Mental Health Examination for Nurses

A simplified version by Anitha Sara D'souza

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What is Mental Status Examination?

The mental status examination describes the sum total of the examiner's observations and impressions of the psychiatric patient at the time of the interview

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Components of a Mental Status Exam

1. Level of consciousness.
2. Appearance and General Behavior
3. Speech and Motor Activity.
4. Affect and Mood.
5. Thought and Perception.
6. Attitude and Insight
7. Cognitive functions.

Appearance

Attitude Toward Examiner:

Often described as cooperative, friendly, attentive, interested, flirting, defensive, contemptuous, apathetic, hostile, playful, ingratiating, evasive, or guarded.

Level of rapport established.

Appearance:

Body type, posture, dressing adequate or not, healthy, sickly, ill at ease, poised, disheveled, and bizarre

Psychomotor Activity

Motor activity Increased or decreased

Mannerisms, tics, gestures, twitches, stereotyped behavior, echopraxia, hyperactivity, agitation, combativeness, flexibility, rigidity, gait, and agility

Restlessness, wringing of hands, pacing, and other physical manifestations

Compulsive acts, rituals or habits

Psychomotor retardation or generalized slowing of body movements

Speech Characteristics

Rate and quantity

Maybe described as talkative, garrulous, voluble, taciturn, unspontaneous

Speech can be rapid or slow, pressured (hard to interrupt the pt), hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, staccato, or mumbled.

Volume and Tone

Increased /decreased(its appropriateness),
Low/high/normal pitch

Flow and rhythm

Maybe described as rapid or slow, pressured, hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, staccato, or mumbled

Speech Irregularities

Circumstantiantiality: An inability to differentiate the essential from the unessential. The patient gets lost in insignificant details without losing track of the question.

Tangentiality: A person might start telling a story but loads the story down with so much irrelevant detail that they never get to the point or the conclusion.

Verbigeration: Senseless reiteration of words; a severe form of perseveration

Loosening of Associations: A person exhibiting loosening of associations will jump from one idea to another, with increasingly more fragmented connections between the thoughts

Flight of ideas: A loosening of internal direction or goal in the processing of thoughts.

Neologism: The building of new words

Echolalia: The repeating (echoing) of phrases spoken by the patient's entourage, but some time the patient's own thoughts

Clang associations. Thoughts are associated by the sound of words rather than by their meaning (e.g., through rhyming or assonance).

Mood and Affect

Mood

**Mood is defined as a pervasive and sustained emotion that colors
the person's perception of the world.**

• Usually means patient’s self reported mood

Mood can be described as depressed, despairing, irritable, anxious, angry, expansive, euphoric, empty, guilty, hopeless, futile, self-contemptuous, frightened, and perplexed

Affect

Patient's present emotional responsiveness, inferred from the patient's facial expression, including the amount and the range of expressive behavior.

