MENTAL HEALTH NURSING

UNIT III

ASSESSMENT OF MENTAL HEALTH STATUS

MENTAL STATUS EXAMINATION

MR.GANESAN

PROFESSOR,

ICON

Learning Objectives

At the end of this lecture, you should be able to:

1. Identify the components of a mental status examination:
   a. General Appearance
   b. Speech
   c. Mood and Affect
   d. Content of thought
   e. Perception
   f. Cognitive functions
2. Distinguish each mental process
3. Be able to describe intelligently about the patient's psychiatric symptoms.

INTRODUCTION - MSE

- Describes examiner's observation and impressions of the psychiatric patient at the time of interview.
- Can be changed from day to day or time to time.

1.GENERAL APPEARANCE AND BEHAVIOURS

a. General Appearance:

Physique and body build	:	Endomorphic/ Mesomorhic/Ectomorphic
Physical appearance	:	Older/younger
Level of grooming/dressing	:	Normal/shabbily/overdressed
Looks	:	Comfortable/uncomfortable
Physical health	:	Healthy / sick
Personal Hygiene	:	Adequate/inadequate/overtly
Self-care	:	Maintained/ not maintained
Dressing	:	Appropriate/neat/untidy
Facial expression	:	Angry/sad/worried

b. Attitude towards examiner:

Cooperative/guardedness/hostility

Attentiveness/combativeness

Appears interested/disinterested

Few examples to note in clinical Implications:

- Hostile, uncooperative, irritable, guarded, apathetic, defensive, suspicious, seductive

  – explore the nature of the observed behavior and confirm its accuracy.

c. Comprehension : Intact/Partially impaired/Fully impaired

d. Gait and Posture :

Gait : Small steps/Confident walk

Posture : Normal /Stooped/Stiff/Guarded

e. Psycho motor activity :

Normal/Increased/Decrease

Involuntary movement	:	Abnormal/Normal
Catatonic Sign	:	Present/absent
Conversion / dissociative Sign	:	Present/absent
Reaction time	:	normal/ delayed

Note:

- Abnormal involuntary movements (tics, tremors, akathisis)
- Catatonic signs (Mannerisms, Stereotypes posturing, waxyflexibility, negativism, ambitendency, stupor, echoprexia, Psychological pillow, forced grasping)
- Conversion and dissociative signs (pseudo seizures, possession states)
- Social withdrawal, autism, compulsive acts, rituals or habits (nail biting)

Few examples to note in clinical Implications:

- ✓ Excessive body movement – associated with anxiety, mania or stimulant abuse
- ✓ Little body activity – suggest depression, organicity, catatonic schizophrenia or drug induced stupor
- ✓ Tics and grimaces – suggest medication side effects
- ✓ Repeated motor movement or compulsion – indicate OCD
- ✓ Repeated picking of dirt – associated with delirium or toxic conditions.

f. Social mannerisms and nonverbal behavior

: Normal/ Increased/decreased/appropriate/inappropriate

Mode of Entry : Come willingly/ Brought by physical force

Eye to Eye contact : Established/Not established / Maintained /Difficult/Not Maintained/Gaze aversion / staring vacantly/Staring at the examiner/hesitant eye contact/normal eye contact

Gestures : Grimace/Tics / Mannerisms /Normal/ Odd/Exaggerated

Facial expression : Anxious/Blunted/Cheerful/Hostile/Pleasant/ Preoccupied/Fearful

g. Rapport : Established/difficulty

: Maintained/Not maintained

: Working and empathetic relationship (intimate, social)

h. Hallucinatory Behavior: Present/absent

Note : Smiling/Crying without reason

: Muttering or talking to self

: Odd gesturing in response to auditory or visual hallucinations

Few examples to note in clinical Implications:

- ✓ Dilated pupils – associated with drug intoxication
- ✓ Pupil constriction – indicate narcotic addiction
- ✓ Stooped posture – seen in patients with depression
- ✓ Colorful / unusual attire dress – associated with manic patient

2. SPEECH

: Present/absent

Rate and Quantity

Initiation : Spontaneous/Speaks when spoken to

Reaction time : Normal /delayed/ shortened/ difficult to asses

Productivity : Increased/decreased/ pressure of speech / poverty of speech

Volume and Tone

Volume : Normal/increased/ decreased

Tone : Normal variation /low/ high/ monotonous

Flow and Rhythm

: Smooth /hesitant, blocking(sudden)/ stammering/ circumstantialities/ Tangentiality/verbigeration/stereotypes (verbal),flight of ideas/clang associations/ neologism/confabulation

