

PSYCHIATRIC MENTAL STATUS EXAMINATION




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Mental Status Examination

- **General Considerations**
 - **Based on Observations During the Assessment Process**
 - **Spontaneity vs. Careful Questioning**
 - **Function of MSE Outline**
 - **MSE in Context of Age and Developmental Level, Past History, Presenting Issues, and Categories of Behavioral Health Disorders**



Mental Status Examination

- **Evaluation of mental functioning at a point in time**
- **Examiner interprets the meaning of the client's communication, verbal and non-verbal**
- **Rapport: The foundation of the assessment**
- **Examiner's Observational Skills: essential**



Establishing Rapport:

- **Welcome The Client**
- **State Purpose of the Meeting**
 - **Privacy**
 - **Basic Human Comforts**
- **Calming and Respectful Demeanor**
- **Encourage Open Communication**
- **Acknowledge and Validate Client's Distress/Concerns**



Mental Status Examination

- **Ask Open Ended Questions**
- **Allow the Client to Explain Things In His/Her Own Words**
- **Encourage the Client to Elaborate and Explain**
- **Avoid Interrupting Client**
- **Guide the Interview As Necessary**
- **Avoid Asking “Why?” Questions**
- **Listen and Observe For Cues From Client**



Mental Status Examination - Outline

- I. Appearance, Attitude, Behavior, and Social Interaction**
- II. Motor Activity**
- III. Mood**
- IV. Affect**
- V. Self Concept**



Mental Status Examination

VI. Speech

VII. Thought Processes

VIII. Thought Content

IX. Intellectual Functioning



Mental Status Examination

- **Intellectual Functioning**
 - **Sensorium (Orientation)**
 - **Memory (Recent, Remote, Retention and Recall)**
 - **Intellectual Capacities (General Information and Fund of Knowledge, Calculations, Abstraction and Comprehension)**
 - **Estimated Intelligence**



Mental Status Examination

X. Judgment and Impulse Control

XI. Insight



I. Appearance, Attitude, Behavior, and Social Interactions:

Use descriptive terms to record:

- A. Attitude toward the interview situation**
- B. Rapport and attitude toward the interviewer and Involved Others**
- C. Dress**
- D. Posture**
- E. Facial Expressions**



I. Appearance, Attitude, Behavior, and Social Interactions (Children)

- **Dress**
- **Ease in Separation**
- **Manner In Relating**
- **Attention Span**
- **Speech and Language**



II. Motor Activity

- Describe the types and quality of motor activity observed:
 - Orderly, calm, agitated,
 - Restless, hypoactive
 - Tics, mannerisms, tremors, convulsions,
 - Ataxia,
 - Akathisia



II. Motor Activity (Children)

- **Observe for:**
 - **Gross and Fine Motor Coordination**
 - **Hyperactivity**



III. Mood

- **Sustained Emotional State; Overall General Mood**
 - Relaxed, Happy, Anxious, Angry,
 - Depressed, Hopeless, Hopeful,
 - Apathetic, Euphoric, Euthymic (Normal/Even Mood),
 - Elated, Irritable, Fearful, Silly



IV. Affect

- **Outward Expression of Person's Current Feeling State**
- **Mood and Emotional Reactions:**
 - **Subjective and Objective Assessment**

Describe: Euthymic (normal), elevated, expansive, elated, aloof, blunted, flat, inappropriate, labile depressed, indifferent, perplexed, dramatic, sarcastic, apathetic, bewildered, anxious



Mood and Affect in Children

- **Fantasies, Feelings, and Inferred Conflicts**
- **Nonverbal Clues to Feelings**
- **Clues to Depression**
- **Suicidality**
- **Anxiety**



V. Speech

- **Describe:**
 - Mute, Talkative, Articulate,
 - Normally Responsive, Rapid, Slow,
 - Slurred, Stuttering,
 - Loud, Whispered, Mumbled,
 - Spontaneous, Stilted,
 - Aphasic, Repetitive



VI. Thought Process

Stream of Thought, Talk, and Mental Activity

A. Form:

Conversational, Spontaneous, Logical, Relevant, Pertinent, Concise, Verbose, Circumstantial, Tangential/Derailed, Rambling, Repetitive, Confusing, Perseverating, Illogical, Incoherent, Irrelevant, Verbigeration, Word Salad, Echolalia, Mutism, Wealth or Poverty of Associations, Loose Associations, Alogia, Flight of Ideas