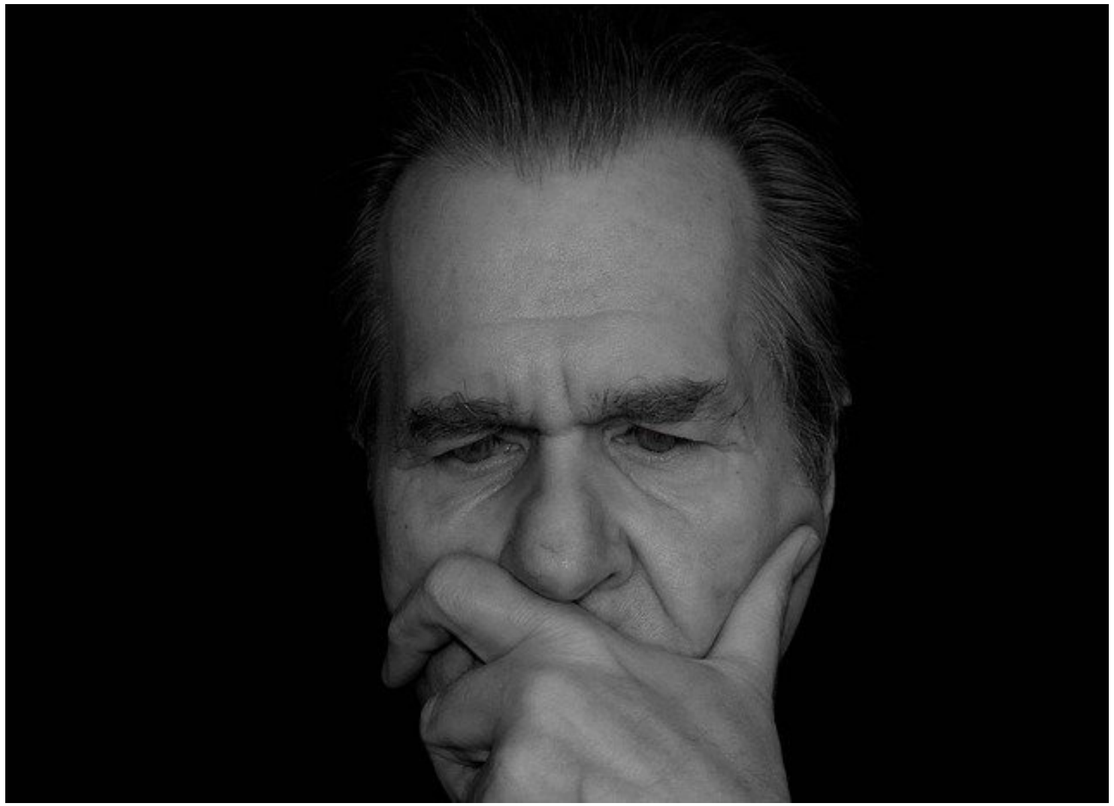
• Quality: Dysphoric in depression, Euthymic (normal) or Elevated/Euphoric in mania, Flat in Schizophrenia or labile (all over the place), or irritable

• Congruency: Affect may or may not be congruent with mood.

• Range: Affect can be described as within normal range, constricted, blunted, or flat.

Thought

Acesses disorders of thought form/processes and content



Thought Processes

Disorders of thought form:

Derailment. The words make sentences, but the sentences do not make sense.

Thought blocking. A sudden disruption of thought or a break in the flow of ideas. The client may forget what he was going to say. Blocking is interruption of the train of thought before an idea has been completed.

Abnormal thought tempo: Acceleration (pressured thought, flight of ideas) or retardation.

Abnormal thought possession: The patient experiences thought being controlled by an external agent –Thought withdrawal, insertion, broadcasting (feeling that one's thoughts are being either inserted or taken away by others).

Abnormal Thought Content

May include delusions, homicidal ideation, magical thinking, obsessions, overvalued ideas, paranoia, phobia, poverty of speech, preoccupations, ruminations, suicidal ideation, suspiciousness.

01

Delusions (erotomanic, grandiose, jealous, persecutory, and somatic)
Delusions are fixed, false beliefs.

These are unshakable beliefs that are held despite evidence against it, and despite the fact that there is no logical support for it

Grandiose – believe they have a special ability or mission.
Poverty – believe they have been rendered penniless.
Guilt – believe they have committed a crime and deserve punishment.
Nihilistic – believe they are worthless or non-existent.
Hypochondriacal – believe they have a physical illness.
Persecutory – believe that people are conspiring against them.
Reference – believe they are being referred to by magazines/television.
Jealousy – believe their partner is being unfaithful despite lack of evidence.

02

Homicidal or Suicidal thoughts

03

Obsessions are repetitive, unwelcome, irrational thoughts that impose themselves on the patient's consciousness over which he or she has no apparent control.

They are accompanied by feelings of anxious dread and are thought to be coming from outside.

Perception

Hallucinations are perceptual disturbances that occur in the absence of a sensory stimulus. Hallucinations can occur in different sensory systems, including auditory, visual, olfactory, gustatory, tactile, or visceral

Illusions – a misinterpretation of normal stimuli. Whether visual, auditory, or in other sensory fields

Judgement and Insight

Insight:

What is the patient's understanding of the world around them and their illness?

Are they able to do reality-testing?

Anosognosia: is the clinical term for the lack of ability to perceive the realities of one's own diagnosis.

JUDGEMENT:

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

Can the patient predict what he or she would do in imaginary situations (e.g., smelling smoke in a crowded movie theater?

