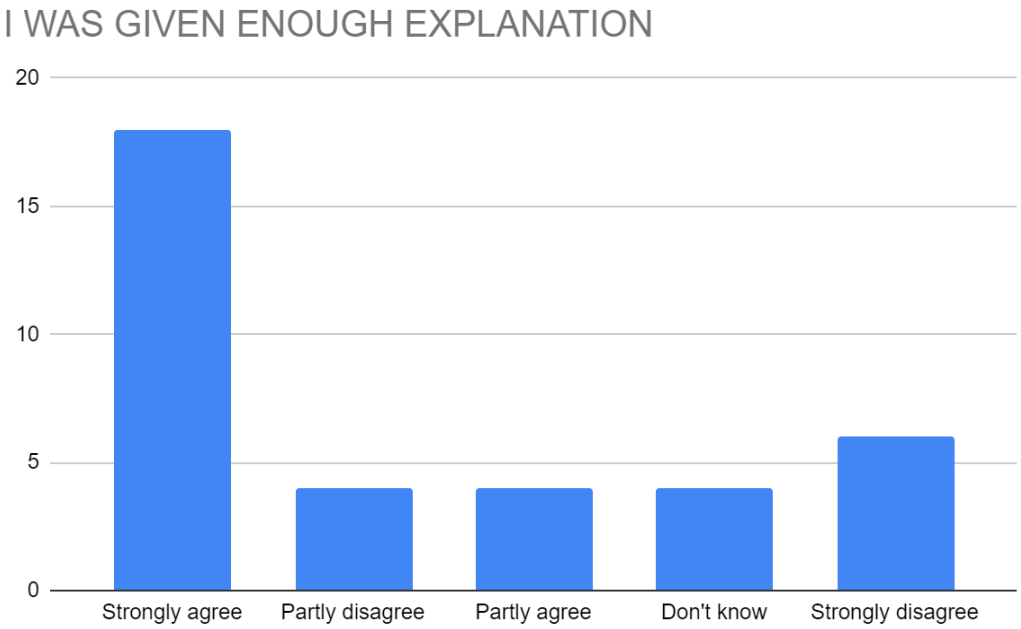
Strongly agree
Partly disagree
Partly agree
Don't know
Strongly disagree


I WAS GIVEN ENOUGH EXPLANATION
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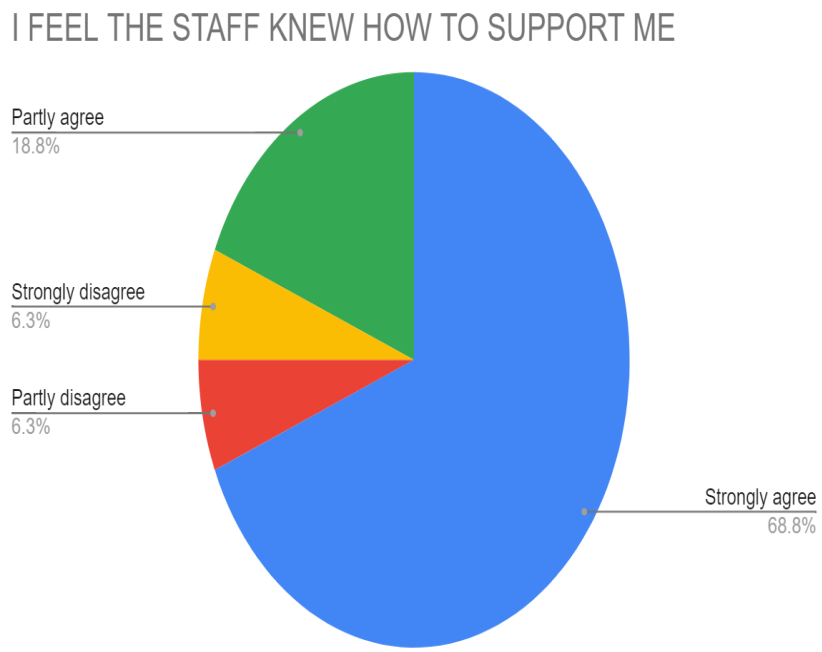
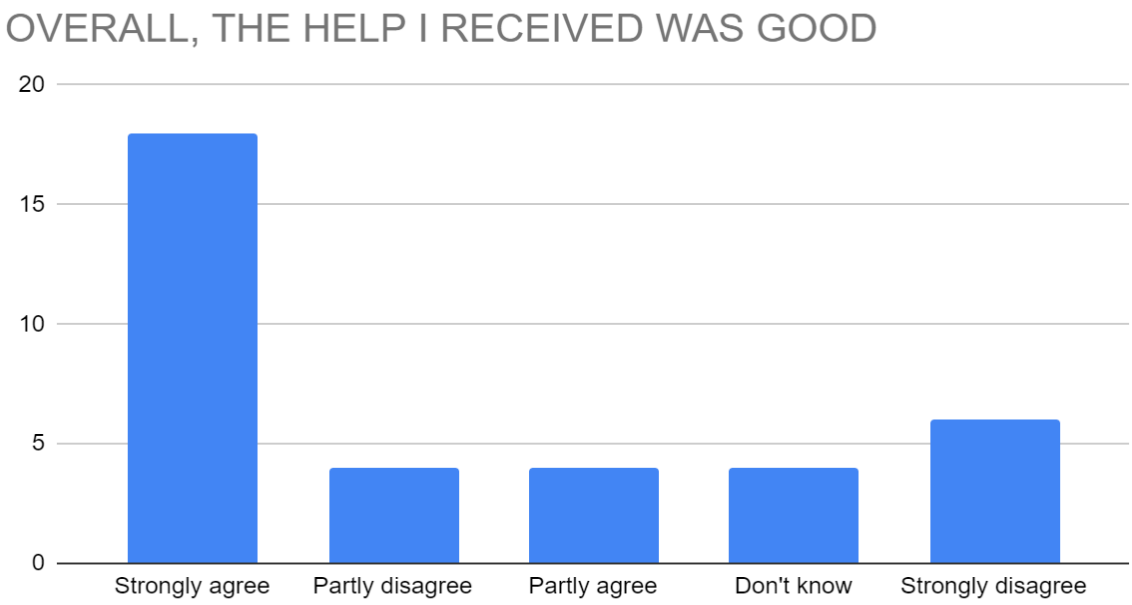


