

## MENTAL STATUS EXAMINATION

**Mental Status Examination:** *The MSE records ONLY observed behaviour, cognitive abilities and inner experiences expressed during the interview. MSE is a core component of the assessment process necessary to arrive at a provisional diagnosis and thus formulate a management plan.*

### Appearance and Behaviour:

- Describe physical appearance: build a vivid description for the reader
  - Describe grooming/hygiene/clothing/hair/nails/build
  - Do they look stated age, are they appropriately dressed for weather/situation,
- Describe motor behaviour (psychomotor retardation, restless, repetitive, hyperactive, tremors):
- Describe individual's reaction to present situation (cooperative, friendly, guarded, withdrawn, uncommunicative):

**Mood:** – Internal or subjective (what patient describes) feeling or emotion which often influences behaviour/perception of the world.

Report what the individual says they feel, use inverted “commas” e.g.

depressed,	paranoid
angry,	down,
happy	sad,
suspicious,	fearful,
great,	irritable
rotten	miserable
fantastic	high

**Affect** – External or objective (what interviewer sees) emotional response

- Describe the individual's affect, how the interviewer sees the person's mood displayed.
- There are a number of components of affect, including:
  - Quality: “miserable”, “suspicious”, “euphoric”, “hostile”, etc,
  - Range:
    - Restricted affect: Decrease in intensity and range of emotional expression
    - Blunted affect: Severe decrease in intensity and range of emotional expression
    - Flat affect: Total or near absence of emotional expression, face immobile, voice monotonous)
  - Reactivity: is the affect pervasive, reactive or labile,
  - Congruence: mood-congruent or mood-incongruent
  - (Normal affect : Variation in facial expression, voice, use of hands, body movements

**Speech:**

- Physical aspects of speech can be described in terms of
  - Rate (slow, halting, hesitant, normal, fast, and pressured), volume (loud, quiet, whispered, barely audible, etc) and quality (slurred, dysarthric, nasal, accented, etc).
  - Consider particular characteristics – mutism, poverty of speech, pressured speech, intelligent, articulate, thoughtful, and rambling.

**Disorders of Thinking:**

#### 1. Disorders of Stream of Thought

- Tempo (, fast, slow or normal,)

#### 2 Disorders of the Form of Thought:

- Derailment (loosening of association), circumstantiality, flight of ideas, incoherence (word salad), neologisms, tangentiality, word approximation, thought blocking, perseveration.

#### 3. Disorders of Content of Thinking:

- Delusions eg.
 

Paranoid	Bizarre	Grandiose	Persecutory	Somatic
Jealousy	Erotomantic	Mood congruent	Referential	
- Overvalued ideas
- Pre-occupations,
- Anti-social urges,
- Hypochondriacal symptoms
- Suicidal and homicide ideation

#### 4. Disorders of the Possession of Thought

- Obsessions (own thought that appears against ones own will)
- Thought Alienation (thought insertion, thought withdrawal, thought broadcasting)

**Perception:** (process of experiencing the environment via all the senses)

- **Hallucinations**
  - Tactile eg crawling sensations under or on the skin
  - Auditory eg Voices or noises most common type of hallucination
  - Olfactory eg smells that don't exist more common in organic disorders
  - Visual eg seeing objects, people or images that others can't (seen more in organic disorders)
  - Gustatory eg relation to taste (more seen in organic disorders)
  - Somatic eg false perception that things are occurring in or to the body
- **Derealisation** the external world appears different or unfamiliar. The individual feels distanced from the world and things may seem colourless and dead. Associated with extreme anxiety/panic disorder
- **Depersonalisation** The perception or experience of the self seems different or unfamiliar. The individual may feel unreal or that his body is somehow distorted, or may have the sense of perceiving himself from a distance. In severe form individual may feel as though they are dead. Associated generally with extreme anxiety, stress or fatigue.
- **Dissociation** Unconscious defence mechanism involving the segregation of any group of mental or behavioural processes from the rest of the person's psychic activity: may entail the separation of an idea from its accompanying emotional tone, as seen in dissociative and conversion disorders.
- **Illusions** A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices.

**Cognition:** (refers to information processing – thinking and memory). If cognition impaired complete a MMSE.

**Orientation:** Test for orientation to

- Time
- Place
- Person

Write down exactly what they say use inverted commas (does the interviewer know this themselves?)

**Attention: (test with 7 digit span)** Forward (5 – 7)

Backward (4 – 6)

**Concentration:** Serial 7's (subtract 7's from 100) Spell WORLD backwards

**NB:** The best way to assess **attention and concentration** is simply to talk to your patient and observe how they think. Are they able to concentrate on your questions? Can they maintain a train of thought as they answer you? If the answer to these questions is "yes" your patient's attention is intact.

**Immediate Memory:** Registration – the capacity for immediate recall, ask to repeat 4 items – dog/hat/green/ Peach. Score out of 4

**Short Term Memory:** Ask to repeat dog/hat/green/peach after 3 mins, may prompt eg animal (dog), colour (green). Score out of 4

**Long Term Memory:**

Episodic Memory Test eg Date of Wedding **YES**  **NO**

Semantic Memory Test eg Date of WWII: **YES**  **NO**

**Insight:** refers to the individual's awareness of his or her situation and illness. There are varying degrees of insight eg. An individual may be aware of his or her problem but may believe that someone else is to blame for the problem; alternatively the individual may deny that a problem exists at all. The assessment of insight has clinical significance since lack of insight generally means that it will be difficult to encourage the individual to accept treatment.

**Judgement:** involves weighing and comparing the relative values of different aspects of an issue. Determining whether a particular judgement is sound is situation dependant