

The Phoenix Rises

Restoring Psychiatric Formulation in Clinical Practice;

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Introduction

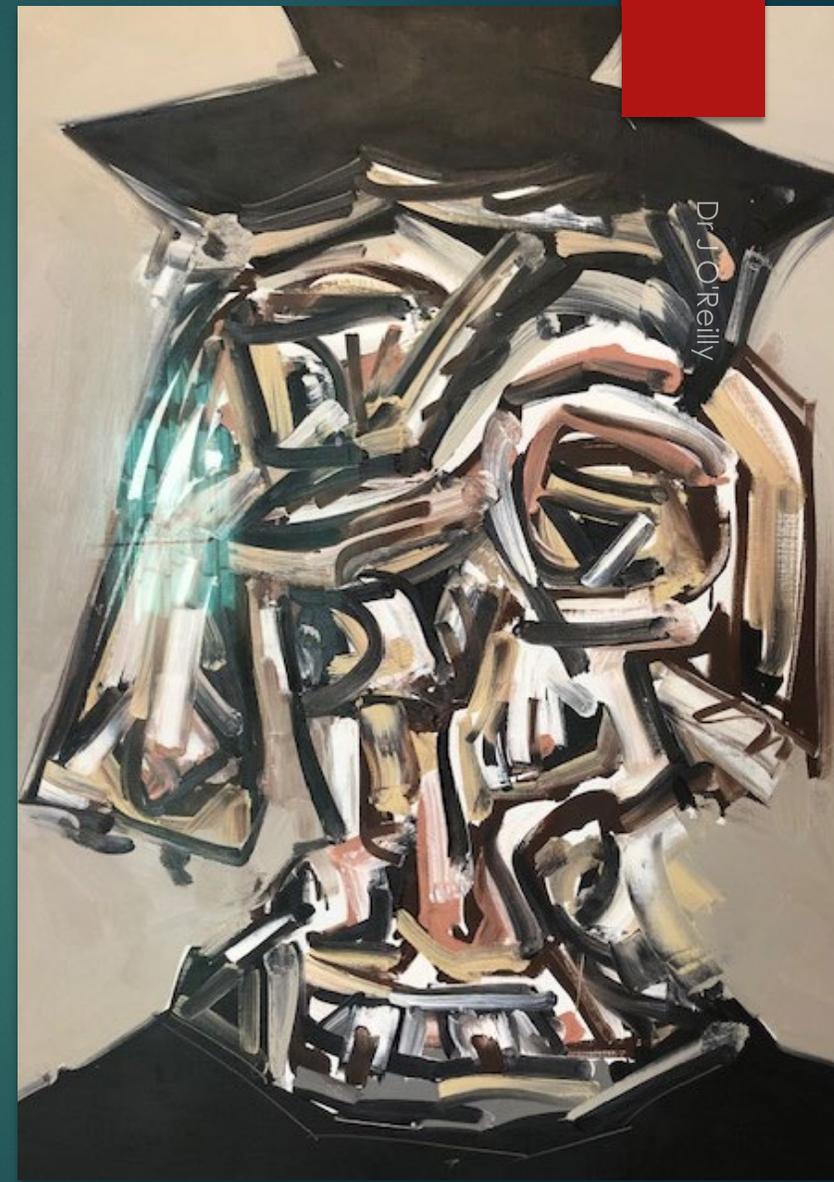
- ▶ Comprehensive, biopsychosocial formulation supported by the RCPsych as central to psychiatric care
- ▶ Many examples of excellent care/ services based on this approach
- ▶ BUT....also concern that we have drifted away from this in training and practice
- ▶ Implications for clinical care, service development and for our professional identity

