

MENTAL STATE EXAMINATION

QUICK REFERENCE GUIDE

The following sheet lists potential items to be addressed for each section of a Mental State Examination.

1.1 APPEARANCE

- **Gender and sex**
- **Age**
- **Ethnicity**
- **Complexion**
- **Height and Build**
- **Hair** (including facial hair)
- **Grooming**
- **Unique physical attributes** (including scars, tattoos, piercings, missing limbs)
- **Facial features** (e.g. flushed face, red eyes, bruises)
- **Body feter** (if present).

1.2 BEHAVIOUR

- **Eye contact**
- **Relevant facial expressions**
- **Attitude towards interviewer**
- **Repetitive movements** (e.g. tics, pacing, fidgeting)
- **Gait**
- **Psychomotor behaviour**
- **Style of gesturing.**

2 . SPEECH

- **Rate**
- **Volume**
- **Tone**
- **Other unique qualities**
 - **Stutter**
 - **Accent and dialect**
 - **Amount of speech**
 - **Speech impediments**
 - **Use of vocabulary**
 - **Is the person difficult to understand?**
 - **Presence of frequent, noticeable pauses.**

3.1 MOOD

How the person is feeling?

- **Reported emotion**
- **Reported depth**
- **Reported duration**
- **Reported degree of fluctuation.**

3.2 AFFECT

How the person appears to be feeling, based on their non-verbals.

- **Range** (full, restricted)
 - **What emotions does the person express?**
 - **Are these emotions appropriate to the topic?**
- **Intensity** (exaggerated, normal, blunted, flat)
- **Reactivity** (fixed, reactive, labile)
- **Congruence** (congruent, incongruent)
 - **Is the person's affect consistent with their reported mood?**
- **Neurovegetative symptoms**
 - **Sleep**
 - **Appetite**
 - **Weight gain/loss**
 - **Motivation**
 - **Interest in activities** (including anhedonia)
 - **Energy levels**
 - **Libido.**

4. PERCEPTION

Identify presence of:

- **Hallucinations** – perceptual experiences in the absence of any corresponding external stimuli
- **Illusions** – exaggeration, distortion, or misinterpretation of actual stimuli.

Both can be categorised as follows:

- **Auditory** – these include, but are not limited to:
 - **Command hallucinations**
 - **Commentary hallucinations**
- **Visual**
- **Tactile**
- **Olfactory**
- **Gustatory.**

5. THOUGHT FORM AND FLOW

Describe:

- **The amount and rate of thoughts**
- **How connected thoughts are to one another**
- **Whether thoughts relate to a central idea.**

6. THOUGHT CONTENT

- **Describe the main topics discussed in the interview**
- **Identify the presence of any of the following:**
 - **Delusions** (paranoid, grandiose, persecutory, nihilistic, passivity phenomena (including: thought insertion, thought removal, thought broadcasting), ideas of reference)
 - **Preoccupations/obsessions.**
- **Identify risk in any of the following areas**
 - **Suicide**
 - **Self-harm**
 - **Violence/aggression**
 - **Vulnerability**
 - **Absence without approval**
 - **Child safety.**

7. JUDGEMENT

Address the following:

- **Are the person's choices adaptive/do they promote positive health outcomes?**
 - **Provide a rationale for your answer**
 - **Specify domains in which judgement is problematic.**
- **Does the person utilise a logical, reality-based decision-making process when responding to situations?**
 - **Provide a rationale for your response** (including consideration of what is commonly accepted within the person's culture)
 - **Specify domains in which judgement is problematic.**

If appropriate, consider using the following descriptors:

- **Good/intact**
- **Poor/impaired.**

8. INSIGHT

Address the following:

- **Is the person aware of their symptoms?**
- **Do they understand how the symptoms are impacting their functioning?**
- **How does the person explain their experience of symptoms? Is this based in reality?**
 - **Consider what is commonly accepted within that person's culture.**

If appropriate, consider using the following descriptors:

- **Good/intact**
- **Partial**
- **Poor/impaired.**

9. COGNITION

Comment on each of the following:

- **Alertness**
- **Orientation (time, place, person)**
- **Memory**
- **Concentration.**