

The Mental Status Examination¹

The mental status 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 (although open to revision) the mental status of an individual is dynamic.

The MSE provides a way to structure data about aspects of the individual's mental functioning. It typically follows a specific form followed by all health professionals with observations recorded under headings.

Some data can be obtained informally, or while obtaining other components of a 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. Appearance
2. Behavior
3. Speech
4. Mood
5. Affect
6. Thought Process
7. Thought Content
8. Cognition
9. Insight and Judgment

There is some variability in how the MSE is structured. It takes a considerable amount of skill and practice to obtain the information required.

¹ Adapted from www.testandcalc.com, Richard Lakeman, 1995

MENTAL STATUS EXAMINATION

NAME:	Pt. X
DATE:	Usually the first assessment appointment
APPEARANCE: (Observe)	Examples of Descriptions
<ul style="list-style-type: none"> • Appearance 	Does the person appear younger/older than chronological age. Tall, short, thin, obese.
<ul style="list-style-type: none"> • Grooming 	Does the person appear clean, neat, disheveled, dirty. Is the clothing appropriate to the setting and season, properly worn. Are the colors bright, drab. Are cosmetics applied properly, carelessly. Are there any odors e.g. perspiration, substances, stool/vaginal, cologne.
<ul style="list-style-type: none"> • Attitude 	Friendly, cooperative, hostile, vigilant, confused, indifferent, seductive, interested, suspicious
<ul style="list-style-type: none"> • Level of alertness 	Alert, drowsy, lethargic, asleep, comatose
BEHAVIOUR (Observe)	
<ul style="list-style-type: none"> • Gait 	Brisk, slow, hesitant, shuffling, dancing, normal, ataxic, uncoordinated.
<ul style="list-style-type: none"> • Abnormal movements 	Grimaces, tics, twitches, foot tapping, handwringing, ritualistic behavior, mannerisms, posturing, nail biting, chewing movements
<ul style="list-style-type: none"> • Posture 	Stooped, relaxed, stiff, slouched
<ul style="list-style-type: none"> • Rate and Coordination 	Hyperactive, slow, agitated, clumsy, awkward, agile
SPEECH (Observe)	
<ul style="list-style-type: none"> • Quantity 	Talkative, spontaneous, expansive, paucity, mute, repetitive
<ul style="list-style-type: none"> • Rate 	Fast, slow, normal, pressured
<ul style="list-style-type: none"> • Volume 	Loud, soft, monotone, whispered, yelling, inaudible
<ul style="list-style-type: none"> • Fluency and Rhythm 	Slurred, clear, hesitant, articulation problems, aphasic, stuttering, long pauses
MOOD (Inquire)	Prevalent emotional state the client tells you they feel. Often directly quoted e.g. "Fantastic, down, blue, depressed, anxious, stressed, good, sad"
AFFECT (Observe)	
<ul style="list-style-type: none"> • Type 	Euthymic, dysphoric, euphoric, angry, fearful, anxious
<ul style="list-style-type: none"> • Appropriateness 	Appropriate, inappropriate, congruent with thought content
<ul style="list-style-type: none"> • Range 	Broad, restricted, blunted, flat
<ul style="list-style-type: none"> • Fluctuations 	Labile, even
THOUGHT PROCESS: (Observe) "the way in which a client thinks"	Coherent, incoherent, cloudy, confused, vague, racing, loose associations. Logical, illogical, relevant or irrelevant to the topic discussed Any of the following noted? 1) Blocking - a sudden interruption of thought or speech.

	<ol style="list-style-type: none"> 2) Mutism – refusal to speak 3) Echolalia – meaningless repetition of interviewer's words 4) Neologisms – new words to express ideas 5) Flight of ideas – skipping from one topic to another in a fragmented, often rapid fashion 6) Perseveration – involuntary repetition of an 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) Pressure of speech – talking quickly or in such a way that interruption is difficult 9) Tangential speech – train of thought that misses the question asked/ or never gets to the point 10) Circumstantiality – being incidental and irrelevant in stating details.
THOUGHT CONTENT: (Observe and Inquire) “what the client is thinking about”	Rhymes, puns, unreality, illusions, compulsions, phobias, preoccupations, paranoid ideation, suicidal or homicidal ideation Any of the following noted? <ol style="list-style-type: none"> 1) Obsessions – unwanted, recurring thoughts 2) Delusions – persistent false beliefs not in keeping with a person's culture or education (grandeur, persecution). Grandiose – unrealistic exaggeration of own importance. Persecutory – belief that one is being singled out for attack or harassment. 3) Somatic – misinterpretation of physical symptoms. 4) Ideas of reference – incorrect interpretation of causal incidents and external events as being directed at self 5) Hallucinations – false sensory perceptions without external stimuli (e.g. auditory, visual, olfactory, tactile)
COGNITION (Observe and Inquire)	
<ul style="list-style-type: none"> • Orientation 	To time, person and place (x3)
<ul style="list-style-type: none"> • Attention and Concentration 	Sufficient, deficient, easily distractible, short span of attention. Poor or adequate concentration, Ask serial 7' or 3's, or months of the year backwards, spell WORLD backwards, calculations e.g. 25x6, 15+12+7
<ul style="list-style-type: none"> • Memory (ST and LT) 	Poor or average for recent events. Poor or average for remote events. Ask family birthdays, country capitals, medications, name of interviewer, time of appointment etc.
<ul style="list-style-type: none"> • Abstraction 	Understanding proverbs/similarities
<ul style="list-style-type: none"> • Intellectual functioning 	Average, Above Average, Below Average. Consider general information knowledge, vocabulary, education
INSIGHT AND JUDGEMENT (Observe/Inquire)	<u>Insight into illness:</u> Complete denial, recognizes there is a problem but projects blame, or intellectual and emotional awareness. Perception of illness <u>Judgment:</u> The ability to anticipate the consequences of one's behavior and make decisions to safeguard your wellbeing and that of others.
References: http://www.testandcalc.com/richard/resources/Teaching_Resource_Mental_Status_Examination.pdf http://psychclerk.bsd.uchicago.edu/mse.pdf	