

Mental Health

Mental Status Exam (MSE)

What is It?

The mental status exam (MSE) is an assessment best done in an interview where the healthcare practitioner can assess both **subjective** (what the patient says) and **objective** (what the patient does/looks like) or **both combined** to get a standardized and holistic impression of the patient. There are 15 criteria in the mental status exam:

1. Appearance
2. Behavior
3. Attitude
4. Level of Consciousness
5. Orientation
6. Speech and Language
7. Mood
8. Affect
9. Thought Process/Form
10. Thought Content
11. Suicidality and Homicidality
12. Insight and Judgment
13. Attention Span
14. Memory
15. Intellectual Functioning

Abalos Matt Siami my friends!

That may mean nothing in any language but repeat it a few times and there is the Mnemonic to remember a mental status exam.

Try making your own!

Let's break it down

Appearance

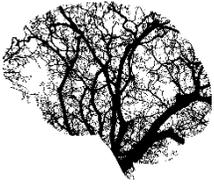
- How are they groomed? – Are they unkempt or clean, smelly or not, dirty or washed?
- How do they walk (gait)? – Are they walking straight, is there a limp, any stumbling?
- How are they sitting (posture)? – Are they slouching or sitting upright, open posture (spread out) or closed (withdrawn)?
- What are they wearing? – Are they dressed for arctic conditions in the summer, are they wearing bizarre colors (think mania), are they missing items of clothing?

Behavior

- Are they showing any mannerisms or compulsions? – Is there a tic or **stereotypies** (repetitive gestures)
- Can they follow commands? – Simple and complex tasks, can they follow 2 or 3 step instructions
- Are their psychomotor functions in-tact? – These functions involve multiple movements and thought like throwing/catching a ball
- Are they making eye contact? – Do they look at you or look away, do they appear to be seeing something else in the room that isn't there?



The avoidance of eye contact may be cultural or due to conditions like autism, PTSD, or anxiety



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Attitude

- Are they cooperative? – Do they answer questions and offer information?
- Are they hostile? – Either physically, verbally, or emotionally
- Are they secretive? – Do they withhold information or skirt around subjects
- Are they open? – Do they speak freely about their thoughts, experiences, and issues?
- Are they defensive? – Do they get frustrated or angry at questions?
- Are they apathetic? – Do they care about the current situation or are they indifferent?



A defensive posture like the one seen here can be a valuable indicator that a patient is not willing to talk or needs to be approached differently

Level of Consciousness

- Are they drowsy or alert? – Do they follow you with their eyes or look blankly
- Are they able to stay awake? – Do they maintain consciousness or drift in between?
- Are they confused? – Do they know what is happening around them, why they are here?
- Do they fluctuate between states? – are they present one moment and seem to vanish in the next?

Orientation

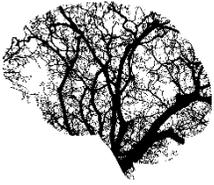
- Are they able to tell you who they are, where they are, and what time or date it is? – In disoriented patients they typically forget time, then place, then person
- Can they describe the situation that they're in at the moment? – This can offer a look at how they are oriented to the current situation

Speech and Language

- Quantity
 - Do they speak spontaneously, do they expand on thoughts, are they talkative?
- Rate
 - Do they speak fast or slow, is their speech pressured, is it paced normally?
- Volume
 - Are they speaking loudly or softly, are they dynamic or monotone, is their speech weak or strong?
- Fluency/Rhythm
 - Are they slurring or mumbling, do they articulate their thoughts or stumble over words and thought, does what they're saying make sense?

In a patient suffering from a stroke they may speak and not realize that they are not making any sense at all to anybody else – This is known as **Wernicke's Aphasia**

If a patient has a stroke that affects the Broca's area of the brain they might be able to understand others but cannot form a sentence or speak on their own – This is known as **Broca's Aphasia**



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Mood – (how they feel)

- Ask, how are they feeling
 - *Have they been feeling discouraged lately? Have they been angry and irritable or happy? Have they felt energized or out of control?*

Affect – (how you observe they feel)

- Range
 - *Is their range of expression broad or do they appear restricted?*
- Appropriateness
 - *Do they appear to appropriately reflect their stated mood?*
- Fluctuation
 - *Do they appear emotionally labile (unstable) or are they even*
- Intensity
 - *Do they appear flat (little to no expression)? Blunted? Normal?*
- Quality
 - *Do they appear sad, hostile, anxious, irritable, detached, angry, elated, euphoric*

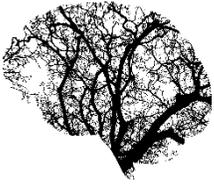


Thought Process

- Is their thought process organized? – *Do they jump around between thoughts at random?*
- Are there loose associations? – *A thought process where things appear loosely or not at all connected. As an example: “Frank’s beer had a great bear carpenter that went home on a turf”*
- Are they showing circumstantial thinking? *Circumstantial thinking means that a person is unable to give an answer without an excessive, unnecessarily detailed answer*
- Do they show tangential thinking? *Tangential thinking is similar to circumstantial thought except the speaker does not return to the original point*
- Are there thought blocks? – *Sudden silences in speech that can last from seconds to minutes*
- Do they use neologisms? – *A neologism is a made up word or meaning for an already established word*

