

# Mental State Examination

- What is it?
- How do we do it?
- What do we look at?
- Mental State Examination is an art
- *'A mysterious art passed down from generation to generation of psychiatrists'* (Simon Bainbridge 2010)
- There are no right or wrong mental state examinations, just good and bad



# Mental State Examination

- So what is a good Mental State Examination?
- Remember it is a snapshot of how that person presented there and then
- Best way to learn?
- ✓ Practice, practice and then practice some more
- I learnt by doing mental states on newsreaders, Tony has suggested politicians (who said psychiatry wasn't interesting?)



# Mental State Examination

- ! As with any art, different people have different ways of doing it
- Tony will encourage you to do 'BOATPISS'
- Those that are working in Counties may see 'BATOMI'
- I am going to go through it the way the College do it
- ! Remember, there are no right and wrong ways
- You say potato, I say potatoe



# Mental State Examination

- Chose one from:
- Pirates
- Aliens
- Cowboys
- Superheros



# Mental State Examination

- Appearance
  - I want you to be obsessive
  - It is your introduction, a chance to grab the examiners attention, impress them
  - What do we look at, want to comment on?
- ! Advice: start at the top and work down.....



# Mental State Examination

- Behaviour
- Once again be obsessive (but not too much, you have impressed the examiner, do not go overboard)
- What do we want to comment on?
- ! Advice: be careful of subjective comments such as 'friendly' or 'hostile'
- They are not descriptive and mean different things to different people



# Mental State Examination

- Speech
- Certain mental illnesses are reflected in characteristic speech patterns
- Speech is the most reliable way to access thoughts
- What do we comment on?
- ! Advice: When describing pressure of speech state whether you were able to interrupt



# Mental State Examination

- Mood
- Mood is different from affect
- Affect = mood reactivity
- We want to assess both objective and subjective mood
- How do we do that?
- ! Advice: Think of affect and mood as in the weather. Four seasons in one day? Mood is the weather now, affect is how the weather has been today





# Mental State Examination

- Thoughts
- Remember thoughts and speech are closely intertwined
- What do we look at?
- A delusion is a fixed false belief contrary to educational, societal and religious standards
- Is it acceptable to place delusions in this section?
- ! Advice: Read up the different forms of thought disorder (difficult for an actor to mimic! ;-)



# Mental State Examination

- Perceptions
- Perception is a sensation in the presence of a stimulus
- What is an hallucination?
- What is an illusion?
- What are the different types of hallucination?
- ! Advice: Visual hallucinations are associated with organic pathology (old ladies and UTI's)



# Mental State Examination

- Cognitive assessment
- The best during a short psychiatric interview is Folstein's Mini Mental State Examination
- Describe areas the patient dropped marks in
- ! Advice: Serial sevens is too dependant on education, use 'WORLD' backwards



# Mental State Examination

- Insight
  - Insight is multifactorial
  - Insight into suffering mental illness
  - Insight into the need to take medication
  - Insight into the need to stay in hospital
  - Insight into the need to engage with services
- ! Advice: Describe the level of insight with regard to the above



# Mental State Examination

- Safety
- Looking at risks to self, risks to others and risk of self neglect
- Anyone under the Mental Health will fulfil one of these criteria
- ! Advice: Look at the Section papers of people under the Mental Health Act and see if you can work out what risks there are



# Mental State Examination

- Important indicators of risk
- The most reliable assessor of risk we have is past behaviour
- What the patient is saying
- Male, age (over 65 for suicide, under 25 for violence), alcohol or drug abuse, lives alone, unemployed, chronic physical illness, antisocial traits, family history of suicide, culture of violence, antisocial traits



# Mental State Examination

- Common Pitfalls
  - Normal/abnormal (what is normal?)
  - Unusual behaviour (what is unusual?)
  - Bizarre (what is bizarre?)
  - Delusion without evidence to back it up
  - Not describing your statements enough ie 'thought disorder' without specifying which
- ! Advice: I will kick your ass to hell and back if I see any of these
- ☺ Enjoy and good luck!

