Mental Status or State Exam
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A. Appearance
1. Attitude toward examiner: cooperative, attentive, interested, frank, seductive, defensive, hostile, playful, ingratiating, evasive, guarded
2. Behavior and psychomotor activity: gait, mannerisms, tics, gestures, twitches, stereotypes, picking, touching examiner, echopraxia, clumsy, agile, limp, rigid, retarded, hyperactive, agitated, combative, waxy
3. General description: posture, bearing, clothes, grooming, hair, nails; healthy, sickly, angry, frightened, apathetic, perplexed, contemptuous, ill at ease, poised, old looking, young looking, effeminate, masculine; signs of anxiety—moist hands, perspiring forehead, restlessness, tense posture, strained voice, wide eyes; shifts in level of anxiety during interview or with particular topic

B. Speech:
   rapid, slow, pressured, hesitant, emotional, monotonous, loud, whispered, slurred, mumbled, stuttering, echolalia, intensity, pitch, ease, spontaneity, productivity, manner, reaction time, vocabulary, prosody
   Language impairments: technically this is different than speech because it implies impairments that reflect disordered mentation, such as incoherent or incomprehensible speech (word salad), clang associations, neologisms

C. Mood and Affect
   (These questions and ideas are ones you will frequently use because you will be working with mostly affective and anxiety disorders)
   1. Mood (a pervasive and sustained emotion that colors the person's perception of the world): how does patient say he or she feels; depth, intensity, duration, and fluctuations of mood—depressed, despairing, irritable, anxious, terrified, angry, expansive, euphoric, empty, guilty, awed, futile, self-contemptuous, anhedonic, alexithymic
   2. Affect (the outward expression of the patient's inner experiences): how examiner evaluates patient's affects—broad, restricted, blunted or flat, shallow, amount and range of expression; difficulty in initiating, sustaining, or terminating an emotional response; is the emotional expression appropriate to the thought content, culture, and setting of the examination; give examples if emotional expression is not appropriate

D. Suicidal and Homicidal Assessment
   1. Demographic Risk Factors
      Age (adolescents and elderly); Gender (women 10x more likely to attempt and men 3x more likely to complete); Race (white men and women account for 90% of suicides); Minimal social support; unemployed
   2. Past History
      Previous attempt; Family history; Psychotic or bipolar depression; substance abuse; Personality disorder; Chronic pain; chronic medical problem
   3. Frequency of thoughts
   4. Plan
   5. Intent
6. Lethality of method
7. Access to the method
8. Any ideation of harm to others (frequent in domestic violence)

E. Thinking and Perception
(These questions arise when considering psychosis and some dementias)

1. Form of thinking
   a. Productivity: overabundance of ideas, paucity of ideas, flight of ideas, rapid thinking, slow thinking, hesitant thinking; does patient speak spontaneously or only when questions are asked, stream of thought, quotations from patient
   b. Continuity of thought: whether patient's replies really answer questions and are goal directed, relevant, or irrelevant; loose associations; lack of cause-and-effect relationships in patient's explanations; illogical, tangential, circumstantial, rambling, evasive, perseverative statements, blocking or distractibility

2. Content of thinking
   a. Preoccupations: about the illness, environmental problems; obsessions, compulsions, phobias; obsessions or plans about suicide, homicide; hypochondriacal symptoms, specific antisocial urges or impulses

3. Thought disturbances
   a. Delusions: content of any delusional system, its organization, the patient's convictions as to its validity, how it affects his or her life; persecutory delusions—isolated or associated with pervasive suspiciousness; mood-congruent or mood-incongruent
   b. Ideas of reference and ideas of influence: how ideas began, their content, and the meaning the patient attributes to them

4. Perceptual disturbances
   a. Hallucinations and illusions: whether patient hears voices or sees visions; content, sensory system involvement, circumstances of the occurrence; hypnagogic or hypnopompic hallucinations; thought broadcasting
   b. Depersonalization and derealization: extreme feelings of detachment from self or from the environment

