

11362NAT Course in Observing and Documenting the Mental State Examination

Quick reference guide

The following are the features to be assessed for each component of the Mental State Examination.

Appearance

- Age
- Complexion
- Hair (including facial hair)
- Changes in weight
- Clothing/grooming
- Hygiene (cleanliness, body odour)
- Unique physical features (e.g. Injuries, tattoos, piercings or scars)
- Assistive devices (e.g. hearing aids, glasses, prosthetics).

Behaviour

- Eye contact/facial expression
- Gestures
- Posture (e.g. rigid, stooped, slumped)
- Limited or restricted movement
- Repetitive or involuntary movements
- Gait (usual vs unusual)
- Engagement with the interview process.

Speech

Rate (e.g. slow, normal; fast).

Volume (e.g. soft; normal; loud).

Tone (e.g. highly variable; normal; monotone).

Noteworthy qualities (e.g. stutter; accent; speech impediments; use of vocabulary).

Mood

How is the person feeling?

- **Emotion type** (how the person describes their mood).
- **Depth** (their perception of the significance and intensity of their emotional state; may use a rating scale).
- **Duration** (how long have they been experiencing their mood).
- **Fluctuation** (how changeable has their mood been).

Affect

External emotional expression; observed as body language, facial expressions and non-verbals.

- **Range** (full vs restricted)
 - Does the person show a variety of emotional expression?
- **Intensity**
 - How strong is their emotional expression? (e.g. tears, gestures, sobbing, grimacing, hand movements)
- **Reactivity**
 - Emotional expression changes/doesn't change with the topic? (e.g. small/non-existent, rapid/without warning)
- **Congruence** (congruent or incongruent)
 - Does the person's emotional expression (affect) match their reported mood?

Neuro-vegetative symptoms:

- sleep
- appetite
- weight gain/loss
- motivation
- interest in activities
- energy levels
- libido.

Perception

Identify presence of clinically relevant perceptual experiences

- **Sensory sensitivities** based on real stimulus, e.g. sensitivities to smell, sounds, tastes, etc.
- **Illusions** - exaggeration, distortion, or misinterpretation of real stimuli.
- **Hallucinations** - perceptual experiences in the absence of *any* external stimuli.

All of the above can be experienced as:

- auditory
- visual
- olfactory
- gustatory
- tactile.

Thought content

- **Main topics** occupying the person's thoughts.
- Thoughts causing **distress**.
- Thoughts **impacting** day to day **functioning**.
- Thoughts to **harm self** or **others**.

Common terms:

- phobias
- delusions
- obsessions
- compulsions
- preoccupations.

Thought form and flow

Describe

- The **amount** and **rate** of thoughts.
- How **connected** are the thoughts **to one another**?
- How **connected** are the thoughts **to central idea**, do they **answer the question**?

Common terms:

- circumstantiality
- tangentiality
- flight of ideas
- loosening of associations.

Insight

Address the following:

- Is the person **aware** of their symptoms/situation?
- Does the person **understand** how the symptoms/situation is impacting their functioning?
- How does the person **explain** their experience of their symptoms/situation? Is it based in reality?

Consider what is commonly accepted within that person's culture.

Judgement

Address the following:

- What behaviours are helpful/harmful?
- How is the decision being made? Is it logical, reality or non-reality based?
- Has the person considered the impact / likely outcomes of their decision?

Cognition

Comment on each of the following:

- **Alertness** (aware/responsive or drowsy)
- **Orientation** (time, place, person)
- **Memory** (recent and past)
- **Concentration** (focussed or distracted).

The minimum standards for MSE documentation

1. Use objective, unbiased, non-judgemental, non-stigmatising and culturally appropriate language.
2. Record client's own words and phrases.
3. Explain your clinical judgements based on evidence and provide examples.
4. Make clinically relevant entries for each component and when no observations are possible, explain why.
5. Discretionary use of psychiatric terminology must be accompanied by examples or descriptions.

As a minimum, record information that is **clinically relevant** (at least one of the following):

- impacting on the person's or other's wellbeing (positively or negatively)
- impacting on the person's functioning (relationships, work, study, daily activities)
- causing distress to the person
- is an indicator of risk to the person or others.

Remember to consider **contextual factors** (environmental, personal, developmental, cultural) when you observe unusual or unexpected behaviour and include this in your documentation where relevant.