

Introduction

Team formulation supports teams in developing a shared holistic understanding of a SU's difficulties and creating a support plan (Johnson & Dallos, 2013). Implementation of the plan often needs to be followed up (Kramarez et al., 2022), with psychologists reporting that formulations are a meaningful use of time if implemented (Wood, 2016).

With an increased demand for psychological input, with the context of decreased availability of psychological practitioners and systemic pressures following the COVID-19 pandemic a novel approach is needed.

Psychologists could offer consultation sessions to address the non-implementation of plans and increase psychological mindedness within teams to further reduce pressure on psychological practitioners whilst also potentially increasing staff and psychologist well-being and job satisfaction and improving SU experiences and satisfaction.

Project Aims

The project aimed to:

- Evaluate if the initiative is a resourceful way to allocate psychologists' time.
- Inform the psychologist on the staff's experiences of team formulation and consultation sessions and its effect on relational factors.
- Identify if team formulation and consultation sessions increase staff & psychologists' job satisfaction, and increase positive service user experiences & satisfaction.

Methodology

CMHT staff who engaged in, and psychologist who facilitated, the formulation and consultation sessions were asked to complete self-report questionnaires. Questionnaires utilised seven-point Likert scales and open-ended questions based on Team Formulation Quality Rating Scale (TFQS; Bucci, et al., 2019).

Service users who were involved in consultation sessions were also asked to complete a questionnaire which included a five-point Likert Scale and open-ended questions. Feedback from a focus group consisting of service users were used to develop the questionnaire.

A mixed methodology was used, with descriptive statistics and content analysis (White et al., 2006) summaries from feedback from all groups presented.