5. Dreams and fantasies
   a. Dreams: prominent ones, if patient will tell them; nightmares
   b. Fantasies: recurrent, favorite, or unshakable daydreams

F. Sensorium and Cognition
(These questions are all delirium and dementia, many are included in the MMSE)

1. Alertness: awareness of environment, attention span, clouding of consciousness, fluctuations in levels of awareness, somnolesence, stupor, lethargy, fugue state, coma

2. Orientation
   a. Time: whether patient identifies the day correctly; or approximate date, time of day; if in a hospital, knows how long he or she has been there; behaves as though oriented to the present
   b. Place: whether patient knows where he or she is
   c. Person: whether patient knows who the examiner is and the roles or names of the persons with whom in contact

3. Concentration and calculation: subtracting 7 from 100 and keep subtracting 7s; if patient cannot subtract 7s, can easier tasks be accomplished—4 × 9; 5 × 4; how many nickels are in $1.35; whether anxiety or some disturbance of mood or concentration seems to be responsible for difficulty
4. **Memory**: impairment, efforts made to cope with impairment—denial, confabulation, catastrophic reaction, circumstantiality used to conceal deficit; whether the process of registration, retention, or recollection of material is involved
   a. **Remote memory**: childhood data, important events known to have occurred when the patient was younger or free of illness, personal matters, neutral material
   b. **Recent past memory**: past few months
   c. **Recent memory**: past few days, what did patient do yesterday, the day before, have for breakfast, lunch, dinner
   d. **Immediate retention and recall**: ability to repeat six figures after examiner dictates them—first forward, then backward, then after a few minutes' interruption; other test questions; did same questions, if repeated, call forth different answers at different times
   e. **Effect of defect on patient**: mechanisms patient has developed to cope with defect

5. **Fund of knowledge**: level of formal education and self-education; estimate of the patient's intellectual capability and whether capable of functioning at the level of his or her basic endowment; counting, calculation, general knowledge; questions should have relevance to the patient's educational and cultural background

6. **Abstract thinking**: disturbances in concept formation; manner in which the patient conceptualizes or handles his or her ideas; similarities (e.g., between apples and pears), differences, absurdities; meanings of simple proverbs, such as, "A rolling stone gathers no moss,” answers may be concrete (giving specific examples to illustrate the meaning) or overly abstract (giving generalized explanation); appropriateness of answers

7. **Insight**: degree of personal awareness and understanding of illness
   a. Complete denial of illness
   b. Slight awareness of being sick and needing help but denying it at the same time
   c. Awareness of being sick but blaming it on others, on external factors, on medical or unknown organic factors
   d. Intellectual insight: admission of illness and recognition that symptoms or failures in social adjustment are due to irrational feelings or disturbances, without applying that knowledge to future experiences
   e. True emotional insight: emotional awareness of the motives and feelings within, of the underlying meaning of symptoms; does the awareness lead to changes in personality and future behavior; openness to new ideas and concepts about self and the important people in his or her life

8. **Judgment**
   a. Social judgment: subtle manifestations of behavior that are harmful to the patient and contrary to acceptable behavior in the culture; does the patient understand the likely outcome of personal behavior and is patient influenced by that understanding; examples of impairment
b. Test judgment: patient's prediction of what he or she would do in imaginary situations; for instance, what patient would do with a stamped, addressed letter found in the street

**Multiaxial Diagnosis**

**Axis I**: clinical syndromes (e.g., mood disorders, schizophrenia, generalized anxiety disorder) and other conditions that may be a focus of clinical attention

**Axis II**: personality disorders, mental retardation, and defense mechanisms

**Axis III**: any general medical conditions (e.g., epilepsy, cardiovascular disease, endocrine disorders)

**Axis IV**: psychosocial and environmental problems (e.g., divorce, injury, death of a loved one) relevant to the illness

**Axis V**: global assessment of functioning exhibited by the patient during the interview (e.g., social, occupational, and psychological functioning); a rating scale with a continuum from 100 (superior functioning) to 1 (grossly impaired functioning) is used