Mental State Examination

Communities of Practice network meetings for Screening & Assessment and Care & Recovery Coordination

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Turning Point Eastern Treatment Services
Outline

• MSE definition
• MSE compared with the History
• Components of the MSE
• Practical clinical examples – Quiz
• Practical aspects of the MSE
• Modified Mini Screen
Mental State Examination (MSE)

• What is a MSE?
• What is their value?
• Why complete them?
• Who completes them?
Mental State Examination (MSE)

Definition

• The MSE consists of “a systematic enquiry into symptoms and signs at the time of the interview, combined with a structured record of pertinent observations”.
• It starts as soon as the interviewer sees/hears the client.
• Psychological equivalent to the physical examination, e.g. BP, HR, BAC, Temp General appearance, Pupil size
The MSE compared with the history

**History**
- Subjective
- Gives us a longitudinal view
- Uses the client’s words

**MSE (& Physical Examination)**
- Objective
- Gives a cross-sectional view
- Uses jargon
## History vs MSE vs Phys. Exam

<table>
<thead>
<tr>
<th>Depressed client</th>
<th>Psychotic client</th>
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<tbody>
<tr>
<td><strong>Hx:</strong> feeling depressed last 6 weeks, poor appetite, lost 5kg, poor sleep, frequent suicidal thoughts.</td>
<td><strong>Hx:</strong> over last 3 months people following him; bugging devices in the ceiling.</td>
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<tr>
<td><strong>MSE:</strong> thin, tired-looking; depressed, flat, “4/10”; suicidal plans without intent</td>
<td><strong>MSE:</strong> agitated, guarded, suspicious, persecutory delusions of being followed and monitored</td>
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<tr>
<td><strong>Phys. Exam:</strong> Wt 66kg, BP 112/62, ...</td>
<td><strong>Phys. Exam:</strong> Pupils 5mm, BP 156/98, P 86</td>
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MSE

Objectively describes:

- Behaviours
- Feelings
- Thoughts
- Perceptions during the course of the interview
# Mental State Examination

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Emotional</th>
<th>Cognitive</th>
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<tr>
<td><strong>Appearance</strong></td>
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<td><strong>Behavior</strong></td>
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<tr>
<td><strong>Attitude</strong></td>
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<tr>
<td><strong>Mood and Affect</strong></td>
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<td><strong>Orientation</strong></td>
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<tr>
<td><strong>Attention and Concentration</strong></td>
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<td><strong>Memory</strong></td>
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<tr>
<td><strong>Speech and Language</strong></td>
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<tr>
<td><strong>Thought (Form and Content)</strong></td>
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<tr>
<td><strong>Perception</strong></td>
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<td><strong>Insight and Judgment</strong></td>
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<tr>
<td><strong>Intelligence and Abstraction</strong></td>
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**Mental State Examination**

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[Refer to the source website: www.turningpoint.org.au]
Step 2: AOD Comprehensive Assessment

3B) MENTAL STATE

- Appearance/Behaviour
- Speech
- Mood/Affect
- Thoughts: Form
- Thoughts: Content
- Perceptions
- Cognition
- Insight/Judgement
Appearance/Behaviour

Grooming, hygiene, eye contact, motor activity, abnormal movements  [Prompts from Step 2: MSE]

Appearance
• Build
• Ethnicity, complexion, hair colour/type
• Whether stated age appears consistent with chronol. age
• Physical state
• State of nutrition
• State of hygiene
• State of the patient’s dress
• Signs of AOD use/intoxication/withdrawal

Attitude
• Towards the interview, e.g., hostile, suspicious or cooperative;
• Rapport

Activity
• Psychomotor activity/disturbance – agitation or retardation
• Abnormal movements, e.g., tremors
Speech

Rate, volume (loud, quiet, whispered), quantity (poverty of speech, monotonous, mutism), fluency (stuttering, slurring, normal)

Speech
• Rate
• Quantity
• Spontaneity
• Latency
• Volume
• Tone / Prosody/Melody
• Quality of articulation
• Accent

Language
• Fluency with English (vocabulary, grammatical correctness, etc.)
• Dysphasias/Aphasias
  • language disorder marked by deficiency in the generation of speech, due to brain disease or damage
  • Expressive (non-fluent, usually); Receptive, Conductive, Nominal (fluent, usually)
Mood/Affect

Client (Self)-rated mood on a scale of 1-10.
Staff observed affect; Anxious, elevated, blunted, labile (uncontrollably/excessively sad, happy, angry), incongruent, range and intensity

