

Mental Status Examination

Please note that this is not instruction in conducting a mental status examination. This is a description of what a mental status examination is. However, most of us many of the same pieces of information to guide our interactions with others every day. The first step in any intervention is being mindful of the person's mental status.

A mental status examination is an assessment of the whole person. It includes paying attention to the following areas:

- Appearance
- Attitude
- Behavior
- Mood and Affect
- Thought Processes
- Thought Content
- Perceptions
- Cognition
- Insight
- Judgement

The results of a mental status examination are a description of the person that can lead to information about how best to provide service to this individual. The following are suggestions about what to consider in each domain.

Appearance: Apparent age compared to actual age, height, weight, style of dress, hygiene, physical suggestions of drug abuse or ill-health and any other notable observations about appearance.

Attitude: How is the person responding to the conversation? Are they smiling or surly?

Behavior: Behavior is a broad group of observations that can tell a lot about a person. Eye, contact, facial expressions, gait and general movements should be noted. For instance: Does the person move at a normal pace or are their responses slowed? Does the person seem to be responding to stimuli that others do not see or hear? Some clinicians breakout level of alertness and speech as separate domains.

Mood and affect: Mood generally means the way a person subjectively feels or reports feeling. Affect is the evidence of mood that is physically visible to others. For instance, a person may say that their mood is good but have they may have tears running down their cheeks (affect). It is of note when reported mood and affect to not match. Some clinicians separate these areas into two domains.

Thought Process: This is a description of how the person thinks. Are their comments presented in a logical, organized order? Do they bounce from one subject to another? Do they focus on one topic and refuse to talk of anything else?

Thought content: What is it that the person is thinking about? Is their thought content consistent with their affect and their overall presentation? For instance, if they are saying that they are very pleased and excited about an upcoming event but their affect is sad and their movements slow, this is of note. Is their belief system consistent with the reality of their culture? Are they unduly concerned about individuals who are plotting against them (paranoia)?

Memory: Short term memory can be assessed by listing three objects, asking the person to repeat the objects to assure that they heard them clearly and asking about the objects after a passage of 5 to 10 minutes. Long term memory can be assessed by the person's description of past events in their lives. Some clinicians ask who the president is now and who the president was before the current president to assess longer term memory when a person's past is unverifiable.

Attention span and focus: Can the person perform simple mathematics problems? Have they or others in their life noticed any issues paying bills or balancing a checking account? Can the person problem solve other issues?

Judgment: If given a common scenario and asked what to do, does their answer make sense. For instance, what would a person do if they were in a public space and saw a fire in a wastepaper basket? What would a person wear cold outside?

Abstract thinking: Can the person interpret abstract ideas such as proverbs and metaphors? Do they interpret them in a concrete way or do they grasp the allusion to a larger picture?

An individual in crisis may present in ways that are not their norm on any of these dimensions. *A person in crisis may not be able to identify options and problem solve as well as normal due to emotions interfering with their memory, attention span, judgment and abstract thinking. They may not be able to follow-through on plans to manage a problem. They may not be able to think clearly about the problem at hand. Being cognizant of a person's mental status will help the responder determine how much assistance the person needs and the area of need. Being aware of the recipient's mental status will help the responder recognize how well the person can tolerate feeling and help the responder to understand if a person can stay safe on their or needs additional support.*