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?
Appearance in relation to age
Friendly, co-operative, hostile, alert, confused, eye contact, rapport, indifferent etc
Accessibility
Friendly, co-operative, hostile, alert, confused, eye contact, rapport, indifferent etc
Body Build
Tall, short, thin, obese. Provide a weight and height.
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?
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?
Cosmetics
Worn / applied properly, carefully or carelessly?
Hygiene and grooming
Does the person appear clean, dirty, un-bathed? Meticulous?
Hygiene and grooming
Does the person appear clean, dirty, un-bathed? Meticulous?
Odor
Perspiration, alcohol, stool or vaginal odour? Cologne, shaving lotion?
Odor
Perspiration, alcohol, stool or vaginal odour? Cologne, shaving lotion?
Facial expression
Note whether the person appears sad, perplexed, worried, fearful, scowling, excited, elated, preoccupied, bored, suspicious, smiling, responsive, interested, animated, blank, dazed, or tense
Facial expression
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, staring.
Eye Contact
Indirect, fixed, fleeting, staring.
Psychomotor Behaviour
Gait
Brisk, slow, hesitant, propulsive, shuffling, dancing, normal, ataxic, uncoordinated.
Gait
Brisk, slow, hesitant, propulsive, shuffling, dancing, normal, ataxic, uncoordinated.
Handshake
Firm, weak, warm, cool, resistant, heavy, refused, prolonged, seductive.
Handshake
Firm, weak, warm, cool, resistant, heavy, refused, prolonged, seductive.
Abnormal movements
Grimaces, tics, twitches, foot tapping, hand winging, ritualistic behaviour, mannerisms, posturing, nail biting, chewing movements, echopraxia.
Abnormal movements
Grimaces, tics, twitches, foot tapping, hand winging, ritualistic behaviour, mannerisms, posturing, nail biting, chewing movements, echopraxia.
Posture
Stooped, relaxed, stiff, shaky, slouched, bizarre mannerisms, posturing, crouching, erect.
Posture
Stooped, relaxed, stiff, shaky, slouched, bizarre mannerisms, posturing, crouching, erect.
Rate of movements
Awkward, clumsy, agile, falling easily.
Rate of movements
Awkward, clumsy, agile, falling easily.
Co-ordination of movements
Co-ordination of movements
Co-ordination of movements
Mood and affect
Appropriateness of affect
Appropriate or inappropriate to situation. Congruous / incongruous
Appropriateness of affect
Appropriate or inappropriate to situation. Congruous / incongruous
Range of affect
Lively, flat, normal, blunted, superficial, constricted
Range of affect
Lively, flat, normal, blunted, superficial, constricted
Stability of affect
Stable, labile.
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.
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
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
Anxiety Level
Rate as mild, moderate, severe, panic
Speech
Rate of speech
Rapid, slow, ordinary
Rate of speech
Rapid, slow, ordinary
Flow of speech
Hesitant, expansive, rambling, halting, stuttering, lilting, jerky, long pauses, forgetful.
Flow of speech
Hesitant, expansive, rambling, halting, stuttering, lilting, jerky, long pauses, forgetful.
Intensity of volume
Loud, soft, ordinary, whispered, yelling, inaudible.
Intensity of volume
Loud, soft, ordinary, whispered, yelling, inaudible.
Clarity
Clear, slurred, mumbled, lisping, rambling, relevant, incoherent.
Clarity
Clear, slurred, mumbled, lisping, rambling, relevant, incoherent.
Liveliness
Lively, dull, monotonous, normal, intense, pressured, explosive.
Liveliness
Lively, dull, monotonous, normal, intense, pressured, explosive.
Quantity
Responds only to questions; offers information; scant; mute; verbose, repetitive.
Quantity
Responds only to questions; offers information; scant; mute; verbose, repetitive.

Prepared by Richard Lakeman © 1995
www.testandcalc.com
The Mental Status Examination

Cognition

Attention & Concentration
Sufficient, deficient, easily distractable, 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.
Time place and person

Orientation

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.
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.

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)

Content

Level of consciousness
Totally unresponsive, responsive to painful stimuli only, responsive to touch, responsive to verbal stimuli only

Prepared by Richard Lakeman © 1995
www.testandcalc.com