



Developing Psychologically Informed Consultation (PIC): A Guide for Psychological Professionals



About the Psychological Professions Network Midlands (PPN Midlands)

The PPN Midlands is a regional membership network for all registered, trainee and aspiring psychological professionals, experts by experience and other interested parties contributing to NHS commissioned psychological healthcare across the Midlands.

We are commissioned by NHS England to provide a joined-up voice for the psychological professions in workforce planning and development, and to support excellence in practice. We are one of seven regional PPNs who come together to form the national Psychological Professions Network.

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Executive Summary

The purpose of this guidance is to introduce a framework for the implementation and delivery for Psychologically Informed Consultation (PIC) for psychological professionals. PIC can be understood as the process of sharing the psychological skills and knowledge of the consultant, who is the professional with more training in a particular area, with a consultee. It draws on psychological principles to enhance the treatment/support plan of the person under consideration. PIC can be offered to colleagues across health and care, whether individually or as teams, where there are challenges arising in service delivery.

A PIC function should have a clear purpose and be part of the overall psychology and psychological therapies strategy, and service procedures. Those offering PIC should have the required skills and knowledge and be supported to engage in supervision to continue to develop consultation skills. The model offered in this guidance to inform the delivery of PIC is based on the premise that PIC follows a similar process to psychological treatment.

There are four stages which include:

1. Identification of the problem being brought to consultation.
2. Development of a psychological formulation (understanding) of the presenting problem.
3. Offering advice based on the formulation.
4. Evaluating the understanding gained by the consultee(s) and their ability to put the consultation advice into practice within the system in which they operate.

For some areas of mental health provision, NHS England have specifically recommended that PIC should be part of service provision. One such area is the provision for Complex Emotional Needs/difficulties associated with a diagnosis of "Personality Disorder". PIC can serve a function of increasing the knowledge and understanding of the complex emotional and relational difficulties experienced by this group of people. It can be offered to colleagues in secondary mental health care, and to colleagues across the broader Integrated Care System.

1. Background and context

PIC can be understood as the process of sharing the psychological skills and knowledge of the consultant, who is the professional with more training in a particular area, with a consultee. The consultant works collaboratively with the consultee(s) towards a shared psychological understanding or formulation about the service user to inform support offers.

(PPN Midlands PIC Working Group, 2025)

The aim of this guidance is to provide information for psychological professionals on Psychologically Informed Consultation, referred to in this document as PIC. PIC is a key activity for many psychological professionals but there is currently no agreed upon definition of PIC, nor standards to guide its implementation and delivery. The purpose of this guidance is to introduce a framework for the implementation and delivery for PIC for psychological professionals.

PIC can be understood as the process of sharing the psychological skills and knowledge of the consultant, who is the professional with more training in a particular area, with a consultee. The consultant works collaboratively with the consultee/consultees towards a shared psychological understanding or formulation about the service user (person) to inform treatment/support offers.

2. The purpose of this guidance

The purpose of this document is:

- To identify the aims, purpose and benefits of delivering PIC within health and care settings/services in England;
- To offer recommendations on the governance and infrastructure required to facilitate PIC; and
- To provide professional recommendations for registered practitioners offering Psychologically Informed Consultation.

The intended audience for this document are:

- Psychological Professionals offering Psychologically Informed Consultation. This may include Practitioner Psychologists, Clinical Associates in Psychology, Psychotherapists, and Mental Health Practitioners accredited in a psychological therapy (for example, Dialectical Behaviour Therapy, Cognitive Analytic Therapy, or Cognitive Behaviour Therapy); and other registered Mental Health professionals who

have undertaken accredited training to deliver a psychological therapy (e.g., Dialectical Behaviour Therapy, Cognitive Analytic Therapy, Cognitive Behaviour Therapy).

- Commissioners of services delivering Psychologically Informed Consultation.
- Senior Managers/Leaders e.g. Chief Psychological Professions Officers (CPPO) (responsible for ensuring infrastructure and professional governance) is in place to implement effective PIC.

