Performing the Mental Status Examination (MSE)

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Introduction: The MSE provides a structured way of observing and describing a patient's current mental state. Here we review the MSE's various components and typical descriptors. Be mindful of the patient's age, cultural background, language proficiency, and level of education when you perform the MSE. For instance, minimal speech in a non-English speaking individual may reflect a language barrier rather than poverty of thought, and beliefs that may initially appear delusional, like believing supernatural spirits communicate with and influence an individual, can be normal in certain cultures.

Appearance

- Gait, posture, grooming, dress, distinctive markings like tattoos, scars, or medical aids (e.g., hearing aids).

Behavior

- Patient's behavior during the examination: cooperative, agitated, restless, guarded (i.e., hesitant or mistrustful).
- Eye contact: consistent, intense, avoidant, minimal.
- Note unusual behaviors, e.g. pacing, grimacing, responding to internal stimuli (like hallucinations or delusions), catatonic posturing (maintaining rigid, unusual postures for extended periods).

Psychomotor

- Movement patterns: calm; restless; psychomotor retardation/agitation; tremors, tics.

Speech

- Rate: normal, rapid, interruptible, pressured, prolonged speech latency (ie, delayed response before speaking).
- Quantity: talkative, spontaneous, hypoverbal (minimal speech), hyperverbal (excessive speech); mute, paucity of speech (reduced quantity)
- Volume/tone: soft, loud, monotone.
- Fluency/rhythm: clear, good articulation, slurred, dysarthric.

Mood

- Patient's self-reported emotional state: sad, happy, anxious, apathetic, irritable, angry.
- Alexithymia: difficulty identifying/expressing emotions.

Affect

- Observed emotional expression: appropriate, full range, cheerful, euphoric, sad, tearful, blunted, flat, restricted, withdrawn, demanding, hostile, agitated, expansive, labile, mood congruent/incongruent, indifferent, suspicious.

Thought Process

- Linear/logical: thoughts are coherent and goal directed.
- Disorganized: thoughts are difficult to follow, nonsensical.
- Circumstantial (excessive, unnecessary details before reaching the point).
- Tangential (replies to questions deviate from the topic and do not circle back).
- Loosening of Associations (a lack of logical connection between thoughts, jumping from one topic to another).
- Flight of Ideas (rapid switching of topics with superficial connections).
- Perseveration (persistent repetition of the same idea in response to different questions).
- Thought Blocking (abrupt interruption in the train of thought, leading to a sudden cessation of speech, after which the patient may not recall what they were talking about).
- Word Salad (a severe form of disorganized speech that is essentially incoherent and incomprehensible, consisting of a random assortment of words).
- Concrete thinking (difficulty with abstract thinking, such as understanding metaphors)

Thought Content

- Suicidal/homicidal ideation and/or plan
- Delusions: paranoid, grandiose, somatic; nihilistic; of guilt/sin; delusions of reference (a belief that unrelated events are directly related to oneself, like a person speaking on TV is specifically sending messages to them).

- Overvalued Ideas (strongly held beliefs that are neither delusional nor obsessional but are exaggerated in importance and are maintained despite evidence to the contrary).
- Preoccupations, ruminations, obsessions
- Poverty of Thought: Limited quantity and content of speech, not due to reduced intelligence.
- Echolalia: Repetition of another person's spoken words.
- Neologisms: Inventing new words that only have meaning to the patient.
- Clang Associations: Speech guided by words' sound rather than their meaning, often rhyming.
- Thought Insertion: A belief that thoughts that are not their own are being inserted into their mind.
- Thought Withdrawal: belief that thoughts are being removed by an external force.
- Thought Broadcasting: belief that thoughts are being broadcasted or transmitted, so that others can hear them.

Perception

- Hallucinations: auditory, visual, olfactory, gustatory, tactile.

Insight/Judgment:

- Patient's awareness of their condition and their decision-making ability assessment.

Cognition (consider adding the Montreal Cognitive Assessment [MOCA] for further assessment)

- Orientation: Awareness of time, place, person, and situation (e.g., "Oriented X 4").
- Consciousness/Level of awareness, e.g. alert, drowsy, stuporous.
- Memory: Immediate recall, recent (short-term), remote (long-term) memory.
- Attention: Ability to focus / sustain attention: digit span test, spell "world" backward, Serial 7s.

Sample MSE for a Young Male Patient with Schizophrenia

Appearance: Disheveled, malodorous, with unkempt hair and unwashed clothing; scar on left forearm.
Behavior: Uncooperative, restless, muttering to himself.
Psychomotor: Psychomotor agitation; patient is pacing and was seen shadow boxing earlier.
Speech: Low volume; demonstrates paucity of speech
Mood: "I don't know, I just need to get out of here"
Affect: Flat; patient shows little facial expression in response to conversation or environmental stimuli.
Thought Process: Disorganized, with loose associations, impoverished thought content and evidence of thought blocking.
Thought Content: Describes paranoid delusions that a chip has been placed in his tooth to transmit messages to him and control his behavior.
Perception: Endorses auditory hallucinations of voices that comment on his actions and command him to assume a boxing stance to defend himself from an unseen enemy.
Insight/Judgment: Insight and judgment are severely impaired, with poor decision-making, such as refusing necessary medical treatment and neglecting personal hygiene.
Cognition: Oriented to name and place only, unable to state the current month or year or reason for his admission to the hospital. Attention is impaired, as evidenced by his inability to follow simple instructions or engage in a coherent conversation. Memory assessment is difficult due to his disorganized thought process.