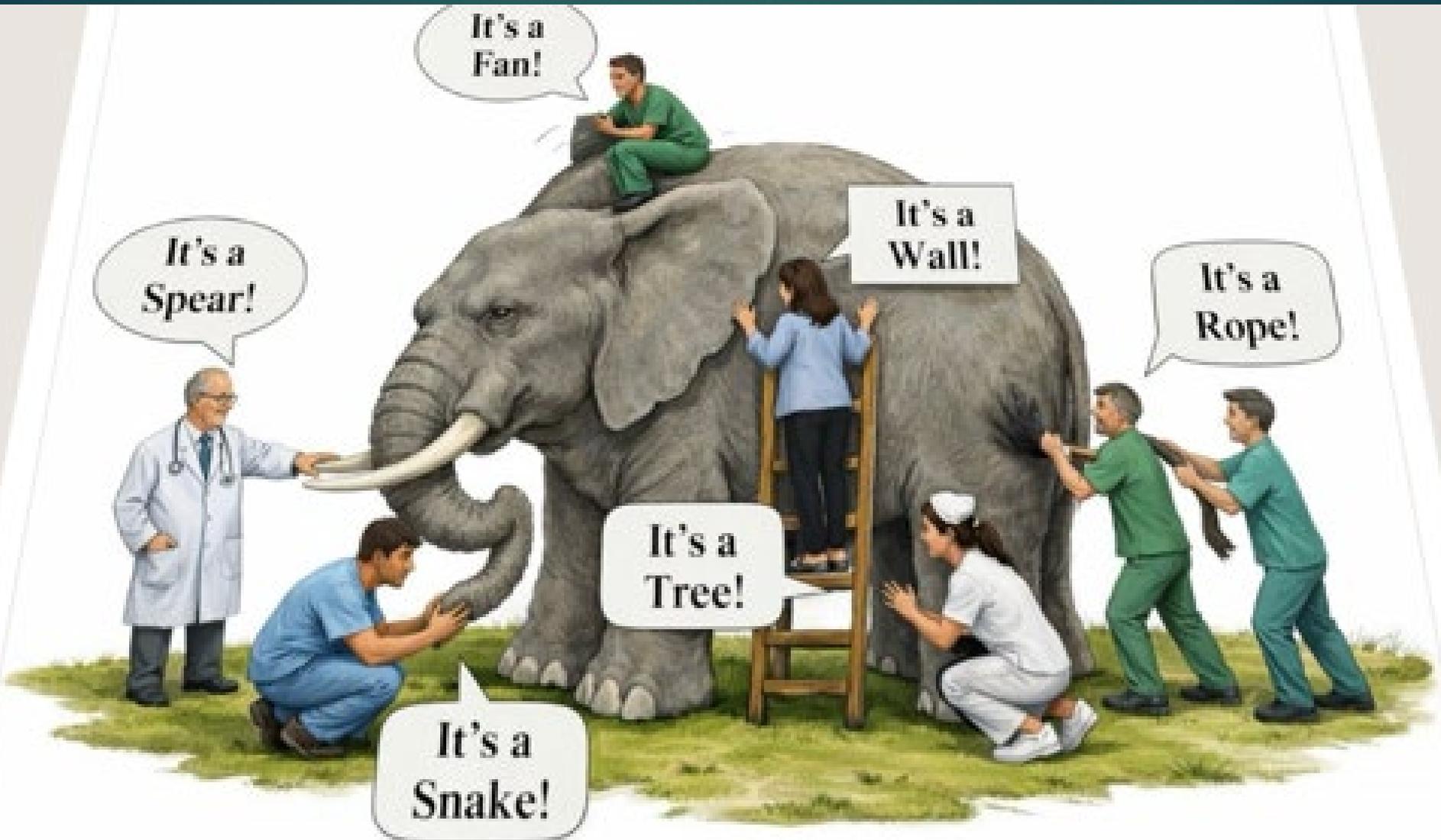
Recent actions to address this....

- ▶ Long case restored in WPBAs
- ▶ Formulation CPD Module in development
- ▶ NHS E Staying Safe from Suicide Guidance 2025 ; replaces risk assessments tools with formulation based safety planning
- ▶ Psychiatric Formulation Tool and guidance document created by faculties, patients and carers

Why does formulation matter?

- ▶ Mr G. many childhood challenges and difficulties in adult life
- ▶ Plethora of psychiatric symptoms
- ▶ Multiple referrals to different mental health services
- ▶ Diagnosed with depression, anxiety, ADHD, ASD, OCD, Panic disorder, cPTSD, dissociative disorder, chronic fatigue, insomnia, night terrors, oppositional defiant disorder
- ▶ Where was the person behind the diagnoses?





RCPsych Strategic Plan 2024-2026

1.1. Taking a leadership role in re-establishing therapeutic relationships in mental healthcareand in psychiatric training that help develop comprehensive biopsychosocial case formulation.

Advocating, educating and collaborating
to achieve excellence in psychiatry

Strategic Plan 2024-26

RCPsych Core Training curriculum

- ▶ Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors)
- ▶ Use an appropriate **formulation framework to devise a safe, systemic, effective, collaborative and coproductive management plan**
- ▶ Demonstrate an in-depth understanding of human psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life



Core Psychiatry

Royal College of Psychiatrists Core Training Curriculum (CT1 – CT3)

Version 1.0

Formulation as....

“A structured, shared understanding of how difficulties and psychiatric needs develop, how they may be triggered and maintained, and how they may be resolved”

RCPsych OP103 2017

- ▶ Seeks to make sense of what has happened, not just describe it
- ▶ A committed attempt to see the person behind the symptoms
- ▶ Incorporates biological, psychological, social and cultural factors
- ▶ An exercise in thinking

The Psychiatrist as Biopsychosocial Practitioner

- ▶ **Medical Drs** trained in pharmacology, physiology, the interface between physical and mental health, the body, the mind and the outside world
- ▶ **Psychologically skilled practitioners** trained in how the mind develops, in psychotherapeutic competencies, in advanced relational skills
- ▶ **Informed about the social determinants of health,**
- ▶ Experienced in working with complex systems and social networks
- ▶ Leaders in multidisciplinary teams with broad range of skill sets

Why a Biopsychosocial approach?