Figures 7, 8 & 9

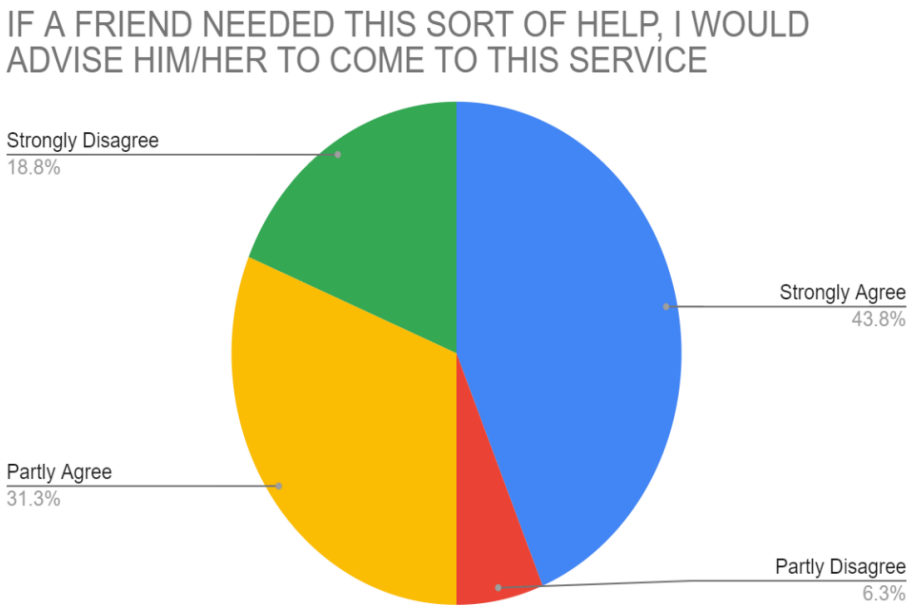
Ensuring that service users are provided with clear and enough information in a manner that does not negatively impact them may contribute significantly to the quality of care, quick recovery, maintaining a strong nurse-patient relationship and further promote compliance, as well as enhancing work efficiency on the ward. In this regard, participants' responses revealed that they had developed a sense or feeling that the staff knew the right type of support to provide them with (see figure 9). Thus, improving their understanding of the many benefits that PICU services provide and helping shape their experience of PICU admissions.

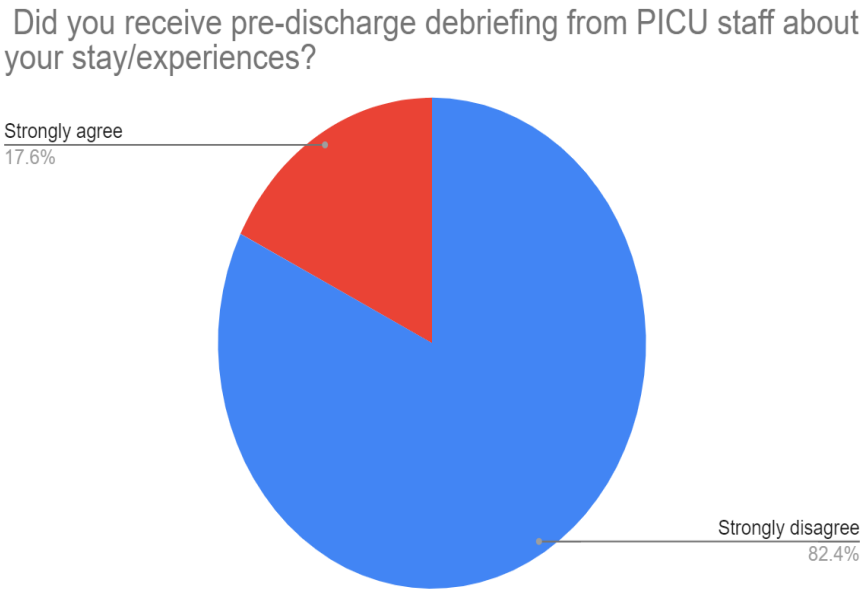
3.6 General Experience of Care and Service Provision in PICU

