

The Mental State Examination

The mental health state examination (MSE) forms one component of the assessment of an individual. It augments other assessment components such as the history of the presenting complaint and provides cues as to what more detailed assessment needs to take place e.g. cognitive assessment or psychometric testing. While aspects of the person's history remain static the mental state of the individual is dynamic.

The mental status examination provides a way to structure data about aspects of the individual's mental functioning at a given point in time. It typically follows a specific form followed by all health professionals with observations recorded under headings. It does not include analysis, or historical data. Inferences about the meaning of the behaviour should be deferred until considering the formulation or diagnosis.

Some data can be obtained informally or while obtaining other components of the person's history. However, some questioning is usually needed.

It may be necessary to include some technical terms when writing up the MSE but where possible verbatim accounts of the person's speech and thought content should be used. For example, "Mr X was convinced that the CIA were observing his every move by satellite and claimed that invisible aliens had told him so" is far more informative than "Mr X suffered from auditory hallucinations and secondary delusions".

The MSE has the following general elements, which are further divided into subheadings:

- 1) General Appearance
- 2) Behaviour
- 3) Speech
- 4) Mood and affect
- 5) Perception
- 6) Thought Form
- 7) Thought Content
- 8) Cognition
- 9) Judgement
- 10) Insight

There is some variability in how the MSE is structured but they all generally include much the same kind of information. It takes a considerable amount of skill and practice to obtain the information required whilst maintaining rapport, connection and narrative flow.

The Mental Status Examination

The following are guidelines only on issues to consider when writing up an MSE.

Appearance

Appearance in relation to age	Does the person appear to be younger, or older than their chronological age?
Accessibility	Friendly, co-operative, hostile, alert, confused, eye contact, rapport, indifferent etc
Body Build	Tall, short, thin, obese. Provide a weight and height and/or BMI.
Clothing	Appropriate to age, season, setting and occasion? Clean, neat, tidy, meticulous, worn, properly worn? Are the colours worn: bright, dull, drab?
Cosmetics	Worn / applied properly, carefully or carelessly?
Hygiene and grooming	Does the person appear clean, dirty, un-bathed? Meticulous? Is hair neat, dirty, well groomed?
Odour	Perspiration, alcohol, stool or vaginal odour? Cologne, shaving lotion?
Facial expression	Note whether the person appears sad, perplexed, worried, fearful, scowling, excited, elated, preoccupied, bored, suspicious, smiling, responsive, interested, animated, blank, dazed, or tense
Eye Contact	Indirect, fixed, fleeting, glaring, darting, no contact.

Behaviour

Rapport	Warm, engaging, distant, suspicious, hostile
Gait	Brisk, slow, hesitant, propulsive, shuffling, dancing, normal, ataxic, uncoordinated.
Handshake	Firm weak, warm, cool, resistant, heavy, refused, prolonged, seductive.
Abnormal movements	Grimaces, tics, twitches, foot tapping, hand wringing, ritualistic behaviour, mannerisms, posturing, nail biting, chewing movements, echopraxia.
Posture	Stooped, relaxed, stiff, shaky, slouched, bizarre mannerisms, posturing, crouching, erect.
Rate of movements	Hyperactive, slow, retarded, agitated.
Co-ordination of movements	Awkward, clumsy, agile, falling easily.

Speech

Rate of speech	Rapid, slow, ordinary; Pressure of speech - talking quickly and in such a way that interruption is difficult.
Flow of speech	Hesitant, expansive, rambling, halting, stuttering, liling, jerky, long pauses, forgetful.
Intensity of volume	Loud, soft, ordinary, whispered, yelling, inaudible.
Clarity	Clear, slurred, mumbled, lisping, rambling, relevant, incoherent.
Liveliness	Lively, dull, monotonous, normal, intense, pressured, explosive.
Quantity	Responds only to questions; offers information; scant; mute; verbose, repetitive.

Mood and Affect

Mood	Rating out of 10 today or other self-report e.g. "dark place"; Elated, expansive, labile, depressed, low, irritable, angry, fearful, paranoid, sad
Affect	Congruent or incongruent with stated mood / expressed ideas; Constricted range, flat, changeable, broad range (note if smiled)

Perceptions

Hallucinations	False sensory perceptions without external stimuli
Illusions	Misperceptions of external stimuli Both may be experienced via any sensory pathway e.g. auditory, visual, olfactory, gustatory, tactile, kinaesthetic Describe context, volume or intrusiveness, impact on functioning, beliefs about the experience, identity and perceived intent of voices, where voices emanate from in space
Ideas of Reference	Incorrect interpretation of casual incidents and external events as being directed toward the self. Describe experience e.g. the newsreader addresses person directly.
Depersonalisation / Derealisation	Perception of being disconnected from one's body or the world
Somatic Perceptions	How one views one's body, dysmorphia

Thought Form

Clarity	Coherent, incoherent, cloudy, confused, vague
Relevance / logic	Logical, illogical, relevant or irrelevant to topic being discussed.
Flow	<p>Excited, flight of ideas, tangentiality, poverty of thought, word salad, clang associations, slow, normal or rapid reactions to questions, doubting, indecision, loose association, blocking, perseveration, spontaneous, continuity of thought.</p> <p>Any of the following types of disorder noted?</p> <ol style="list-style-type: none">1) Blocking - a sudden interruption of thought or speech.2) Mutism - refusal to speak.3) Echolalia - meaningless repetition of the nurse's words.4) Neologisms - new words formed to express ideas5) Flight of ideas - skipping from one topic to another in fragmented, often rapid fashion.6) Perseveration - involuntary repetition of the answer to a previous question in response to a new question.7) Word salad - a mixture of words and phrases lacking comprehensive meaning or coherence.8) Tangential speech - train of thought and response that misses the question asked/ person never gets to the point.9) Circumstantiality - being incidental and irrelevant in stating details.

Thought Content

	<p>Rhymes, puns, suicidal ideation, unreality, delusions, illusions, hallucinations, compulsions, obsessions, phobias, preoccupations, paranoid ideation, homicidal ideation.</p> <p>Is the thought content consistent with reality?</p>
Delusions	<p>Persistent false beliefs not in keeping with the person's culture or education</p> <ul style="list-style-type: none">• Grandiose - unrealistic exaggeration of own importance• Persecutory - belief that one is being singled out for attack or harassment.• Influential - active influence - belief that one is able to control others through one's thoughts.• Passive influence - belief that others are able to control the person.• Somatic - total misinterpretation of physical

symptoms.

- Nihilistic - belief in non-existence of self, others, or world.
- Others - delusions of sin, guilt etc

Mood congruent? Delusional or strongly held view?

Secondary to hallucinations or illusionary experiences?

Obsessions

Unwanted, recurring thoughts; Any associated compulsive behaviour?

Cognition

Attention &
Concentration

Sufficient, deficient, easily distractible, short span of attention, poor or adequate concentration, preoccupation. Serial 7s test. Months of year backwards

Memory (ST & LT)

Poor or average for recent events of last few hours or days; poor or average for remote events of past year. Family birthdays, country capitals. 5 minute recall of name and address. Digit span tests

Abstraction

Concrete thinking; able to think abstractly. May ask for an interpretation of a proverb (note response if concrete)

Orientation

Time place and person

Judgement

Impulsive behaviour with examples. Able to come to appropriate conclusions; unrealistic decisions.

Describe how judgement was assessed.

Insight

Describe person's understanding of their current situation.

Anosognosia – A complete unawareness or denial of obvious symptoms, illness or problems