- ▶ No single cause of mental illness
- ▶ Emerging knowledge makes clear that biological, psychological, social and cultural factors interact and determine vulnerability to mental disorder, how we respond to adversity, and resources and challenges towards recovery
- ▶ ACE studies - impact of relational trauma and social adversity in the development of illness and life expectancy (Felliti et al, 1998)
- ▶ Impact of social adversity upon mental health – WHO 2022
- ▶ Epigenetics impact of environment upon genetic expressions
- ▶ Neuropsychoanalysis - quality of early nurture shapes neurocircuitry of the brain

Importance of a Biopsychosocial approach to treatment

- ▶ Multifactorial nature of mental illness needs a multifactorial approach to treatment
- ▶ Strength of positive relationship with the prescriber predicts response to medication (David Mintz) . **Pharmacology is also a psychological treatment**
- ▶ Evidence for changes in brain functioning after psychological treatments) (Karlsson et al 2009. **Psychotherapy is also a biological treatment**
- ▶ Efficacy of Family therapy for psychosis (eg Leff et al 1982)
- ▶ Therapeutic relationships are the strongest predictor of good clinical outcomes (NHSE Culture of Care Program 2023)

Have we drifted away from psychiatric formulation in daily practice and training?

- ▶ How do we use the detailed histories we gather?
- ▶ Under pressured working conditions can we struggle to find time to build a formulation?
- ▶ Can we view formulation as belonging to the skill set of other professionals?
- ▶ Can knowledge of our patients' histories get lost in the record systems we use?
- ▶ Are we training the next generation to feel confident in their formulation skills and modelling this to them in daily practice?

Psychiatric Formulation and Template Document

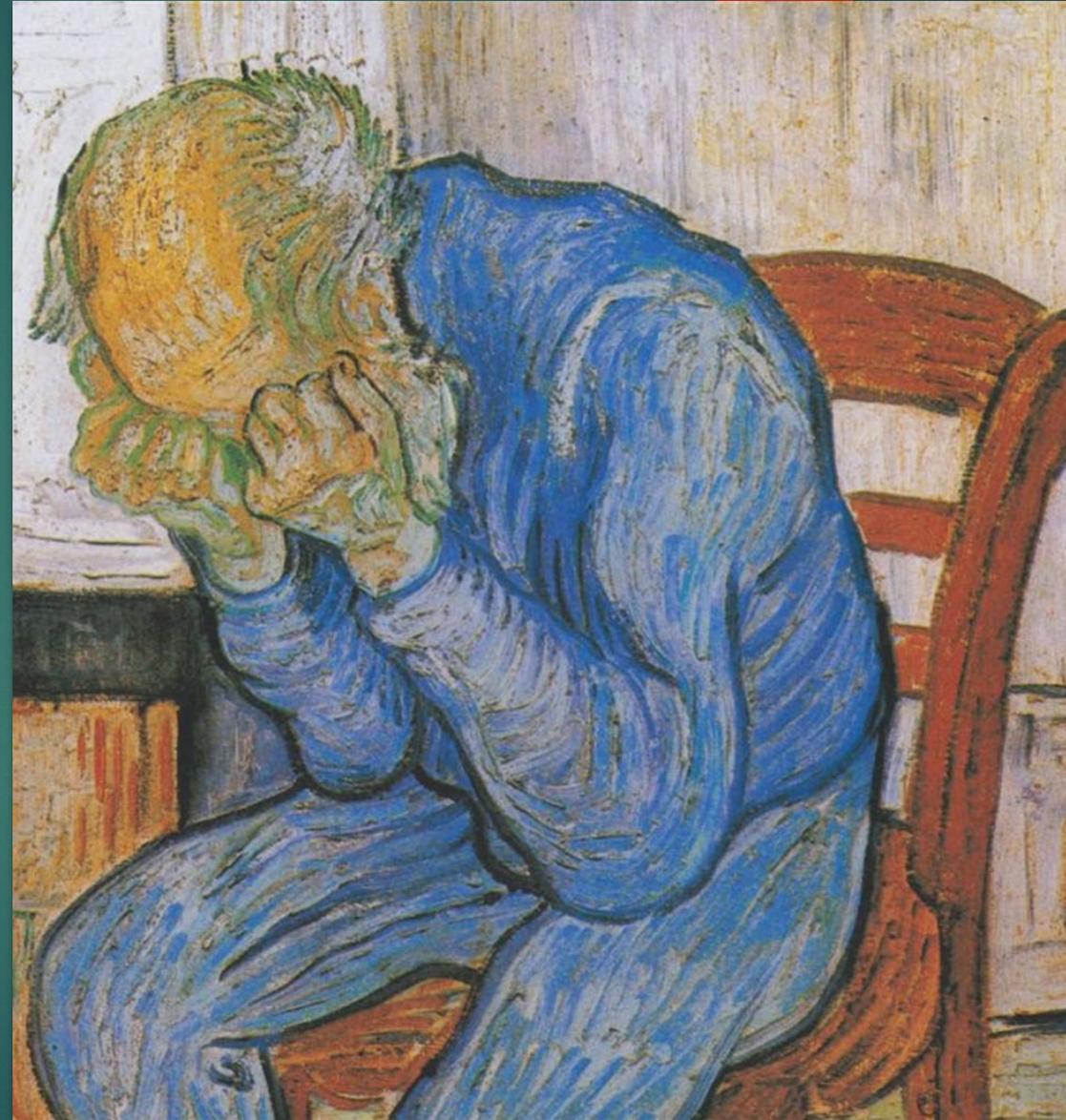
- ▶ Created with cross faculty working group, patient and carer expertise
- ▶ **Core principles;**
 - ▶ Meaning making
 - ▶ Collaborative
 - ▶ Relationships first
 - ▶ Comprehensive yet focussed
 - ▶ Transparent
 - ▶ Accessible language
 - ▶ A **dynamic document** which evolves with new learning
 - ▶ **Incorporates different models** to adapt on an individualised basis
 - ▶ **Informs every clinical encounter, management and safety planning**

