

## **Mental Status Exam (MSE)**

- best tool for establishing a psychiatric diagnosis
- combination of observations, impressions, & interpretation of client responses
- Eval of patients:
  - appearance
  - behavior
  - speech
  - affect
  - thought process
  - thought content
  - cognition

## **mental health**

"a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

## **mental status**

- refers to emotional (feeling) and cognitive (knowing) function
- functioning is inferred through assessment of an individual's behaviors:
  - consciousness
  - language
  - mood and affect
  - orientation
  - attention
  - memory
  - abstract reasoning
  - thought process
  - thought content
  - perceptions

## **Factors that affect the interpretation of the MSE**

culture  
native language  
educational level  
literacy  
social factors

## **MSE: Appearance**

- posture
- dress
- grooming

- physical appearance
  - distinguishable markings; scars or tattoos
- facial expressions
- level of alertness
- attitudes
- Self-esteem
- Personal statement

### **MSE: Behavior**

how the client presents themselves during the examination

- eye contact
- psychomotor activity
  - increased or decreased
- movements
- mannerisms
- stereotypies
- posturing
- how the client responds to the exam
  - responses appropriate to topics?
  - sit still through exam?
- gait
- movements
  - coordinated, slowed, excessive

### **MSE: Speech**

Assess general speech qualities:

- rate
  - fast, rapidly, slowly
- rhythm
  - monotone or slurred
- latency
- volume
  - soft, normal, or loud
- content
- increased or decreased pauses between questions and answers?
- General quality

**individual who presents with an extremely rapid and pressured speech with constant interruptions may be experiencing \_\_\_\_\_ or \_\_\_\_\_**

hypomania or mania

**An absence of speech is seen with some diagnoses such as \_\_\_\_\_**

dementia

**non-sensical speech is often associated with \_\_\_\_\_**

psychotic disorders

### **MSE: Mood and Affect**

Mood

- client's state of mind or prevalent emotional state
- subjective
- typically self-reported
- Stable: mood is appropriate to their current situation
- other: bright, happy, angry, agitated, irritable, labile, anxious, depressed, or euphoric

Affect

- physical manifestation of the client's emotional state as observed by the provider
- normal, blunted, flat, bizarre, dysphoric, or euphoric
- Qualities of affect
  - stability (stable or labile)
  - appropriateness
  - range (does it change with diff. situations)
  - intensity

### **MSE: Thought Process**

- rate of thoughts and how they flow and are connected
- coherent vs. incoherent
- Normal: linear & goal-directed
- Other: loose, circumstantial, or tangential
- Clients may experience flight of ideas with little connection between thoughts or words
- Assessment: questioning client, listening to responses

### **MSE: Suicidal and Homicidal Ideation**

- Direct terms should be used to assess suicide preoccupation and planning
- assess for homicidal ideation, intent, attempts, and plans
- critical to determine whether a plan exists
  - access to the resources needed to execute the plan
  - more detailed and thorough the plan, the higher the risk
  - assess if plan is composed of fleeting thoughts rather than action steps
  - assess whether the client is angry and lashing out or intending to bring actual harm
- SCREENING FOR SUICIDAL AND HOMICIDAL IDEATIONS IS AN ETHICAL OBLIGATION OF THE PMHNP & IS ESSENTIAL FOR PROTECTING ONESELF, THE CLIENT, & THE PUBLIC

### **MSE: Cognitive Assessment**