Our intention is that this guidance offers clarity and practical support for those involved in the implementation, delivery, and evaluation of PIC.

Whilst this guidance is intended for consultants delivering Psychologically Informed Consultation (PIC), it may also be useful for anyone seeking a deeper understanding of PIC principles.

We recommend that services develop their own local resources to promote their psychologically-informed consultation to potential consultees, drawing upon the content of this guidance as appropriate.

(PPN Midlands PIC Working Group, 2025)

This guidance applies universally to PIC offered to colleagues across health and care. It offers an overarching framework which can be applied in a range of settings including clinical health psychology, children and young peoples' services, mental health services, primary care, and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

For some areas of mental health provision, NHS England have specifically recommended that PIC should be part of service provision. One such area is the transformation of provision for Complex Emotional Needs/difficulties associated with a diagnosis of "Personality Disorder". The final section of this guidance attends to some additional considerations for this area of work. Specifically, it considers the rationale for the implementation of PIC and the infrastructure and professional governance that may be required. There may be specific considerations for other presenting needs or clinical populations developed over time by specialists in these areas, drawing upon this overarching guidance.

3. Aims and benefits of PIC

The National Vision of the Psychological Professions aims to transform lives and communities by extending and embedding psychological knowledge and practice across the whole of health and care. PIC is an example of how psychological principles can be applied across health and care. It does this in three main ways:

- It can address challenges arising in the delivery of mental and physical healthcare, social care, and community and voluntary provision, where psychological factors may be affecting engagement with, and/or ability of the person to benefit from provision. Importantly, this can improve patient experience, system flow, and ultimately productivity and value for money.
- Demand for psychological therapy has increased and conversely the public may not wish to enter NHS commissioned psychological treatment/therapy services. PIC is therefore a psychological intervention that has the potential to reach a higher number of people and is economically favourable and systemically impactful.
- Consultation provides an alternative way of meeting people's needs where these needs might not be best met by psychological therapy. In these circumstances, PIC allows the application of psychological principles to social intervention, occupational intervention, support intervention, and care coordination. This supports people to continue to be offered psychosocial intervention, and it further accelerates recovery. Consultation also has a restorative impact for staff across health and care. It allows professionals to reflect on their responses to the work and learn new ways of working. This not only improves delivery of care for the service user but also improves consultees' confidence and helps them to manage the personal impact of their working relationships with service users. This can improve their satisfaction at work, and wellbeing.

4. Infrastructure and governance

This section offers guidance on the infrastructure and governance required in service settings to facilitate the effective implementation and delivery of Psychologically Informed Consultation (PIC). We would recommend:

- 1) A PIC function should have a clear purpose and be part of the overall psychology and psychological therapies strategy.
- 2) The purpose and functioning of PIC provision should be clear in relevant service procedures, with explicit statements as to how it supports treatment and provides systemic support.
- 3) Managers/Leaders should support their staff to access PIC appropriately as required and support their staff to implement the recommendations offered in consultation.
- 4) Those offering PIC should have this as part of their job description/job plans. The nature of consultation they offer should match the skills and knowledge required for their role.
- 5) The professional offering PIC should only offer it where it fits within their area of competence and training.
- 6) Those developing skills in delivering PIC should engage in supervision to enhance their psychological consultation skills. This can form part of their clinical supervision.

- 7) Those offering PIC should have space within their own clinical supervision to reflect on their offers of consultation.
- 8) Where requests for consultation pertain solely to the consultee wishing to build confidence in a specific psychological model or to improve wellbeing, then training or supervision should be considered as alternatives.

5. The delivery of consultation: A model for those delivering Psychologically Informed Consultation

5.1. Overview of the stages of PIC

PIC can be provided to either an individual consultee or a group of consultees, such as a team engaged in collaborative work with the individual, potentially spanning multiple agencies. The delivery model outlined below is founded on the principle that PIC adheres to a process comparable to that of psychological intervention.