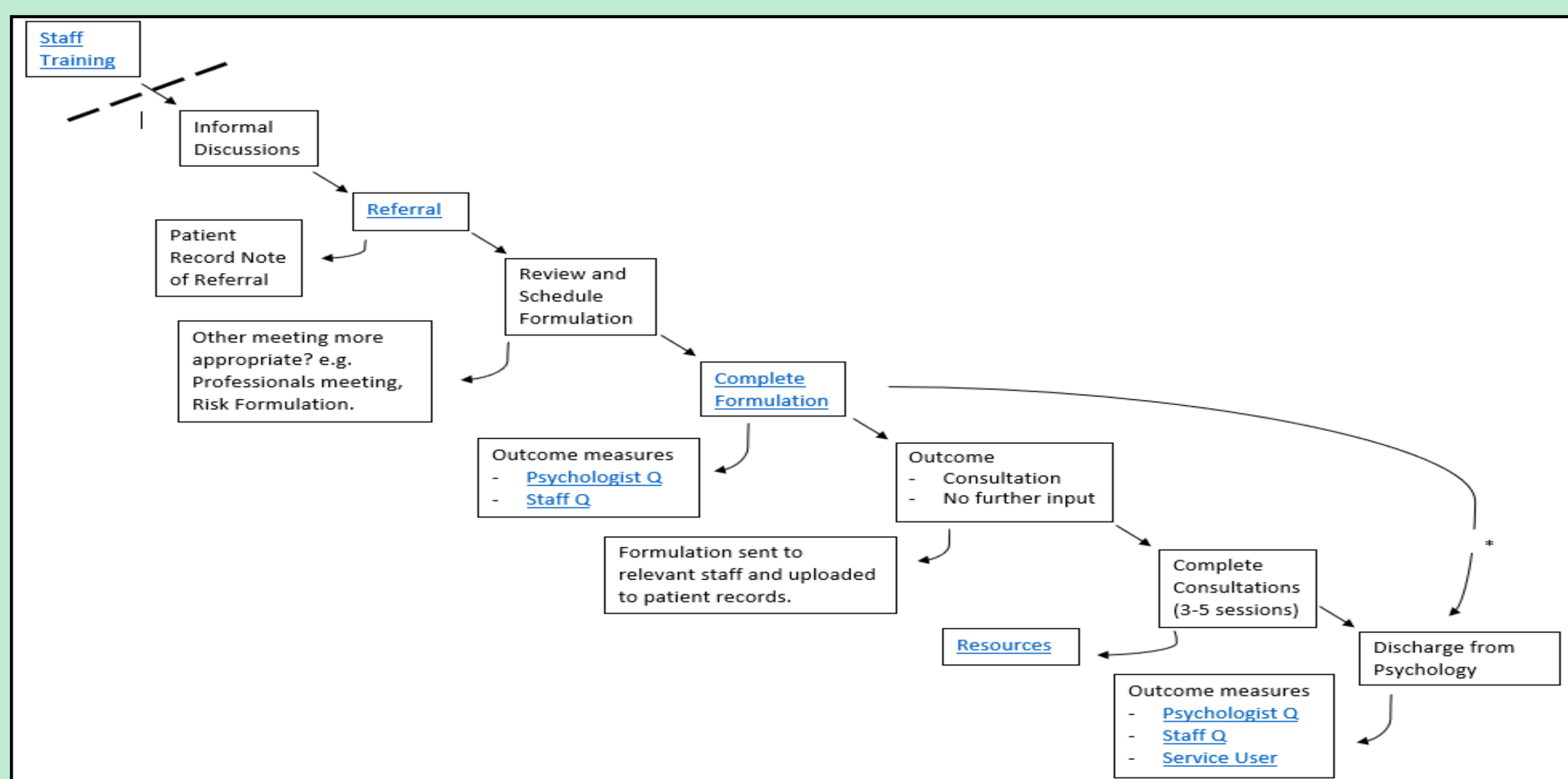


Figure 1: Standard Operating Procedure for Formulation-Consultation Model

Conclusions

Preliminary results:

- The formulation-consultation model could be a resourceful way to allocate psychologists' time to meet the increased demand for psychological input from increased systemic pressures.
- Further implementation could reduce waiting times for psychological services and enable SUs to 'wait well'.
- Reduce broader system pressures within secondary care mental health by facilitating safe discharges from services

Key recommendations:

- Upscaling the initiative to other CMHTs within the health board to increase referrals and views from a broader sample
- Utilising wider psychological staff e.g., Assistant Psychologists for data collection, Clinical Associates in Clinical Psychology, and Trainee Clinical Psychologists for collecting data or formulations and consultations.

References

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Results

Formulation - Descriptives

Staff and psychologists reported to have found it helpful and were likely to request and offer it in future, respectively.

Staff reported that it was most helpful in developing a shared team understanding and a consistent approach, drawing on the knowledge and skills of other professionals and gathering all information in one place.

	Formulation	Consultation
Community Psychiatric Nurse	3	3
Social Worker	7	0
Medic	6	0
Support Worker	3	0
Occupational Therapist	1	0
Psychological Practitioner	4	0
Other	3	0
Psychologist	9	3
Service User	N/A	1

Figure 2: Staff involved in Team formulations and Consultation sessions.

The psychologists reported that it gave them a sense of job satisfaction, they felt valued as team members, the staff engaged well, there were no barriers that were difficult to overcome, and led to a plan to move forward.

Consultation- Descriptives

Staff that session were very helpful in collaboratively working and improving their relationship with an SU, working psychologically, increasing job satisfaction, and developing skills.

The psychologist indicated it left them feeling confident, like a valued team member, that the staff developed an understanding of the SU and had an improved working relationship.

Formulation—Content Analysis

12 key subcategories were noted within the data with four overarching categories, of which are presented below.

Category			
Team Working	Relation to Client	Intrapersonal Processes	Navigating Complexity
1. Multidisciplinary Approach	5. Knowledge of the client	8. Less hopeless, lost or unconfident	11. Complexity Working
2. Perspective Change	6. Increased empathy	9. Space to think clearly	
3. Shared Plan	7. Person Centred	10. Inclusive	
4. Sharing knowledge among professions			

Figure 3: Subcategories and categories identified from staff post-formulation responses.

Content Analysis—Consultation

Content analysis of the open-ended questions on staff and psychologist consultation questionnaires indicated several strengths corroborating the descriptive data. Challenges were however noted in engaging service users to attend consultation sessions.

The SU reported that consultation sessions helped them better understand the link between their experiences and current difficulties, felt valued and listened to, had a choice in their care plan, and felt comfortable asking questions.

In contrast, the SU reported that they may or may not recommend consultation sessions to other SUs; however, they did not identify any significant challenges or suggestions to improve.

Discussion

The results corroborate the previous findings on the impact of team formulation on staff.

The results would suggest that consultations are perceived as a helpful addition to formulation, potentially enhancing the relational and practical benefits and therefore, could be a resourceful way to allocate psychologists' time. Consideration however need to be taken towards engaging service users with the process.

Limitations

- Sample size of participants, particularly in the number of responses for consultation sessions due to formulation outcomes e.g. discharge.
- SU feedback was based on the response of a sole SU, which may not be generalisable; this was a result of several clients being collaboratively discharged following formulation.
- Response bias with the study being conducted by a member of the psychology team. Attempts were, however, made to minimise this using the psychologist as facilitator and trainee as the principal researcher.