Week 5

Carlat ch 21

- 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 his/her community

- Mental Status
  - Consciousness

    -Being aware of one's own existence, feelings, and thoughts of the environment

    *most elementary of mental status functions
  - Language

    -Using the voice to communicate one's thoughts and feelings; heavy social impact
  - Mood and affect

    -Mood is more durable, a prolonged display of feelings that color the whole emotional life

    -Affect is a temporary expression of feelings or state of mind
  - Orientation

    -Awareness of the objective world in relation to the self

    -Able to name own person, place, and time
  - Attention

    -Power of concentration, ability to focus on one specific thing without being distracted by many environmental stimuli
  - Memory

    -Ability to lay down and store experiences and perceptions for later recall

    -Recent memory evokes day-to-day events

    -Remote memory brings up years' worth of experiences
  - Abstract reasoning

    -Pondering a deeper meaning beyond the concrete and literal
  - Thought process

    -The way a person thinks; logical train of thought
  - Thought content

    -What the person thinks – specific ideas, beliefs, the use of words
  - Perceptions

    -Awareness of objects through 5 senses

- Mental Status Exam (MSE)

  -Professional jargon belongs in TP and TC
  - Appearance

    -Provides clues about pt's mental status/dx

    -ADLs including dress and grooming are often 1st bxs impacted by MH issues

TABLE 21.1. Appearance Terms

Aspect of Appearance	*Descriptors*
Hair	Bald, thinning, close cropped, short, long, shoulder length, crew cut, straight, curly, wavy, frizzy, braided, pony tail, pig tails, afro, relaxed, dreadlocks, unevenly cut, stiff, greasy, dry, matted
Facial hair	Clean shaven, neatly trimmed beard, long and scraggly beard, goatee, unshaven
Face	Attractive, nice looking, pleasant, plain, pale, drawn, ruddy, flushed, bony, thin, broad, moon shaped, red nosed, thickly made up
Eyes	(Gaze) Good or poor eye contact, shifty, averted gaze, staring, fixated, dilated, downcast, forceful, intense, aggressive, piercing
Body	Thin, cachectic, lean, frail, underweight, normal build, muscular, husky, stocky, overweight, moderately obese, obese, morbidly obese, short, medium height, tall, tattooed arms
Movements	No abnormal movements, fidgety, bobbing knee, facial tic or twitch, lip smacking, lip puckering, tremulous, jittery, restless, wringing hands, motionless, rigid, limp, stiff, slumped
Clothes	Casually dressed, neat, appropriate, professional, immaculate, fashionable, sloppy, ill fitting, outdated, flamboyant, sexually provocative, soiled, dirty, tight, loose, slogans on clothes

TABLE 34.1. Alternatives to Jargon

Mental Status Jargon	*More Descriptive Alternative*
She was a cooperative informant.	She answered all questions in full but with a sense of apathy and indifference.
He was well groomed.	He had short brown hair that was washed and combed, and he was clean shaven.
She was disheveled.	She had long black hair that looked stiff and unwashed. Her hands were caked with dirt.
He showed psychomotor retardation; eye contact was poor.	He sat slumped over, was staring at the floor, and was nearly motionless throughout the interview.
Speech was fluent and of low volume.	She spoke in a monotonous and wooden tone, and so softly that I had to lean toward her to understand her words.
Affect was flat and dysthymic.	He appeared sad and morose throughout the interview.

- Behavior and attitude
  -How does pt behave toward NP?
  -Consider context of interview – i.e. scheduled or in an ED
  -Descriptors are similar to affect but emphasis is on relationship toward someone
- Speech
  -Important diagnostic indicator
  - Rate/rhythm
    -Rapid or pressured speech may be d/t mania or anxiety
    -Slow or normal speech
  - Volume
    -Speaking loudly may be d/t mania, irritability, anxiety
    -Low volume may be d/t depression or shyness
  - Latency of response
    -Pausing to think after being asked a question before responding is normal
    -Decreased latency (not pausing or responding before question has fully been asked) may be d/t mania
    -Increased latency (long pause) may be d/t depression
    -Absence of speech may be seen in dementia
    -Non-sensical speech may be seen in psychotic disorders
  - General quality
    -Can you follow what the pt is saying or is it disconnected and confusing?

TABLE 21.3. Speech Terms

Normal
Thoughtful
Articulate
Intelligent
Rapid
Staccato
Pressured
Rambling
Continuous
Loud
Soft
Barely audible
Slow
Halting

- Mood
  -Pt's subjective report of how they feel, often rated 1-10
  -If pt does not share, ask "How do you feel right now?"
  -Stable is used for pt whose mood is appropriate to current situation
  Ex: bright, happy, angry, agitated, irritable, labile, anxious, depressed, euphoric
- Affect
  -Physical manifestation of pt's emotional state as observed by NP
  - Stability of affect
    -Continuum from stable (normal) to labile (abnormal)
    -Lability of affect: pt alternates between giggling and uncontrollably sobbing
  - Appropriateness
    -Inappropriate affect: laughing uncontrollably while talking about mother's death; often seen in psychosis or mania
  - Range
    -Full range: change in affect throughout interview based on what is being discussed
    -Narrow range can be healthy
    -Constricted affect: depression
    -Flat affect: schizophrenia
  - Intensity
    -Intense: manic or histrionic pts; may also be normal
    -Flat or blunted: severely depressed or negative sxs of schizophrenia

TABLE 21.2. Affect Terms

Affect	*Terms*
Normal	Appropriate, calm, pleasant, relaxed, normal, friendly, comfortable, unremarkable
Happy	Cheerful, bright, peppy, content, self-satisfied, silly, giggly, grandiose, euphoric, elated, exalted
Sad	Sad, gloomy, sullen, depressed, pessimistic, morose, hopeless, discouraged
Anxious	Anxious, worried, tense, nervous, apprehensive, frightened, terrified, bewildered, paranoid
Angry	Angry, irritable, disdainful, bitter, arrogant, defensive, sarcastic, annoyed, furious, enraged, hostile
Indifferent	Indifferent, shallow, superficial, cool, distant, apathetic, aloof, dull, vacant, affectless, uninterested, cynical

- Thought process
  -Involves rate of thoughts and how they flow/are connected
  -Normal: linear, goal-oriented, coherent
  -Abnormal: loose, circumstantial, tangential, flight of ideas, incoherent
- Thought content
  -SI, HI, and PI (delusions, hallucinations)
  -Assessed by listening closely and asking focused questions