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. It is descriptive and 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 require 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

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

## 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, lilting, 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
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) 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

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

Is the thought content consistent with reality?

Delusions
Persistent false beliefs not in keeping with the person’s culture or education

- 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