

Mental State Examination:

Appearance: grooming, posture, clothing, build, physical abnormalities

Behaviour: psychomotor activity, mannerisms, gait, eye contact

Mood: what he/she describes, e.g. depressed, anxious, irritable, cheerful

Affect: what you describe, e.g. restricted, blunted, labile, euthymic.

Speech: rate, volume, flow, e.g. pressured, loud, slurred, mumbled, articulation, poverty.

Thought Form: e.g. flight of ideas, derailment, language.

Thought Content: e.g. delusions, suicidal thoughts, phobic thoughts / obsessions / compulsions

Perception: hallucinations, illusions, e.g. visual, auditory, olfactory, gustatory, tactile, depersonalisation, derealisation.

Orientation: time, person, place

Insight: cognition, understanding of illness, capacity to organise, knowledge of medication

Memory: short and long term.

Cognition: Level of consciousness / alertness; memory, orientation (T.P.P) concentration; abstract ideas.

Substance Use:

Used in last 3 months: Alcohol /illicit drugs/ prescription drugs / over the counter medicines

Quantities: \$ amount, grams used/harms

Clinical State: Acute intoxication, Harmful use, Dependence, Withdrawal

Risk Assessment:

Current Plan: When, where, how, lethality.

Previous Attempt: When, where, how, lethality

Resources: Access to means, social & family supports

Intent: Explicit intent – unable to guarantee safety, denies intent despite means and plan, ambivalence.

Stressors: Anything that may be a stress, relationships, pain, illness, employment, deadlines, recent child birth.

Mental Illness: Depression, Psychosis (delusions / hallucinations).

Family & Friends: History of suicide. Support structure. Insight and understanding.

Demographics: age, sex, rurality, employment status / academic status

Source: Integrated Primary Mental Health Services North East Victoria
Northeast Health Wangaratta