Coherence :Loosening of association

Few examples to note in clinical Implications:

- Speech disturbances –often due to specific brain disturbances.
- Slurring of speech – occurs in intoxicated patient
- Pressured speech – mainly reflects manic patient
- Reluctant to speak – depressive

3. MOOD AND AFFECT

Mood

- **Quality of mood:**

- Objective mood : Euphoria/ Elation/ Exaltation / Ecstasy
  : Anxious and restless
  : Sad/irritable/angry/ despaired
  : Shallow /blunted/indifferent/ restricted/inappropriate / labile
- Subject mood : Angry, depressed, irritable, Frightened, panicky

Notes:

How do you feel?

What part of the day is most pleasant?

Which Part of the day most difficult?

b) Stability of mood (for a period of time)

c) Reactivity of mood (reaction to the stimuli)

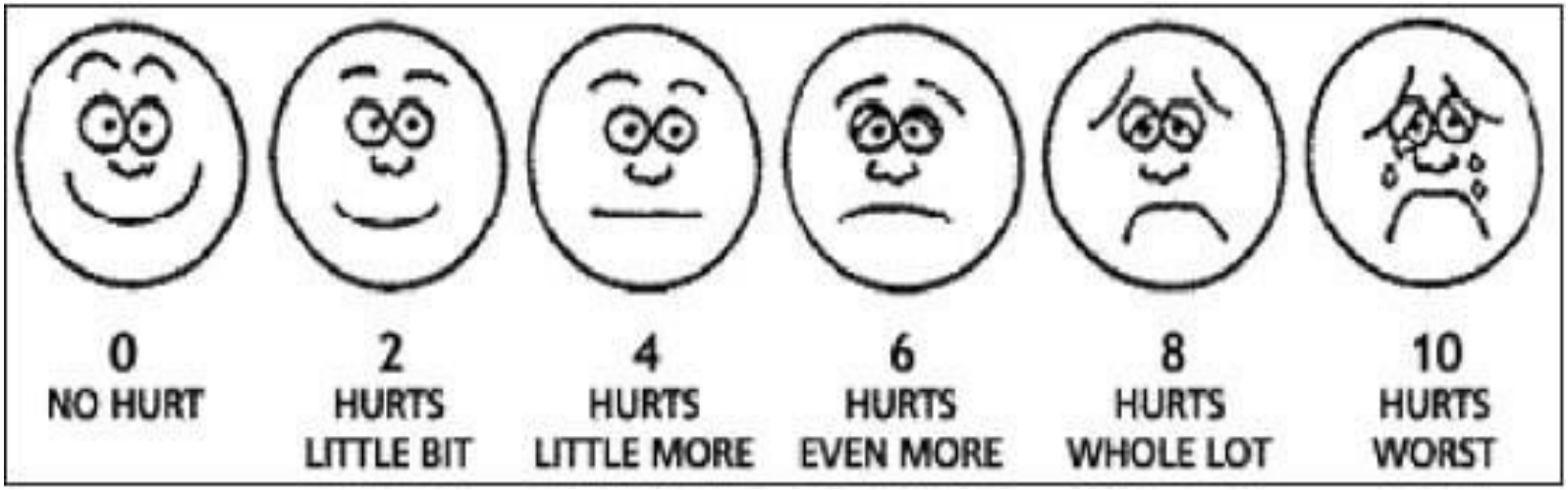
d) Persistence of mood (length of time the mood lasts)

- Note: Document the outward expression or immediate experience of emotion at a given time

Few examples to note in clinical Implications:

- Elevated / feeling sad, fearful, hopeless, euphoric or anxious – use 10 point rating scale
- If potential for suicide is suspected – inquire thoughts about self-destruction.
- Feeling hopeless – may reflect depression
- Suicidal ideation – anxiety disorder or schizophrenia
- Elation - mania

- 10 point rating scale



Affect : Appropriate/inappropriate to the environment and thought

Range : Sustained/Limit maintained

Depth/ intensity : Normal/increased/blunted Appropriateness (in relation to thought and surrounding environment)

Few examples to note in clinical Implications:

- Flat affect/ lability – assess the congruent with the speech content.
- Labile affect – often seen in manic
- Flat affect and incongruent affect – evidence of schizophrenia

4. Though process

a. Stream and form

Stream of thought : Spontaneity of speech, Productivity, Poverty of content, Normal

Racy thoughts : (Pressure of thought)/ Retarded thinking/ Thought block/Continuity of thought/or unclear thinking/Flight of ideas/clang association/mutism