- The first stage is **identification** of the problem being brought to consultation.
- The next stage is collaborative development of a psychological **formulation** (understanding) of the presenting problem.
- In psychological therapy, the next stage is intervention. Thus, the intervention in PIC is the **advice** based on the formulation developed between the consultant and consultee within the consultation.
- The final stage is **evaluation**. In consultation this is evaluating the understanding gained by the consultee(s) and their ability to put the consultation advice into practice within the system in which they operate.

Figure 1: A model of Psychologically Informed Consultation



5.2. Detailed description of the stages of PIC

Stage 1: Identifying the problem

The question for the consultation should be made explicit. The consultee(s) and consultant should agree on the problem being consulted on to foster the consultative alliance. Information on the problem can be gathered ahead of time from the consultee(s) (see examples of pre-consultation forms in Appendix 1).

The problem for consultation could be any question arising during their work with a specific person accessing their provision. Below are some examples of questions/problems which may be brought to PIC:

- Staff finding it difficult to meet the person's needs through current provision being offered.
- Difficulties identifying and understanding the person's needs.
- The person struggling to access services effectively or experiencing difficulties with the boundaries around available support.
- The person engaging/communicating with services in potentially harmful ways (e.g. being abusive).
- The person struggling with behaviours that may negatively impact themselves (e.g. contributing to ongoing difficulties and/or increasing distress in the longer term) and the service (e.g. impact on staff safety and/or well-being and working relationship).
- The member of staff is wishing to reflect on their relationship with the person to ensure they are working within a trauma-informed care philosophy. This may include them wanting to understand the patterns they may be inadvertently pulled into which replicate the person's earlier experiences of relationships (e.g., a pull to reject, control, punish/criticise, fragilize, over-care etc).
- Staff wanting to discuss queries and concerns related to safety.

The problem being consulted on should be deemed appropriate for PIC by the consultant. They should consider whether the psychological models they are trained in can be utilised to answer the specific question for consultation.

Stage 2: The consultation formulation

- The consultation should then proceed to develop a formulation of issues pertaining to the question for consultation based on relevant psychological theoretical models and evidence-based practice. The consultant should have the relevant training/expertise in the theoretical models applied and evidence-based practice.
- The formulation will be of the presenting problem brought to the consultation and will be based on the information presented in the consultation. It is unlikely to be a formulation of the whole of the person. In general, there is no expectation that the consultant will have read healthcare records about the person in advance of the consultation. However, consultation on this guidance with professionals has revealed that clinical governance in some organisations specify a certain amount of familiarity with the case from healthcare

records. Ensure that you adhere to the clinical governance arrangements of your employing organisation.

- The psychological formulation of the difficulties generated in the consultation should explicitly take account of social and cultural factors.
- The consultant will make a judgement as to what aspects of their emerging formulation are conveyed to the consultee(s) and this will be guided by 1) the problem brought to the consultation, and 2) what is most appropriate and relevant for the consultee to understand from the formulation in addressing the consultation question.
- The formulation should be communicated to the consultee(s) in accessible language, within their frame of reference, and their understanding of it should be clarified.

Stage 3: Advice offered from formulation

- It is expected that there will be two or three recommendations from the consultation that are captured verbally and in writing for the consultee(s).
- Recommendations/advice should explicitly link to the psychological formulation generated and be based on relevant theoretical models and evidence-based practice.
- The advice offered should be matched to the knowledge, skills, and experience, of the consultee(s) and should consider the environment in which they work to ensure the recommendations are realistic and achievable.
- Advice offered should always foster trauma-informed practice within the consultee(s) (i.e., engendering respect, compassion, fostering trust, fostering empathic validation, supporting alternative responses where rejection, over-care, or punishing responses may have the potential to arise).
- The advice will inform decision making about treatment and/or support. The responsibility for the decisions made regarding any treatment or care remains with the consultee(s).

