Mental Status Assessment/Examination (MSE)

The mental status examination is a description of all the areas of the client's mental functioning. It is essential to the development of an appropriate plan of care for psychiatric patients.

Done during admission and periodically to assess patients' response to therapy and to determine fitness for discharge from hospital.

Components of MSE

Appearance -poise, clothing, and grooming
Overt behavior
Attitude
Speech
Mood and affect
Thinking
 Form
 Content
Perceptions
Cognition/Sensorium
? Alertness
? Orientation (person, place, time)
? Concentration
? Memory (immediate, recent, long term)
? Attention/Calculations
? Abstract reasoning
Insight
Judgment

Appearance

1. Grooming and dress- Note unusual modes of dress, Note evidence of soiled clothing, Note use of makeup, Is appearance neat or unkempt?

2. Hygiene-Note evidence of body or breath odor, Note condition of skin, fingernails

3. Posture-Note if standing upright, rigid, slumped over.

4. Height and weight- Perform accurate measurements.

5. Level of eye contact-Intermittent, Occasional and fleeting, Sustained and intense, No eye contact

6. Hair color and texture- Is hair clean and healthy-looking? greasy, matted, tangled?

7. Evidence of scars, tattoos, or other distinguishing skin marks- Swelling or bruises, Birthmarks, Rashes

8. Evaluation of client's appearance compared with Chronological age

? Motor Activity

Tremors- Do hands or legs tremble? Continuously, at specific times.
Tics or other stereotypical movements-Evidence of facial tic, jerking, or spastic movements
Mannerisms and gestures-Specific facial or body movements during the conversation, Nail biting, covering face with hands, grimacing
Hyperactivity- Gets up and down out of chair, paces, unable to sit still
Restlessness or agitation-Lots of fidgeting, clenching hands
Aggressiveness-Overtly angry and hostile, threatening, uses sarcasm
Rigidity-Sits or stands in a rigid position, arms and legs appear stiff and unyielding
Gait patterns-Evidence of limping, limitation of range of motion, ataxia, shuffling
Echopraxia-Any evidence of mimicking the actions of others
Psychomotor retardation- Movements are very slow, thinking and speech are very slow, posture is slumped.
Freedom of movement (range of motion)-Note any limitation in ability to move.

Speech patterns

1. **Slowness or rapidity of speech**-Note whether speech seems very rapid or slower than normal.
2. **Pressure of speech**-Note whether speech seems frenzied, is speech unable to be interrupted?
3. **Intonation**-Are words spoken with appropriate emphasis? Are words spoken in monotone?
4. **Volume**-Is speech very loud, soft, low-pitched or high pitched?
5. **Stuttering** or other speech impairments- Hoarseness, slurred speech
6. **Aphasia**-Difficulty forming words, use of incorrect words, difficulty thinking of specific words, making up words (neologisms)

General attitude

1. **Cooperative/uncooperative**-Answers questions willingly, refuses to answer questions
2. **Friendly/hostile/defensive**-Is sociable and responsive, is sarcastic and irritable
3. **Uninterested/apathetic**-Refuses to participate in interview process
4. **Attentive/interested**-Actively participates in interview process

5. **Guarded/suspicious**-Continuously scans the environment, questions motives of interviewer, refuses to answer questions

Emotions

Mood

Depressed; despairing-An overwhelming feeling of sadness, loss of interest in regular activities
Irritable-Easily annoyed and provoked to anger
Anxious- Demonstrates or verbalizes feeling of apprehension

Elated-Expresses feelings of joy and intense pleasure, is intensely optimistic
Euphoric- Demonstrates a heightened sense of elation,(“Everything is wonderful!”)
Fearful-Demonstrates or verbalizes feeling of apprehension associated with real or perceived danger
Guilty-Expresses a feeling of discomfort associated with real or perceived wrongdoing, may be associated with feelings of sadness and despair
Labile-Exhibits mood swings that range from euphoric to depression or anxiety

Affect

Congruence with mood-Outward emotional expression is consistent with mood
Constricted or blunted-Minimal outward emotional expression is observed.
Flat-Absence of outward emotional expression.
Appropriate-The outward emotional expression is what would be expected in a certain situation
Inappropriate-The outward emotional expression is incompatible with the situation

Thought Process

Form of Thought-Refers to the way in which a person puts together ideas and associations
Flight of ideas- Verbalizations are continuous and rapid and flow from one to another.
Associative looseness- Verbalizations shift from one unrelated topic to another.
Circumstantiality-Verbalizations are lengthy and tedious, and because of numerous details, are delayed reaching the intended point.
Tangentiality-Verbalizations that are lengthy and tedious and never reach an intended point.
Neologisms-making up nonsensical-sounding words, which have meaning only to him or her.
Concrete thinking-Thinking literal; elemental, absence of ability to think abstractly, unable to translate simple proverbs
Clang associations-Speaking in puns or rhymes; using words that sound alike but have different meanings
Word salad- Using a mixture of words that have no meaning, together; sounding incoherent
Perseveration-Persistently repeating the last word of a sentence spoken to the client
Echolalia- Persistently repeating what another person says
Mutism-Does not speak (either cannot or will not)
Poverty of speech-Speaks very little; may respond in monosyllables
Ability to concentrate and disturbance of attention-Does the person hold attention to the topic at hand? Is the person easily distractible? Is there selective attention (e.g., blocks out topics that create anxiety)?

Content of Thought-Refers to what a person is actually thinking about

1. Delusions are unrealistic ideas or beliefs that cannot be changed by logic.

Persecutory: A belief that someone is out to get him or her in some way
Grandiose: An idea that he or she is all-powerful or of great importance
Reference: An idea that whatever is happening in the environment is about him or her
Control or influence: A belief that his or her behavior and thoughts are being controlled by external forces
Somatic: A belief that he or she has a dysfunctional body part

Nihilistic: A belief that he or she, or a part of the body, or even the world does not exist or has been destroyed

2. **Suicidal** or homicidal ideas: expressing ideas of harming self or others.

3. **Obsessions**: verbalizing about a persistent thought or feeling that is unable to be eliminated from his or her consciousness?

4. **Paranoia**/suspiciousness: Continuously scans the environment, questions motives of interviewer, refuses to answer questions

5. **Magical thinking**: client speaking in a way that indicates his or her words or actions have power.

6. **Religiosity**: individual demonstrating obsession with religious ideas and behavior.

7. **Phobias**: evidence of irrational fears (of a specific object, or a social situation)

8. **Poverty of content**: little information conveyed by the client because of vagueness or stereotypical statements.

Perceptual disturbances

1. Hallucinations: Are unrealistic sensory perceptions.
Auditory- hearing voices or other sounds that do not exist.
Visual-seeing images that do not exist.
Tactile-feeling unrealistic sensations on the skin.
Olfactory-smelling odors that do not exist.
Gustatory-false perception of an unpleasant taste.

2. **Illusions**: Misperception or misinterpretation of stimuli within the environment.
3. **Depersonalization** (altered perception of the self: The individual verbalizes feeling “outside the body;” visualizing himself or herself from afar.
4. **Derealization**(altered perception of the environment): The individual verbalizes that the environment feels “strange or unreal” and has a feeling that the surrounding