Form of thought :Normal/notunderstandable/ loosening of association /circumstantiality/ tangentiality/illogicalthinking/verbigeration,neologism/ ambivalence/ perseveration/ echolalia

- **b. Content of thought**
- Preoccupations/phobias/guilty/ Hypochondriasis/ religiosity/Obsessional/ irrational, intrusive ego-dystonic,ego-alien/ compulsive phenomena's
- Delusions - Grandiose/privacy/ reference/ Guilt/ Delusion of control/love/jealousy/Nihilism
- Ideas-Hopelessness, helplessness, worthlessness, suicidal ideations,

c. Possession of thought

Thought alienation phenomena

: Thought insertion /thought withdrawal /thought broadcasting.

Sample question:

a. Obsession, compulsions and phobic thoughts:
b. Do you have thoughts that you are unable to control or get rid yourself
c. Do you fear storms, heights, crowds, traffic ……?
d. Are you compelled to follow a certain ritual while dressing, eating, walking, etc.?
e. Do you feel tense if the above are not done?

ii. Delusions:

a. Have you had any unusual, unpleasant or perplexing experience?
b. Have you had any peculiar thoughts, dreams, and imaginations?

iii. Persecutory delusion:

a. Are you considered friendly and popular?
b. Do people like you? Treat you well?
c. Do they talk about you?
d. Are you suspicious of others?
e. Do you feel annoyed, wronged, poisoned? How do you explain?

iv. Thought insertion/ Withdrawal /broadcasting:

a. Do you think others may be able to influence you? How?
b. Do you think that some people can read minds? Can they read yours's? Control you? How?

Few examples to note in clinical Implications:

- Obsessions and phobias – associated with anxiety disorders
- Delusions, depersonalization and ideas of reference – suggest schizophrenia or other psychotic disorder.
- Circumstantial thinking – sign of defensiveness or paranoid thinking
- Loose association or neologism – suggest schizophrenia or other psychotic disorder
- Flight of ideas – indicate mania
- Perseveration – associated with brain damage or psychotic disorders
- Word salad – represent higher level of thought disorganization.

5.PERCEPTION

Illusion : Present/absent

If present specify : Muller-Lyre/ Poggendorf/ Horizontal-vertical/ Zollner/ Movement

Hallucination : Present/absent

If present specify : Auditory/visual/olfactory/ gustatory/Tactile

Depersonalization : Present/absent

Decentralization : Present/absent

Note :

a. Who are you? Do you feel unnatural?
b. Do things that Happen to you feel unreal?
c. Do things look dim or distant to you?

Somatic passivity : Present/absent

Note:

Presence of strange sensations described by the patient as being imposed on the body by some external agency with the patient being a passive recipient

- Few examples to note in clinical Implications:
- Auditory hallucinations – suggest schizophrenia
- Visual hallucinations – suggest organic mental disorder or schizophrenia
- Tactile hallucinations – suggest organic mental disorders, cocaine abuse and delirium tremors.

- Olfactory hallucinations
- Gustatory hallucinations

Notes:

- *Auditory hallucination - [Elementary (only sounds) / complex (voice heard) how many voices, which part of the day (occur while going to sleep - hypnagogic and / or hypnopompic occurring while getting up from sleep), male or female, second person/third person hallucinations (ie, whether the voices were addressing the patient or were discussing him in third person), command hallucinations]*

- *Visual-Flash of light? Did you ever imagine you saw things as if in dream? Did you imagine that you saw things and people and wondered? Awake? At night or day? Eyes open or shut? Where? What or Whom do you see? What does it mean?*

6. COGNITIVE FUNCTIONS

– Higher Mental Functions

Consciousness : Conscious/ Alert/Drowsy/Confused/ Clouding/ Stupor/ Coma/ Lethargic

Nurse :

Patient :

Inference :

Note:- Calling patient's name in a normal voice, calling in a loud voice, Light touch on the arm, Vigorous shaking of the arm, painfulstimulus, Glasgow coma scale(eye opening, verbal, motor)

Key:

Alert :An alert patient is vigilantly attentive and keen

Lethargic :A lethargic patient is dull, sluggish and appears half asleep

Stupor : A stupourous patient is near unconscious with apparent mental inactivity and reduced ability to respond to stimulation

Coma :comatose patients are unconscious and unresponsive

Attention : (digit forward and digit backward test - WORLD in reverse)

- Note : To identify the ability to recollect the attention towards the task

Nurse :

Patient :

