

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