Mood

• Subjective (self-)report of the person’s emotional state
• How are you feeling / What’s your mood like at the moment?
• Can also rate on a scale of 1-10 (→ define 10 [or 5] on scale, e.g. “10=normal”)

Affect

• Objective assessment of the person’s emotional state
• Subclassifications:
  • Quality
  • Range, Reactivity
  • Appropriateness
  • Communicability
Affect

Quality
• euthymic (normal)
• dysphoric, depressed
• elevated, expansive, irritable (e.g. in [hypo]mania)
• guarded, perplexed, fatuous, bland (e.g. in schizophrenia)

Appropriateness
• con/discordant with the content of the person’s speech or ideation.
• e.g. not looking sad when talking about a significant loss or continually laughing during an interview.

Range
• broad (normal)
• restricted
• flat (e.g. in depression)
• blunted (e.g. in schizophrenia)

Communicability
• Normal or reduced/poor (e.g. in schizophrenia)
Thoughts: Form

Amount and speed of thought, poverty of ideas. Flight of ideas, perseveration, loosening of associations, continuity of ideas, disturbances in language (incoherence)

- **Flight of ideas** - a nearly continuous flow of rapid speech with abrupt changes from topic to topic based on understandable associations, distracting stimuli, or plays on words ([hypo]mania)
- **Perseveration** - repeating a word or phrase to varied stimuli.
- **Loosening of associations** – a pattern of speech in which ideas slip off track onto ideas unrelated or obliquely related e.g. (A → B → D → K → M → P)
- **Tangentiality** - replying to a question in an oblique or irrelevant manner
Thoughts: Content

Delusions, suicidal thought, obsession and phobias

**Delusion** – a false belief that is based on incorrect inference about external reality and is firmly held despite rational argument or evidence to the contrary, and is not ordinarily accepted by other members of the person’s culture or subculture.

**Types:** persecutory, referential, control, bizarre, jealous, grandiose, erotomanic, religious, guilt, nihilism, somatic, etc.

**Overvalued idea** – an unreasonable and sustained belief that is maintained with less than delusional intensity (i.e., person able to acknowledge the possibility that the belief may not be true). (from DSM-5)

Current concerns, ruminations: “What things are you worried about at the moment?”
Thoughts: Content (cont’d)

Suicidal thoughts:
• Passive suicidal ideation: life not worth living, wishes they were not alive, but would not actually harm/kill themselves [prot. factors]
• Active suicidal ideation: plan / method, intent

Obsessions - recurrent and persistent thoughts, impulses or images that are experienced as intrusive and inappropriate, which recur despite efforts to resist them and that cause marked anxiety or distress; are recognised as senseless (excessive and unreasonable) and as a product of the pt’s own mind. Common themes: pathological doubt, contamination, orderliness/symmetry, somatic, aggression, sex, religion

Phobia - a persistent, irrational fear of a specific object, activity or situation that results in a compelling desire to avoid it, leading either to avoidance of the phobic stimulus or to enduring it with dread
Perceptions

Hallucinations (auditory, visual, taste, touch, smell), depersonalisation, derealisation, illusions, distortion of senses, misinterpretation of true sensation

• **Hallucination** – a false perception that occurs in the absence of an external stimulus

• **Illusion** – misperception or misinterpretation of a real external stimulus (e.g. hearing the rustling of leaves as the sound of voices)

• **Distortion of senses**, e.g. macropsia, micropsia, hyperacusis, synesthesia
Perceptions (cont’d)

• **Depersonalisation** – the experience of feeling detached from, and as if one is an outside observer of, one’s mental processes, body, or actions (e.g., feeling like one is in a dream; a sense of unreality of self, emotional and/or physical numbing; temporal distortions; sense of unreality).

• **Derealisation** – the experience of feeling detached from, and as if one is an outside observer of, one’s surroundings (e.g., individuals or objects are experienced as unreal, dreamlike, foggy, lifeless, or visually distorted). (from *DSM-5*)
Cognition

Level of consciousness & alertness, memory (recent and past), orientation, concentration

Consciousness – awareness of the self and the environment; levels: alert, drowsy, obtunded, stuporous, comatose

Attention – the ability to focus (in a sustained manner) on one activity

Concentration – the ability to sustain attention

Memory – ability to learn new information and recall previously learned information

Orientation – awareness of one’s position in relation to time, place and person
Cognition

Cognitive assessment can be affected by:
- organic, psychotic, mood, anxiety disorders
- substance intoxication/withdrawal states
- age, culture/language, education, sensory deficits
- fatigue, interest, motivation, underlying agendas
Mini-Mental State Examination (MMSE)