Stage 4: Evaluation of consultation

- The consultee(s) should be invited to offer feedback on the extent to which they feel they can implement the advice offered in the consultation.
- Anticipated problems with implementation of advice should be openly discussed and resolved. Where systemic issues are impacting on the implementation of advice, there should be a mechanism for escalation of problems to relevant managers/leaders.
- A judgement should be made collaboratively between consultant and consultee(s) as to whether further consultation appointments are required to answer the initial question and support implementation of advice.
- After the consultation, there should be a clear written record of the formulation and advice given which is in language accessible to the consultee(s). The consultation team will need to decide whether this is captured in healthcare records and agree with the consultee where the information can be shared consistent with the information governance policies and procedures of the service setting concerned.
- Teams offering PIC will benefit from an evaluation form to determine the effectiveness of consultation from the perspective of the consultee(s). It is recommended that this

explicitly evaluates the components of consultation identified in this guidance (see example of consultation feedback forms in Appendix 2).

5.3. Defining what is “not” consultation

There is consensus that PIC is not the same as clinical or management supervision. Although there are some fundamental similarities, there are also some key defining differences that separate them as different offers of support.

(PPN Midlands PIC Working Group, 2025)

In PIC, it is important to clarify what is not consultation. For example:

- The nature of the relationship in consultation is non-hierarchical, the dynamic or variable of power should be absent in the consultant-consultee relationship. Consultation therefore can be seen as essentially the sharing of ideas between two professionals.
- In a consultation relationship, the consultee(s) always maintain clinical responsibility over the work with a service user and they retain choice over the implementation of recommendations from the consultation in their work. This contrasts to some forms of supervision, such as when an unregistered or in training member of staff is supervised by a registered member of staff, and guidance may be followed through, or performance more closely monitored.
- In consultation, the consultant only needs to know enough information to be able to share ideas about the specific question that is being asked. In this way, the consultation is always guided by the consultee(s) and there is no expectation that a consultation would involve deeper exploratory or reflective processes which are not the focus of the question.
- Within consultation there is no monitoring of the progress of service users unless repeat consultations are booked and the new questions relate to previous recommendations or discussions that have been held.
- PIC is not the same as referral screening. With the latter, the nature of the relationship shifts and focus of the space changes if a consultee(s) is asking for the consultant to take on the client (see previous points).

5.4. Expert by experience involvement

This guidance has been reviewed by an expert by lived experience employed in secondary care mental health services. The expert by lived experience highlighted the importance of the service user voice within PIC. They suggest the following:

For the consultee receiving PIC:

- The consultee should inform the service user/person that they are seeking consultation.
- The consultee should consider speaking with the service user before the consultation, thinking with them about what they see as their needs and using their words as far as possible in the consultation.



The consultant should consider advising the consultee of the above before the consultation takes place.

For consultants delivering PIC:

- Consider asking throughout the consultation “if the service user was here, what would they say”. This will ensure that the service users/persons voice is present throughout the consultation.
- In some services, it may be possible for a Lived Experience Practitioner to be involved in the consultation as a consultant along with the psychological professional. This is only recommended where the Lived Experience Practitioner is employed in the same service as the psychological professional, has received some training in/induction to PIC, and is also in receipt of supervision for their role in Psychologically Informed Consultations.

6. Specific considerations when providing PIC to meet the needs of people with difficulties associated with a diagnosis of “Personality Disorder”

Psychologically Informed Consultation is specifically recommended as part of the priorities for Community Mental Health Transformation for Complex Emotional Needs/difficulties associated with a diagnosis of “Personality Disorder”.

While all considerations outlined above apply equally to this provision, the following sections highlight some specific considerations, which are relevant for practitioners, commissioners, and senior managers.

6.1. Aims and purpose of PIC

No single organisation or service (e.g., GPs, secondary care mental health, social care teams, Voluntary Community Social Enterprise (VCSE) sector, or housing teams) can meet all the long-term needs of this population across the whole recovery pathway. However, an intervention aimed at practitioners can support a coherent and effective interagency approach and provision. This can be achieved through upskilling the system-wide workforce and increasing the knowledge and understanding of the complex emotional and relational difficulties experienced by this group of people. Psychologically Informed Consultation is one of the primary ways to achieve this aim, along with system-wide training.