Thought Content

- What is their thought content like? – *Try simple questions such as:*
 - *What’s been on your mind?*
 - *What do you think about recent news surrounding _____?*
 - *Are there thoughts or images that you can’t seem to get out of your head lately?*
- Do they have any delusions? – *A delusion is a fixed, false belief not shared by others*
- Are they hallucinating? – *Are they seeing, smelling, tasting, feeling, or hearing anything that’s not really there? Do they misinterpret things that ARE there?*



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Suicidality and Homicidality

- Passive suicidal ideation? – *Passive suicidal ideation means that the person wants to die, or has thoughts that they'd be better off dead.*
- Active suicidal ideation? – *Active suicidal ideation means that a person wants to die AND has a plan for how to do it.*
- Harm towards others? – *Do they have a desire to harm others? Have they thought about harming others or getting even with anyone that has wronged them?*

In many countries and organizations it is a mandatory part of the Mental Status Exam that the caregiver inquire about "Harm towards Self" and "Harm towards Others"

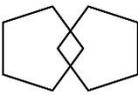
These often require immediate medical attention and should be treated as a medical emergency

Insight and Judgement

- What insight into their current situation do they display? – *What brings you here today? What do you think is causing your problems?*
- Do they understand their problem? – *Do you understand your problems? Do you think your mood/behavior/perception is abnormal?*
- Can they plan a strategy? – *What would you do if _____ occurs? What would you do if you were in a theatre and smelled smoke?*
- Can they recognize the need for help? *How would you get help for this issue?*

Attention

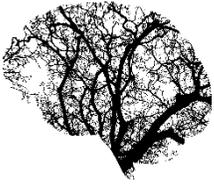
- Test for attention span and capability
 - Spell backwards – "Spell 'Globe'... now spell it backwards"
 - Digit recall – "I will tell you 3 numbers, repeat them after I finish"
 - Calculation –
 - Concurrent subtraction – (100-7=93, 93-7=86...) (50-3=47, 47-3=44...)
 - Multiplication – (12x3)
 - Multiple addition – (15+2+6)
 - Word problem – *If you buy an item worth 65 cents and give the cashier 1 dollar, what is your change?*

MINI MENTAL STATE EXAMINATION (MMSE)		Name:		
		DOB:		
		Hospital Number:		
One point for each answer		DATE:		
ORIENTATION		...../5	...../5	...../5
Year Season Month Date Time				
Country Town District Hospital Ward/Floor		...../5	...../5	...../5
REGISTRATION		...../3	...../3	...../3
Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).				
ATTENTION AND CALCULATION		...../5	...../5	...../5
Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).				
RECALL		...../3	...../3	...../3
Ask for the names of the three objects learned earlier.				
LANGUAGE		...../2	...../2	...../2
Name two objects (e.g. pen, watch).				
Repeat "No ifs, ands, or buts".		...../1	...../1	...../1
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").		...../3	...../3	...../3
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".		...../1	...../1	...../1
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.		...../1	...../1	...../1
COPYING: Ask the patient to copy a pair of intersecting pentagons				
		...../1	...../1	...../1
TOTAL:		...../30	...../30	...../30

MMSE scoring
24-30: no cognitive impairment
18-23: mild cognitive impairment
0-17: severe cognitive impairment

OME Oxford Medical Education

The MMSE tool above includes calculations and recall and is used by many institutions



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Memory

- Recent Memory
 - How did you get here today?
 - What medications have you taken today?
- Remote Memory
 - When did the twin towers get hit? (if age appropriate)
 - When did you get married?
 - Where and when did you graduate from high school?
- Immediate Memory
 - “I am going to tell you 3 words and ask you to repeat them in 5 minutes” (simple words)

Intellectual Functioning

- Common Information
 - Name our current Prime Minister/President
 - Name 5 large cities in this country
- Vocabulary
 - Is it appropriate for their age?
 - Grade school/high school level?
- Abstraction
 - How are a Baseball and Tennis ball similar? (Round – Concrete, Sports items – Abstract)
 - How are a tape-measure and a watch similar? (measuring tools – abstract)
- Proverbs
 - How would you describe the meaning of “you shouldn’t cry over spilt milk”? “Kill two birds with one stone”?

Bonus:

CAGE tool for Alcoholism screening

Cut back, Annoyance, Guilt, Eye-openers



“Have you ever felt that you should Cut down on your drinking?”



“Have people Annoyed you by criticizing your drinking?”



“Have you ever felt bad or Guilty about your drinking?”



“Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)?”

Some Additional Resources:

- eMentalHealth.ca – *Extensive list of knowledge and screening tools for a variety of mental health disorders*
- CamH.ca – *One of the worlds leaders on Mental health teaching and research based in Canada*

Remember:

There is no
Health without
Mental Health

NurseNotes
**.org**