Cognitive Function

Language functions: Naming, reading, writing

Visuospatial ability: Copying a figure; drawing the face of a clock

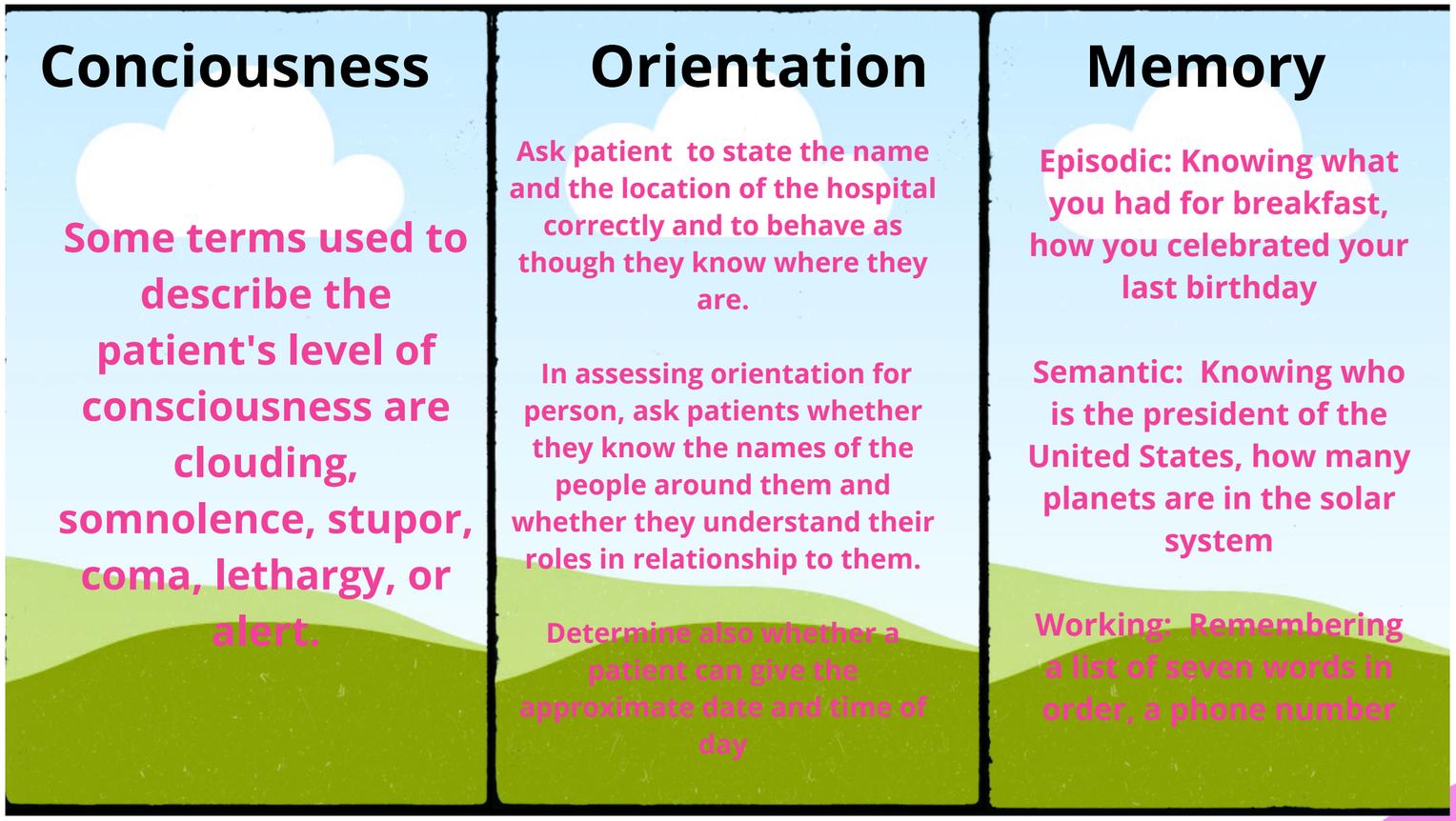
Abstract reasoning: Explaining proverbs; describing similarities (e.g., comparing an apple to a pear)

Executive functions: List making (e.g., name as many animals [or fruits or vegetables] as you can in one minute); drawing the face of a clock

General intellectual level: Identify the previous five presidents; take into account the patient's education level and socioeconomic status; screen for mental retardation

Attention and concentrationSpell “world” forward and backward, subtract serial sevens from 100

Cognitive Function



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