Despite the clinical value of psychological formulation, it too has flaws. Because a therapist has to make judgements and hypothesis about the origins of a person’s presentation and the clinical theory that best fits, they are fallible and susceptible to bias (Butler, 1999). Furthermore, there is no standardized protocol for formulation practice across clinicians (Butler, 1999). As such, they are not implementable in a large health care system like the NHS which requires efficiency and consistency across communication channels in patient care.

Using Them Together
Practical aspects such as communication across professionals render the sole use of formulation infeasible. However, diagnoses are riddled with issues of reliability and validity. Rather than dismissing both systems or coming up with a whole new system, it has has been proposed that the future is in melding them together. When paired with a thorough and reflective formulation, diagnosis is placed in a context that facilitates the ineluctable logical development of a comprehensive management or recovery plan. This dynamic combination of diagnosis and formulation results in a collaboratively developed management plan, agreed to by clinician and consumer, that is better placed to meet both the needs and the expectations of those seeking help (Mellsop & Howard, 2012).

Conclusion
Diagnoses have afforded mental health practitioners a shared language of understanding and a method of researching treatments. However, they often focus on people’s deficits rather than strengths and have been shown to have questionable reliability and validity. Formulation on the other hand, collaborates with the client to create a holistic joint understanding of difficulties that gives meaning to clients, but renders professional communication difficult. By combining the two systems, we may be better placed to meet the needs of mental health clients.