6.2. Infrastructure and governance

- 1) In a system-wide approach to working with people with difficulties associated with a diagnosis of “personality disorder”, PIC should be offered to colleagues in secondary mental health care, and to colleagues in the broader Integrated Care System (inclusive of Voluntary, Community, Faith, Social Enterprise Sector, Local Authority, primary care and physical care, as well as other commissioned provision). The consultees area of work may take any form ranging from mental health treatment to social intervention to physical healthcare.
- 2) It is highly likely that systems will need to work with partners to consider the commissioning of different teams to offer PIC across the entire Integrated Care System. For instance, some provision may be offered within a primary care model, commonly referred to in recent times as Psychologically Informed Training and Consultation (PICT). This is likely to serve the consultation needs of professionals in the broader system, inclusive of VCFSE sector. Separate consultation provision is also likely to be offered by a hub of specialist psychologists/psychotherapists working within secondary mental healthcare provision to primarily meet the needs of secondary mental health colleagues.
- 3) The PIC function should be aligned to the provisions training offer on for people with difficulties associated with a diagnosis of “Personality Disorder”. This will ensure that consultation can draw directly on concepts from the training which consultees have received. This is not to say that other concepts will not be drawn upon in consultation.

Recommendations

Psychologically Informed Consultation (PIC) is a key tool for enhancing care through collaborative psychological understanding. It empowers professionals across health and care systems to navigate complex emotional and relational challenges with clarity, compassion, and confidence.

PPN Midlands PIC Working Group invite all psychological professionals and service leaders to:

- **Embed PIC into your psychological services strategy** as a recognised function that supports systemic change and person-centred care.
- **Ensure governance and infrastructure** are in place to support PIC delivery, including supervision and role clarity for those offering consultation.
- **Use the PIC model** - from problem identification to formulation, advice, and evaluation - to guide your practice and improve outcomes.
- **Promote PIC access** across teams and services, especially in areas such as complex emotional needs and personality disorder pathways, where NHS England recommends its inclusion.

Let’s work together to make PIC a standard part of our psychological practice – bringing depth, insight, and shared understanding to the heart of our health and care systems.

Appendix 1: Pre-Consultation Form Example

The consultation will be facilitated by a member of the *team*, who will arrange for a Microsoft Teams Link to be sent out, and during the consultation they will take notes in order to provide a written summary for the attending clinician along with a record for RIO.

Clinician attending: _____

Client Full Name: _____ RIO Number: _____ DOB: _____

Consultation Date: _____

Where did you hear about the consultation offer from the *team*?

Colleague: " Email Advert: " Connect Advert: " Other (*specify*): _____

What is your question for consultation?

What are you struggling with at this point?

What would you want to get out of consultation today?

What is the plan moving forward?

Appendix 2: Consultation Evaluation Form Example

Please could you specify the date, time and clinician facilitating your consultation?

Where did you hear about our consultation offer?

- From a colleague
- From Connect
- From training
- I have had a consultation before
- From MDT / Business meeting
- Other (*specify*) _____

Please rate how you feel in relation to the following statements. The statements refer to confidence, understanding and planning around your work with the client that you sought consultation around.

	Significantly decreased	Moderately decreased	Slightly Decreased	Not Changed	Slightly increased	Moderately increased	Significantly increased
Following the consultation, my confidence in working with my client has...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following the consultation, my understanding of my client has...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following consultation, I feel clarity around next steps has...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate how much you agree or disagree to the following statements. The statements refer to how you felt working with the clinician providing consultation.

	Strongly disagree	Moderately disagree	Slightly disagree	Neutral	Slightly agree	Moderately agree	Strongly agree
I felt supported by the Clinician providing consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my question had been addressed in consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt my voice and experiences were valued alongside my clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would consider booking in for consultation with this team in future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any additional comments or ideas on how we could improve our consultation?
(Detail below)