

## ABILITY TO DEVELOP A FORMULATION OF THE ACUTE MENTAL HEALTH CRISIS

The section focuses on developing a formulation of the acute mental health crisis with patients. These competences are for those with a core profession and/or those with sufficient and appropriate training.

### Knowledge

An ability to draw on knowledge that a formulation aims to understand the development and maintenance of the patient's current crisis and reasons for admission, and that formulations:

are tailored to the patient and their family and carers

comprise a set of hypotheses or plausible explanations that draw on theory and research to understand the details of the patient's presentation (as identified through assessment)

inform their care plan

An ability to draw on knowledge that models of formulation include:

generic formulations, which draw on biological, psychological, and social theory and research

model-specific formulations, which conceptualise a presentation in relation to a specific model, and usually overlap with the generic formulation

An ability to draw on knowledge that the formulation should usually be explicitly shared and co-constructed with the patient and their family and carers

An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges (for example, through ongoing collaboration with the patient and their family and carers)

An ability to draw on knowledge that best practice is for formulations to be multidisciplinary and 'owned' by everyone in the team

An ability to draw on knowledge that one of the main functions of a formulation is to help guide interventions to reduce the crisis and promote safety

An ability to draw on knowledge of models of crisis and risk behaviours that can help to guide the content of a formulation

An ability to draw on knowledge of generic formulation factors (such as, predisposing factors, precipitating factors, maintaining factors, and protective factors)

An ability to draw on knowledge that the formulation should be culturally sensitive and incorporate culturally relevant protective factors (for example, spirituality and religion)

### Ability to develop a formulation

An ability to generate a comprehensive list of all the presenting problems

An ability to integrate assessment information into an understanding of the presenting problems, drawing on sources of information such as:

the patient and their family and carers' perception of the presenting problems

associations between the onset, intensity and frequency of the presenting problems and the patient's psychosocial environment (for example, relationship breakdowns or trauma)

the results of a functional analysis which records the antecedents and consequences of a particular behaviour

theory and research that identifies biological, developmental, psychological, and social factors associated with an increased risk of mental health difficulties

theory and research that identifies biological, psychological, and social factors associated with mental wellbeing

An ability to identify a care plan that accommodates and addresses the issues identified by the assessment and formulation particularly those that relate to the current crisis and risk behaviours
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An ability to revise the formulation in the light of feedback, new information or changing circumstance
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An ability to use team reflections and responses, alongside evidence, to make sense of the maintenance of difficulties and identify team-level changes that might need to be made to address these
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An ability to construct a comprehensive formulation that draws on a specific model and:
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identify issues relating to the presenting problems and risk behaviours
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addresses any contradictory reports of a problem (for example, where the patient's account differs from that of their family and carers or mental health staff)
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demonstrates an understanding of the patient's inner world (cognitive, behavioural, emotional, and physiological experiences) and interpersonal experiences
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