VII. Thought Process

B. Rate:

**Accelerated, Rapid, Pressured,
Normal, Slowed, Hesitant,
Interrupted,
Blocking**



VII. Thought Process

C. Language:

**Humorous, witty, ironical, punning,
rhyming, alliterative, clang
associations, neologisms, autistic,
dereistic, nihilistic, loose
associations**



VIII. Thought Content

- A. Selective Attention**
- B. Over-determined Attitudes**
- C. Preoccupation or Exaggerated Concern**
- D. Distorting or Ignoring Reality**



VIII. Thought Content

A. Selective Attention:

Main themes or subject areas of focus

B. Over-determined Attitudes:

Prejudices and biases

Self-confidence



VIII. Thought Content

C. Preoccupations and Exaggerated Concerns:

Obsessions and Compulsions

Phobias

Hypochondriacal Ideas



VIII. Thought Content

D. Distorting or Ignoring Reality:

Illusions: Sensory experience with some reality basis

Ideas of Reference: Everything refers back to you

Hallucinations: Sensory experience with no reality basis

Delusions: False beliefs that cannot be dispelled by reason



VIII. Thought Content

Hallucinations:

Auditory

Visual

Gustatory: Taste

Olfactory: Smell

Kinesthetic: Motion

Tactile: Touch



VIII. Thought Content in Children

- **Hallucinations**
 - **Auditory Hallucinations**
 - **Visual hallucinations**
 - **Distinguishing form Obsessions and Compulsions**
 - **Imaginary Companions**
 - **What to Consider When Hallucinations Are Present**



VIII. Thought Content

Delusions:

Familiarity (Déjà vu) and unfamiliarity (Jamais vu), depersonalization, unreality, or bewilderment

Somatic: body

Self-Condemnatory

Expansive

Submissive

Paranoid or Persecutory



IX. Intellectual Functions

A. Sensorium:

Orientation to:

Person

Place

Time

Situation



IX. Intellectual Functions

B. Memory:

Immediate

Recent

Remote

Retention and Recall

**Recall: 3 objects immediately, and
at 5 minutes, 10 minutes**

Digit-Span Memory

Visual Memory Span



IX. Intellectual Functions

C. Intellectual Capacity:

General information: Current Events, Geographic Facts, History, Past Presidents

Calculations: Serial 3's or 7's

Abstraction and Comprehension: Comparisons and Differences, Proverb Interpretation



IX. Intellectual Functions

D. Estimated Intelligence:

Below Average

Average

Above Average

Unable to Determine



IX. Intellectual Functioning in Children

- **General Vocabulary, Responsiveness, and Comprehension**
- **Identification of Body Parts**
- **Drawing ability**
- **Serial Sevens or Threes**
- **Memory**



IX. Intellectual Functioning in Children

- **Academic/School Performance**
 - Educational History Is Essential
 - Brief Assessment of Reading Problems
 - Brief Assessment of Writing Problems
 - Speech and Language
 - Intelligence



X. Judgment and Impulse Control:

Compare client's judgment and decision making pre-illness and post-onset of symptoms or currently, and ability to plan for the future.

Rate or Specify: Excellent, good, impaired, poor, nil



XI. Insight

Degree of awareness and understanding of one's self and the causes or factors related to the client's current situation or illness

Rate or specify: Full, complete, partial, limited, poor, or nil



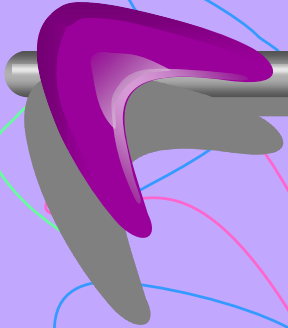
Summary

- **Core Assessment:**
 - **Presenting Concerns**
 - **Behavioral Health/Medical History**
 - **As Applicable:**
 - **Criminal Justice**
 - **Substance Related Disorders**
 - **Abuse/Sexual Risk Behavior**
 - **Risk Assessment**



Summary

- **Mental Status Examination**
- **Now: Completing the Picture and Developing a Plan**
 - **Clinical Formulation**
 - **Next Steps/Interim Service Plan**



QUESTIONS?

COMMENTS?