

The Mental Status Examination

The mental health 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 mental status examination 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 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) Psychomotor behaviour
- 3) Mood and affect
- 4) Speech
- 5) Cognition
- 6) Thought Patterns
- 7) Level of Consciousness

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

The Mental Status Examination

General Appearance

Appearance in relation to age

Does the person appear to be younger, or older than the 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.

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?

Odor

Is hair neat, dirty, well groomed?

Facial expression

Perspiration, alcohol, stool or vaginal odour? Cologne, shaving lotion?

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.

Psychomotor Behaviour

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.

Mood and affect

Appropriateness of affect

Appropriate or inappropriate to situation. Congruous / incongruous

Range of affect

Lively, flat, normal, blunted, superficial, constricted

Stability of affect

Stable, labile.

Attitude toward nurse during encounter

Frank, open, warm, fearful, suspicious, hostile, angry, evasive, playful, seductive, guarded, friendly, pleasant, ingratiating, negative, shy, overly familiar, co-operative, withdrawn.

Specific mood or feelings observed or reported

Sadness, irritability, anger, fear, regret, elation, miserable, puzzled, optimistic, pessimistic, hopelessness, depressed

Anxiety Level

Rate as mild, moderate, severe, panic

Speech

Rate of speech

Rapid, slow, ordinary

Flow of speech

Hesitant, expansive, rambling, halting, stuttering, lilted, 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.

The Mental Status Examination

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

Insight into illness

Complete denial; recognizes there is a problem but projects blame; both intellectual and emotional awareness. Perception of illness.

Orientation

Time place and person

Judgement

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

Thought Patterns

Clarity

Coherent, incoherent, cloudy, confused, vague

Relevance / logic

Logical, illogical, relevant or irrelevant to topic being discussed.

Flow

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.

Any of the following types of disorder noted?

- 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 ideas
- 5) 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) Pressure of speech - talking quickly and in such a way that interruption is difficult.
- 9) Tangential speech - train of thought and response that misses the question asked/ person never gets to the point.
- 10) Circumstantiality - being incidental and irrelevant in stating details.

Content

Rhymes, puns, suicidal ideation, unreality, delusions, illusions, hallucinations, ideas of reference, compulsions, obsessions, phobias, preoccupations, ideas of reference, paranoid ideation, homicidal ideation, depersonalisation.

Is the thought content consistent with reality?

- 1) Obsessions - unwanted, recurring thoughts.
- 2) Delusions - persistent false beliefs not in keeping with the person's culture or education (e.g. grandeur, persecution). 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
- 3) Ideas of reference - incorrect interpretation of casual incidents and external events as being directed toward the self.
- 4) Hallucinations - false sensory perceptions without external stimuli (e.g. auditory, visual, olfactory, gustatory, tactile, kinesthetic)

Level of consciousness

Totally unresponsive, responsive to painful stimuli only, responsive to touch, responsive to verbal stimuli only