

Mental status exam

[Health & Medicine](#), [Healthcare](#)



The mental status examination or mental state examination, abbreviated MSE, is an important part of the clinical assessment process in psychiatric practice. It is a structured way of observing and describing a patient's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment. [1] There are some minor variations in the subdivision of the MSE and the sequence and names of MSE domains.

The purpose of the MSE is to obtain a comprehensive cross-sectional description of the patient's mental state, which, when combined with the biographical and historical information of the psychiatric history, allows the clinician to make an accurate diagnosis and formulation, which are required for coherent treatment planning. The data are collected through a combination of direct and indirect means: unstructured observation while obtaining the biographical and social information, focused questions about current symptoms, and formalised psychological tests.

The MSE is not to be confused with the mini-mental state examination (MMSE), which is a brief neuro-psychological screening test for dementia. Theoretical foundations[edit] The MSE derives from an approach to psychiatry known as descriptive psychopathology[4] or descriptive phenomenology[5] which developed from the work of the philosopher and psychiatrist Karl Jaspers.

From Jaspers' perspective it was assumed that the only way to comprehend a patient's experience is through his or her own description (through an approach of empathic and non-theoretical enquiry), as distinct from an

interpretive or psychoanalytic approach which assumes the analyst might understand experiences or processes of which the patient is unaware, such as defense mechanisms or unconscious drives.

In practice, the MSE is a blend of empathic descriptive phenomenology and empirical clinical observation. It has been argued that the term phenomenology has become corrupted in clinical psychiatry: current usage, as a set of supposedly objective descriptions of a psychiatric patient (a synonym for signs and symptoms), is incompatible with the original meaning which was concerned with comprehending a patient's subjective experience.

Application

The mental status examination is a core skill of qualified (mental)healthpersonnel. It is a key part of the initial psychiatric assessment in an out-patient or psychiatric hospital setting. It is a systematic collection of data based on observation of the patient's behavior while the patient is in the clinician's view during the interview. The purpose is to obtain evidence of symptoms and signs of mental disorders, including danger to self and others, that are present at the time of the interview.

Further, information on the patient's insight, judgment, and capacity for abstract reasoning is used to inform decisions about treatment strategy and the choice of an appropriate treatment setting. [9] It is carried out in the manner of an informal enquiry, using a combination of open and closed questions, supplemented by structured tests to assess cognition. [10] The MSE can also be considered part of the comprehensive physical examination

performed by physicians and nurses although it may be performed in a cursory and abbreviated way in non-mental-health settings.

[11] Information is usually recorded as free-form text using the standard headings,[12] but brief MSE checklists are available for use in emergency situations, for example by paramedics or emergency department staff. [13]

[14] The information obtained in the MSE is used, together with the biographical and social information of the psychiatric history, to generate a diagnosis, a psychiatric formulation and a treatment plan.