

Mental State Examination

Appearance

- Describe the patient such that a someone who has never met them could recognise the person
- Includes: body habitus, clothing, grooming, hygiene, level of self care

Behaviour

- Attitude during interview: overall demeanour, quality of cooperation, attitude towards interviewer
- Behaviour during interview: body language, gestures, eye contact, anxious or aggressive behaviour, motor activity, unusual movements
- Consider against what would be appropriate

Conversation/Speech

- Prosody or musical quality: Rhythm, intonation, musicality, phrasing, intervals
- Articulation, Phonation
- Rate (rapid, pressured, slow)
- Volume
- Tonality
- Quantity
- Ease

Thought

- Form
 - Logical and relevant vs fragmented and irrelevant
 - Formal thought disorder: no connection between each thought
 - Flight of ideas: Little connection between each thought
 - Tangential thought: moving through tangents
- Content
 - Predominant themes or topics
 - Delusions: Grandiosity, Religiosity, Paranoia, Control/passivity, referential ideas
 - Overvalued ideas: unreasonable beliefs
 - Suicidal, aggressive or homicidal ideation

Mood and Affect

- Mood: Subjective response from patient
- Affect: Objective assessment by the doctor
 - Quality: Euthymia, Euphoria, Dysphoria, Anger, Anxiety, Apathy
 - Range: Restricted, blunted, flat, expansive
 - Stability: Is it labile?
 - Intensity
- Congruence: Affect matches mood

Perception

- Hallucinations
- Illusions (Similar to hallucination, but patient can accept they are not real, or that others perceive things differently)
- Derealisation
- Depersonalisation

Cognition and Intelligence

- Is performance consistent with expectations? (May need to know level of education)
- Alertness, level of consciousness
- Orientation
- Attention/concentration
- Memory
- Three step commands
- Language
- Executive Functions (Frontal assessment battery and MOCA)

Insight

- Problem specific
- Awareness and degree/depth of understanding of the problem

Judgement

- Ability to behave appropriately for a situation
- Again problem specific, and depends on insight
- Informs risk assessment

Rapport

- Quality/ease of interaction with patient
- Consider transference and counter transference

Notes On Performing The Exam

- This is not an examination per se, instead it is more of an assessment made throughout an interview
- ABC, APC, IJR: **A**ppearance, **B**ehaviour, **C**onversation (+ thought); **A**ffect/mood, **P**erception, **C**ognition and intelligence; **I**nsight, **J**udgement, **R**apport