- [Note:-Ask the patient to repeat digits forward and backwards, one at a time, Start with three digit numbers, increasing gradually up to seven digit numbers or till failure occurs on three consecutive occasions. Count backward from 20, Name of months or week in reverse order]

Inference: Normally aroused/ aroused with difficulty/Attentive/Inattentive/ Preoccupied/ Confused

Concentration:

(serial subtraction 100–7, -7, x7, +27, etc…)

Note : To identify the ability to sustain the attention to one area till he finish the task

Nurse :

Patient :

Inference :

[Note: - Note down the answers and the time taken to perform the test]

Inference: normally sustained/sustained with difficulty/distractible

Few examples to note in clinical Implications:

- ✓ Impaired ability of concentration and complete simple calculation – almost for all psychiatric illness.
- ✓ Important to differentiate b/w organic mental disorder, anxiety and depression.

Orientation:

Time, Place, Person:

- Nurse
- Patient
- Inference

- Time(by asking the time, date, day, month, year, season and the time spent in hospital)
- Place (by asking the present location, building and city)
- Person (by asking his own name, can be identify people around him and their role in that setting)

Inference : Oriented to Time, Place and Person

Few examples to note in clinical Implications:

- Inaccurate answer – may reflect organic mental disorder
- Saying someone / somewhere / reveal a personal orientation to the world – reflects schizophrenia

e. Memory (Encoding – Retention –Retrieval/Recall – Recognition)

1. **Immediate** :(5 unrelated items,if 3 or>3-Normal or Picture/Address)

   Note : To identify the short term Memory - Chunking

2. **Recent** :(last 24 Hrs.)

   Note : To identify the short term Memory – Maintenance and Elaborate rehearsal.

3. **Remote** :(From past events such as date of birth, marriage date.)

   Note : To identify the Long term – Declarative, Semantic, Episodic, Procedural and Implicit Memory

Inference :Memory Intact/Impaired

Few examples to note in clinical Implications:

- Loss of memory – occurs with organicity, dissociative disorder and conversion disorder
- Retain remote memory longer than recent memory – Alzheimer's disease
- Impaired immediate retention and recent memory – shows anxiety and depression symptoms

f. Intelligence (Ability to think logically, act rationally and deal effectively with the environment)

1. **General Information**:(current Prime Minister, President, Chief minister, capitals, etc..)
2. **Test for reading** : Have patient read a short story with a moral and see if patient gets meaning and can tell story.
3. **Test for writing** : Give the patient a piece of paper and pen and ask the patient to write any sentence they likes
4. **Arithmetic ability** : (what is the cost of 2 kg rice if one kg rice cost Rs.20)

g. Abstract thinking: *Assess the patients concept formation*

1. **Similarities** **:**(table and chair, banana and Orange, Dog and Lion, Eye and ear)
2. **Differences** **:**(table and chair, banana and Orange, Dog and Lion, Eye and ear)

   [Note: Assess the answers whether it may be overly concrete/abstract judge the answers Are appropriate / inappropriate]

3. **Proverb testing** : at least two proverb for Literal and Abstract Meaning

8. JUDGMENT :

The ability to assess a situation correctly and act appropriately within the situation

a. Social Judgment - Perception about society

b. Test/ Situational Judgment-Child in Pond/Addressed & stamped envelope/ hut caught fire

c. Personal Judgment & future Plan

Inference: Good/intact/Normal/ Poor/ Impaired/ Abnormal

7. INSIGHT- *The degree of awareness and understanding that the patient has regarding his illness*

Note – Find out

1. *The Attitude towards his present state whether there is an illness or not?*
2. *Is the patient aware of mental or physical defects?*
3. *Is any treatment needed?*
4. *Is there any hope for recovery?*
5. *What are the causes of illness?*
6. *Does he realize that the difficulty is with himself or does he attributed to external or physical factors?*

Insight Grading:

1. Complete denial of illness
2. Slight awareness of being sick and needing help, but denying it at the same time
3. Awareness of being sick, attributed it to external or physical factors
4. Awareness of being sick but due to something unknown in self
5. Intellectual Insight-Awareness of being ill that the symptoms / failures in social adjustment are due to own particular irrational feelings/ thoughts-yet does not apply this knowledge to the current/future experience
6. True emotional Insight-Here the awareness leads to significant basic changes in the future behavior and personality.

Inference : as VI point scale from I to VI

9.DIAGNOSIS FORMULATION:

- Summary of Inference/Problems
- Expected Etiology
- Differential diagnosis
- Provisional Diagnosis

10.CONCLUSION

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