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# Council Report

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**Not Just Bricks and Mortar.  
Report of the Royal College of  
Psychiatrists' Working Group on the  
Size, Staffing, Structure, Siting, and  
Security of New Acute Adult Psychiatric  
In-Patient Units**

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This report has been prepared by a Working Group of the Royal College of Psychiatrists under the chairmanship of Professor Tom Burns to inform the planning of new acute in-patient units for adult mental health. The report focuses on the size, staffing, structure, siting, and security of such units. While recognising that local sensitivity is essential and that there can be no 'off the shelf' unit, it makes a number of recommendations:

- (a) Clinicians need to be fully involved in the planning of new units, along with other stakeholders including user and carer groups, community health councils, etc;
- (b) Wards should be between 10 and 15 beds;
- (c) The minimum safe size for a unit is likely to be three 15-bedded wards;
- (d) The maximum size which avoids an overwhelmingly institutional feel, is around five wards (75 beds) unless the site is shared (e.g. with old age services);
- (e) All patients should have single rooms with en-suite facilities;
- (f) An option of separate, single gender facilities (e.g. day rooms) will still be needed for women who chose it;
- (g) The standard of finish and comfort needs to be significantly higher than at present;

- (h) Units should not exceed two storeys and should always include external space/gardens;
- (i) They should have a single, manned entrance and be sited on a district general hospital campus;
- (j) Television surveillance of non-clinical areas improves security;
- (k) Nurse staffing levels must increase and skill mix must not be diluted;
- (l) Current levels of disturbance require a resident duty doctor;
- (m) Each unit requires some intensive care provision;
- (n) Adequately trained staff is the key to a safe environment – security is not an isolated issue and must be considered throughout planning and policy information.

The Working Group identified a serious lack of reliable information on many areas to do with planning new units. Everyone seems to know what not to do. There is a pressing need to collect together examples of successful units and further refine the principles of what makes an in-patient unit work well for patients, staff and visitors.

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