- Orientation
  - Time: year, season, month, date, day (5)
  - Place: country, state, suburb, building/site, floor (5)
- Registration: 3 items (3)
- Attention and calculation: serial 7’s \([93 \rightarrow 65]\) or “world” backwards (5)
- Recall: 3 items (3)
- Language
Mini-Mental State Examination (MMSE)

- **Language:**
  - Name: pen and watch (2)
  - Read (and do): “Close your eyes” (1)
  - Write: a simple sentence (1)
  - Repeat: “No ifs, ands or buts” (1)
  - Follow: 3-stage command; “Take this piece of paper in your left hand, fold it in half, and put it on the floor” (3)
  - Copy: intersecting pentagrams (1)

**Total:** 30
Close your eyes

The Mini-Mental State Exam

<table>
<thead>
<tr>
<th>Maximum</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>What is the (year) (season) (date) (day) (month)?</td>
</tr>
<tr>
<td>5</td>
<td>( )</td>
</tr>
<tr>
<td>Where are we (state) (country) (town) (hospital) (floor)?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>( )</td>
</tr>
<tr>
<td>Registration</td>
<td>Name 3 objects. I second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.</td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
</tr>
<tr>
<td>Trials</td>
<td></td>
</tr>
<tr>
<td>Attention and Calculation</td>
<td>Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell “world” backward.</td>
</tr>
<tr>
<td>5</td>
<td>( )</td>
</tr>
<tr>
<td>Recall</td>
<td>Ask for the 3 objects repeated above. Give 1 point for each correct answer.</td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
</tr>
<tr>
<td>Language</td>
<td>Name a pencil and watch.</td>
</tr>
<tr>
<td>2</td>
<td>( )</td>
</tr>
<tr>
<td>Repeat the following “No ifs, ands, or buts”</td>
<td></td>
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<tr>
<td>1</td>
<td>( )</td>
</tr>
<tr>
<td>Follow a 3-stage command:</td>
<td></td>
</tr>
<tr>
<td>“Take a paper in your hand, fold it in half, and put it on the floor.”</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>( )</td>
</tr>
<tr>
<td>Read and obey the following: CLOSE YOUR EYES</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
</tr>
<tr>
<td>Write a sentence.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
</tr>
<tr>
<td>Copy the design shown.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>( )</td>
</tr>
<tr>
<td>Total Score</td>
<td></td>
</tr>
<tr>
<td>ASSESS level of consciousness along a continuum Alert Drowsy Stupor Coma</td>
<td></td>
</tr>
</tbody>
</table>

Clock Drawing Test: “10 past 11”
Mini-Mental State Examination

**Scoring**

- No cognitive impairment: 24-30
- Mild cognitive impairment: 18-23
- Moderate cognitive impairment: 11-17
- Severe cognitive impairment: 0-10

**Limitations:**

- Executive function poorly tested (substance-related ABI)
- Educational, cultural, language; sensory deficits, etc.
- Examiner method important for reliability
- Learning effect with repeat testing
- Usually used as a screening tool for dementia

www.turningpoint.org.au
Insight/Judgement

Client’s knowledge of problem and need for treatment. Reasoned, poor or impaired judgement.

**Insight** - the ability to understand the true cause and meaning of a situation (such as a set of symptoms)  [Awareness]
- Mental disorders (incl. personality)
- Substance use disorders (& associated harms)

**Judgment** - the ability to assess a situation correctly and to act appropriately within that situation  [Decision-making]
- Mental disorders (incl. help-seeking, treatment engaging)
- Substance use disorders (incl. stage of change)
Mental State Examination

Appearance and behaviour
  • Physical characteristics, grooming, hygiene, motor activity, abnormal movements

Speech
  • Rate, quantity, volume, fluency

Mood/Affect
  • Client self rated mood/Clinician observed affect

Thoughts: Form and Content
  • Amount and speed of thought, flight of ideas, delusions, suicidal thought, obsession, phobias
Mental State Examination

Perceptions

• Hallucinations, depersonalisation, illusions, misinterpretations

Cognition

• Level of consciousness and alertness, memory, orientation, concentration

Insight/Judgement

• Clients knowledge of problem and need for treatment, Reasoned, poor or impaired judgement
Practical clinical examples – Typical MSE findings (Quiz)

What might be some typical findings in the MSE of the following types of clients?