Key Principles 2

- ▶ Presenting, Predisposing, Precipitating, Perpetuating and Protective factors all considered from a BPS perspective
- ▶ Holistic approach to understanding the current situation
- ▶ Provides basis for identifying priorities for treatment
- ▶ Draws upon strengths to support recovery
- ▶ Addresses potential barriers to recovery
- ▶ Applies a biopsychosocial lens
- ▶ Considers “treatment resistance” or “non-compliance” holistically
- ▶ A living document in the notes

Formulation sits alongside Diagnosis

- ▶ **Diagnosis**
- ▶ Descriptive and helpful in identifying the type of mental disturbance
- ▶ **Formulation**
- ▶ Offers a different experiences for the patient, families and staff
- ▶ Conveys mental health symptoms may be understandable-looks at the why, the why now, and what to do in short, medium and longer term
- ▶ Less pathologising and reduces stigma
- ▶ Makes explicit that the patient and their social network have resources and agency in management



Next steps....

- ▶ To finalise psychiatric formulation tool and guidance for use across mental health services
- ▶ To emphasise psychiatry as a thoughtful, meaning making, relational and patient centred profession
- ▶ To support RCPsych strategy and training curricula
- ▶ To assert psychiatric care as based upon compassion, relationships, science, curiosity and humanity





From Principles to Practice: Using the Formulation Template

- ▶ Restoring formulation to everyday clinical care

What the Template Is (and Is Not)

- ▶ Not another form
- ▶ Not replacing diagnosis
- ▶ Not extra work

It IS:

- ▶ A thinking framework
- ▶ A shared narrative
- ▶ A bridge to treatment and safety planning

The Structure: The 5 Ps

- ▶ Presenting
 - ▶ Predisposing
 - ▶ Precipitating
 - ▶ Perpetuating
 - ▶ Protective
-
- ▶ Across Biological, Psychological and Social domains

Starting with the Person

Begin with 'My Story So Far'

- ▶ Patient's own words
- ▶ Their meaning
- ▶ Their priorities

- ▶ Shift from assessment to understanding



Bringing It Together

- ▶ Why this person?
- ▶ Why this problem?
- ▶ Why now?

- ▶ Integration creates understanding and guides care



Co-Created Management Plan

Shared plan across:

- ▶ Biological
- ▶ Psychological
- ▶ Social

- ▶ Immediate
- ▶ Medium term
- ▶ Long term



What Makes This Different

- ▶ Collaborative
- ▶ Dynamic
- ▶ Transparent
- ▶ Accessible
- ▶ Meaning-focused

- ▶ A living document



Why This Matters Now

- ▶ Restores meaning
- ▶ Strengthens relationships
- ▶ Improves safety planning
- ▶ Enhances outcomes

What You Can Do Tomorrow

1

Start with the patient's story

2

Use the 5 Ps

3

Share the formulation

4

Keep it dynamic



Closing

- ▶ Formulation is the bridge between understanding and healing
- ▶ Restoring the heart of psychiatry