

Psychiatric formulation:

A practical guide

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Formulation is more than a clinical tool. It helps us see and understand the person behind the clinical presentation. It sits alongside diagnosis, and is central to compassionate, safe and effective care.

This practical guide and the accompanying Psychiatric Formulation Template have been developed together to support clinical application of the biopsychosocial approach embraced by the Royal College of Psychiatrists. Both are designed to be comprehensive, inclusive and flexible.

There are many models of formulation. This guide and template draw upon different models to provide a comprehensive framework from which clinicians can draw on different perspectives relevant to each unique individual. Formulation and formulation-informed thinking should be part of every psychiatrist's skill set and should underpin their approach to every clinical encounter.

What is psychiatric formulation?

Psychiatric formulation:

- Develops a structured but flexible shared understanding of how a person's current difficulties and psychiatric needs may have developed, how they may be maintained and how they might be resolved.
- Brings together biological, psychological and sociocultural factors throughout, and the interactions between them.
- Is co-produced with the patient and, where appropriate, family members, carers or others they wish to involve, with the aim of being useful to all parties.
- Respects the person's own understanding of their experiences and captures different views, gaps in information and areas of uncertainty.
- Enables individualised and holistic safety planning and treatment.
- Evolves over time as new information and perspectives emerge or the person's circumstances change.
- May, in itself, act as a therapeutic intervention through the process of listening, thinking together and developing shared understanding.

Core principles of formulation

- **Relationships first:**

Recognise and prioritise the therapeutic importance of clinical relationships. Ground these relationships in curiosity, empathy and therapeutic connection.

- **Focused on meaning, not just recording information:**

Examine how relevant information fits together to help understand the current situation and clinical presentation, rather than simply filling out a form

- **An exercise in thinking and asking:**

Always ask: *How does this information help us understand the person?*
What needs to be addressed now and/or in the medium and longer term?

- **Collaborative narrative:**

Build a shared account *with* the patient, not simply an account *about* them.

- **Comprehensive but focused:**

Include relevant information to explain the patient's current needs without reproducing the entire assessment.

- **Open to revision:**

Treat formulations as provisional explanations that can be questioned and revised, rather than as definitive conclusions.

- **Transparent and shareable:**

Share the formulation with the person and, where appropriate, others they have agreed to involve. Make clear any differences in perspective, uncertainty or gaps in information.

- **Accessible and inclusive language:**

Avoid unnecessary jargon and abbreviations. Adapt the language used to be understandable to the patient and, where appropriate, family members, carers or others they wish to involve. Consider age, background, communication preferences and cognitive or neurodevelopmental needs.

The Five P's Framework

The Five P's can help organise relevant information, but completing the framework does not in itself constitute a formulation. The key task is to draw forwards the relevant information to develop a coherent, holistic and individualised understanding as the basis for management planning.

A comprehensive formulation will consider each of the following from biological, psychological, sociocultural perspectives. Relevant factors may overlap and interact across these areas, so approach the presenting issue(s) through a broad lens.

1 Presenting issue(s):

Include the perspectives of the person, those they wish to involve in their care, and the clinical team, noting any differences.

2 Predisposing factors:

Pre-existing vulnerabilities, including childhood adversity.

3 Precipitating factors:

Events or stressors associated with the onset or worsening of the difficulties.

4 Perpetuating factors:

What may be maintaining or worsening the difficulties, including relational patterns, social circumstances, treatment and experiences of services.

5 Protective factors:

The person's strengths, potential resources and positive past responses to interventions.

Key areas to consider

Biological factors	Psychological factors	Sociocultural factors
• Family history of relevant mental and physical health conditions • Birth and developmental history • Medical history, past and present conditions and treatments • Current and previous medication and/or physical treatments, including responses, adverse effects and the person's preferences • Lifestyle: diet, physical activity, sleep and other health-related routines • Substance use, including alcohol and other legal or illegal substances	• Developmental and relational experiences, losses, including trauma and abuse • Relationship patterns, past and present • Self-beliefs, worldview, coping style • Engagement with care and clinical relationships, including experiences and factors that help or hinder engagement • Clinician and team observations, including emotional and relational responses • Previous psychological treatments and the person's responses to them • Capacity to consent to proposed care or treatment, where relevant	• Cultural and ethnic identity, faith or spirituality, and the meanings the person gives to their mental health difficulties • Social supports and networks • Housing and living circumstances • Work and education circumstances and background • Financial circumstances, past and present • Experiences of discrimination, bullying or conflict • Migration history and immigration or asylum-related circumstances, where relevant • Forensic considerations

How to use this guide in practice

- This is an aid to thinking, not a tick-box exercise.
- Think dynamically, not statically. Revisit and update the formulation regularly and whenever the person's circumstances or the shared understanding of their difficulties and needs changes.
- Focus on interactions between domains rather than treating each domain separately.
- Develop a compassionate account that helps make sense of the person's current situation and demonstrates that the current situation is understandable.
- Identify and reinforce protective factors and resources, while recognising challenges to recovery or other personally meaningful goals.
- Develop person-centred, needs-based management and safety planning from this information.
- Identify immediate, medium- and longer-term priorities for management.
- Signpost to relevant information or records held elsewhere if needed.

Remember:

Formulation is not just paperwork. It is the bridge between gaining understanding and taking meaningful action. Done well, it can strengthen therapeutic relationships, support decision-making and care, and contribute to better outcomes.

Authors and contributors

This guide and the accompanying Psychiatric Formulation Template were developed by Dr Jo O'Reilly and Dr Jon Van Niekerk, with contributions from other members of the Cross-Faculty Formulation Working Group, including patient and carer representatives.

Further reading and national guidance

Clinicians should also follow the relevant national legislation, professional guidance and locally approved policies.

- Royal College of Psychiatrists (2017) *Using Formulation in General Psychiatric Care: Good practice* Occasional Paper. [OP103](#) (RCPsych log-in is required for access)
- National Institute for Health and Care Excellence (2022) *Self-harm: assessment, management and preventing recurrence*. [NICE guideline NG225](#). This guideline applies in England, is available for use in Wales and was endorsed for implementation in Northern Ireland by the Department of Health in January 2023.
- Wider national policy frameworks regarding suicide prevention and self-harm include:
 - **England:** [Mental health personalised care framework. Annex A: Safety assessment, formulation and management planning \(2026\)](#)
 - **Northern Ireland:** [Protect Life 2](#)
 - **Scotland:** [Self-Harm Strategy and Action Plan 2023–2027](#)
 - **Wales:** [Understanding: A Suicide Prevention and Self-Harm Strategy 2025–2035](#)