

# Mental State Examination

## Introduction

- Wash hands, Introduce self, ask Patients name & DOB & what they like to be called, Explain and get consent

Mnemonic: **A&B, SMT, PCI**

## Appearance & Behaviour

You don't need to ask this!

- Kempt: dress, physical appearance, neglect
- Behavior: suspicious, paranoid, irritable, aggressive
- Distractions: preoccupied, distractible, withdrawn, quiet

## Speech

You don't need to ask this!

- Rate: pressure of speech, slow/monotonous
- Volume

## Mood

Ask about their mood ( $\pm$  depression screen) and RISK to self/others (never forget!!)

- **Subjective:** low, high
- **Objective:** depressed, elated, euthymic

## Thoughts

Ask delusions ("have you noticed having any strange thoughts, or thoughts that others find strange?", "can anyone interfere with or hear your thoughts?", "Do you feel you are in control of your actions?", "do you ever get thoughts which keep going round and around in your head?", "are there any actions you feel you need to do repeatedly?")

- **Form:** coherence, muddled, flight of ideas, knight's move, preoccupation with thoughts
- **Content:** harm to self/others, suicidal ideas, delusions, over-valued ideas, insertion/withdrawal/broadcast, control of thoughts

## Perceptions

Ask hallucinations ("have you ever heard or seen anything you can't explain?", "or hear people commenting on what you do?", "do you ever feel events have a special meaning for you?")

- Perceptions
- Hallucinations/Illusions

## Cognitions

Ask MMSE or a quick version

- Concentration and attention
- Confusion
- Memory  $\pm$  MMSE

## Insight

Determine insight with below questions

1. Awareness of illness
2. Understand the need for medications
3. Willing to take medications

## To complete

- Other parts of psychiatric history
- Summarise
- Thank patient