While both nurses and patients sometimes have conflicting interest regarding care, they may also experience psychiatric care and interactions differently. The perceptions of patients, however, have merely been studied in acute psychiatric settings, thus psychiatric intensive care has received less attention. Consistent with this subject matter, Johanna et al, explored nurses and patients' perceptions about psychiatric Intensive Care [30]. Regarding patients' perspective of care, the researchers identified two major themes from the responses of patients namely, '*Issues connected with high satisfaction with nursing' and 'Issues connected with low satisfaction with nursing'*. Patients who received supportive talk and empathy from staff as well as playing board games and feeling relaxed in the company of staff during their stay, rated significantly higher quality of care. Conversely, Patients stated that the physical environment could be improved and suggested improvements such as exercise facilities, better toilets, a spa, and particularly more personal space. Again, patients reported not having enough activities during the PICU treatment which contributed to lower satisfaction as well. These were the patients' perspective of care connected to low satisfaction with nursing. This report is perfectly congruent with the results of this current study as almost 40% of the study participants intensely expressed their dissatisfaction about the kind of recreational activities that they received while on admission in PICU (see figure 5). Additionally, this report is consistent with the result of this current study as our participants were satisfied in terms of being listened to as well as the easy with which they were able to engage staff in conversations (see figures 1,2 &10). Against this backdrop, a greater proportion of the study participants (n=12;75.1%) expressed their readiness to recommend PICU to individuals who may benefit from such services (see figure 11) [31].



PARTICIPANTS' GENERAL IMPRESSION ABOUT PICU SERVICES





Figures 10, 11 & 12

Furthermore, regarding pre-discharge debriefing about their experience in PICU, approximately 82.4% (n=14) of study participants were not debriefed prior to discharge from PICU ward while slightly above a quarter (17.6%; n=3) were debriefed prior to discharge from PICU (see figure 12). The restrictive nature of the PICU environment as well as certain experiences in which patients might have been involved or witness its occurrence maybe traumatic for most patients and therefore, they may benefit from debriefing to shape their perspective of PICU care and services. PICU staff should be aware that the shift from PICU to inpatient or community care presents huge challenges for most patients. It's therefore critical to employ effective strategies to ensure PICU patients received the required level of support and preparedness prior to discharge from PICU.

4. Conclusion

Psychiatric intensive care unit (PICU) services provide enormous benefits to acutely ill psychiatric patients. However, it may require some innovations in the future such as incorporating 'Stepped-Care Approach' as this increases more cooperation, quality and contact between staff, patients and their relatives. This may be helpful in reducing some of the most intense occurrences such as violence and aggression, physical restraints and seclusion episodes as well as non-adherence to treatment and other services. Overall, the study revealed the lack of adequate recreational activities relative to the many benefits that these activities provide for patients receiving PICU services, in addition to inadequate pre-discharge debriefing services for this patient population. Conclusively, to enhance participation in recreational activities and other forms of therapy, it's incumbent on PICU staff to conduct a thorough assessment of patient's interest, availability of resources for recreational programs, staff capacity to organize and facilitate these activities, including the factors that motivate patients to enhance their participation in activities.

Declaration

Ethical Approval

The research ethics committee of Phoenix Care Centre (PCC) approved the current study and conforms to the 1964 Declaration of Helsinki Ethical Standards for Human Research.

Consent for Publication: Informed consent was obtained from the study participants. The participants were informed that the outcome of the study will be published for a wider readership and consent for same was sought from the participants.

Availability of Data and Materials

The datasets used in this current study is available from the corresponding author on reasonable request.

Competing Interest

The authors of this paper have no competing interests or any other interests that seek to influence the results and discussions addressed in this paper. Additionally, the results/tables/ figures in this manuscript have not been published or submitted elsewhere for consideration. In furtherance, I confirm that I have read the journal submitting policies and hereby submit this manuscript in accordance with these policies. Again, all the materials in this manuscript are owned by the authors and do not require any permission to be published. Lastly, participants' engagement was done in accordance with the relevant guidelines and policies.

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