- Anxious client
- Depressed client
- Psychotic client
- Amphetamine intoxicated client
- Alcohol withdrawing client
Practical aspects of the MSE

- Knowing when to and when not to complete the MSE
- Completing the MSE via the phone. Pros and Cons
- Common language used in MSE
- Are you qualified? Competent?
- Consultation/Supervision
- File notes
- MSE if notes subpoenaed
- Dual diagnosis capability
- Agency guidelines for clients presenting or being assessed when symptoms of MI have escalated
Knowing when to and when not to complete the MSE

• MSE – mainly observation; much can be inferred from/whilst listening to the history

• Specific questions (about the “here and now”)
  • Mood
  • Thought content: current concerns; risk
  • Perception
  • Cognition
  • Insight and Judgment
Completing the MSE via the phone

**Pros**
- Convenience for client
- May be the only opportunity to assess the client

**Cons**
- Appearance
- Activity
- Perception
- Cognition
- Client distracted by environmental factors
Dual Diagnosis synonyms: Comorbidity; Comorbid / Co-existing / Co-occurring / Concurrent Mental health-Substance use disorders / problems / conditions / concerns / issues

- **Screening**
  - common aetiological pathways
  - high prevalence of dual diagnosis

- **Assessment**
  - dual diagnosis complicating the assessment/diagnostic process (symptom manifestation, etc.)

- **Treatment**
  - dual diagnosis complicating the treatment process and course/prognosis of disorders
Dual Diagnosis: Interactions between Mental Health and Substance Use

- Reasons for using substances [can offer RFU assessment tool]
- Effect of changes in MH symptoms on pattern of substance use
- Effect of MH symptoms (incl. risk) when using substances
- Effect of treatment / stability of MH on SUD (& vice versa)
- Awareness/Insight into the above
When to refer to Acute MH services

- Untreated/acute psychotic disorder
- Untreated/acute bipolar disorder ([hypo]mania)
- Identified high risk of suicide/self harm
- No longer using substances, treatment by GP but unstable symptoms

Psychiatric Triage numbers:
Turning Point’s
Specialist mental health and substance use/Dual Diagnosis Clinics

- Turning Point and Eastern Dual Diagnosis Service (EDDS) offer psychiatric assessments for dual diagnosis clients around Victoria.
- The EDDS Dual Diagnosis Clinic is more specifically for the clients of AOD and MHCS services in the eastern metropolitan region of Melbourne.
- One-off Bulk Billed assessment and advice regarding co-occurring substance use and mental health disorders under Medicare Item 291.
- Diagnostic clarification of co-occurring substance use and mental health disorders.
- Report of assessment outcomes (with diagnoses) and recommendations for management.
- Not for acute / crisis issues (refer to Psychiatric Triage).

Referral information: see last page of resources

www.turningpoint.org.au
Optional Module 3: Mental Health (Modified Mini Screen - MMS)

- Designed to identify if assessment needed in domains of mood disorders, anxiety disorders and psychotic disorders
- 22-item scale using gateway questions that relate to signs of distress
- Best to administer when client is not under the influence
Optional Module 4: Mental Health (PsyCheck)

- A tool for counsellors dealing with clients with co-morbidity.
- Focused on clients with anxiety and depression.
- Suitable for clinicians with little or no mental health experience, but also useful for more experienced clinicians.
Resources

Step 2: AOD Comprehensive Assessment

Optional Module 3 - Mental Health

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) – Glossary of Technical Terms
Resources

Perth Co-occurring Disorders Capacity Building Project “Understanding the Mental State Examination (MSE): a basic training guide”


Training DVD YouTube videos (by DreamSchemaMedia):
...Understanding the MSE - Lisa (w/- commentary) www.youtube.com/watch?v=83i2MWMqph8
...Understanding the MSE - Glen (w/- commentary) https://www.youtube.com/watch?v=ktEUiCLu_9s
...Understanding the MSE - Barry (w/- commentary) https://www.youtube.com/watch?v=6ss827LbbtA
Resources

OPTIONAL MODULE 3: Mental Health (Modified MINI Screen)

Screening for Co-occurring Disorders using the Modified Mini Screen (MMS) – User’s Guide


OPTIONAL MODULE 4: PsyCheck

PsyCheck Screening Tool User's Guide

Victorian Dual Diagnosis Services
Rural Victoria

Click on logos for contact details

Mental Health Service Area
Rural Victoria

Areas derived from: Local Government Areas, Australian Standard Geographical Classification (ASGC) 2003

UPDATED: 11/11/05
Resources

Specialist mental health and substance use / Dual Diagnosis Clinics
(Addiction Psychiatry Item 291)

• **Turning Point** – statewide:
  


• **Eastern Dual Diagnosis Service** – eastern metropolitan region:
  
  https://www.easternhealth.org.au/site/item/115-dual-diagnosis


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