

The Mental Status Exam

EXPLAINED
SECOND EDITION

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Example 1

Ms. M.E. is a 29-year-old college student brought to the hospital by her roommate. Despite having final exams, she had been busying herself with a wide number of activities unrelated to her studies.

Ms. M.E.'s **appearance** was that of a woman who looks her stated age and is dressed in mismatched clothes, consisting of a suit jacket, leotards, and hiking boots. In the interview, her **behavior** involved refusing to be seated, and speaking only if she was allowed to walk around the room. She rummaged through her purse at the beginning of the interview and then wrote out several lists for the remainder of the time. She was superficially **cooperative** with the assessment and said she'd talk as long as she could make her lists and if the interview didn't last more than ten minutes. She was considered **reliable**, but biased towards minimizing the details of her activities.

Her **speech** was loud, rapid, and pressured, but remained understandable and had proper syntax. Prosody was exaggerated, regardless of the content. **Thought process** involved connections that were generally logical. On two occasions she was unable to repeat the questions posed to her or to relate the connection between them and what she was just saying. The **content** of her thoughts had to do with her plans to start at a senior management level in the Fortune 500 Company of her choice after graduation. She thought she had developed powerful insights into the business world, and even offered the interviewer an autographed copy of her term paper.

Her **affect** was forceful and exuberant, and remained consistently high during the interview. She described her mood as energetic and that she'd never felt better. She gave her mood a score of nine out of ten (she says she'll be a ten after graduation). She denied any **perceptual** problems. She stated she felt well and couldn't see why others were concerned. On this basis, her **insight** and **judgment** were both deemed to be impaired.

Testing of her **cognitive functions** revealed that she was completely oriented. She was able to **register** four items and **recalled** them at around five minutes. However, she could not recite the interviewer's name or her exam schedule, so her **long-term memory** was considered impaired. Her attention and concentration were intact for six numbers forward and four backward. She performed three **serial subtractions** correctly and then told a story about the number seventy-nine. She was able to enumerate a consid-

erable list of **similarities and differences**, many of which demonstrated a high level of abstraction. Her **knowledge base** was consistent with her level of education and her **intelligence** seemed to be above average.

Example 2

Mrs. D.E. is a 47-year-old separated woman who is employed as a professional cello player. After missing her third rehearsal, she was brought to the clinic after being found in the basement of her home.

- Her appearance is that of a woman appearing older than her age. She was dressed in a housecoat and slippers. She is thin, has an odor of poor hygiene, and has old scars visible on her left wrist and forearm.
- She sat throughout the interview in an immobile position with her hands at her sides and her head slumped forward on her chest. She made no spontaneous movements when speaking.
- She was uncooperative with the interview and said she wanted to be left alone. The information she shared did not seem reliable.
- Her speech was fluent and syntactically correct. There was a latency of several seconds before replying to questions. She spoke in a monotonous manner with no variability or prosody.
- Her thought process showed intermittent loosening of associations with periods of rambling when she was asked open-ended questions.
- Her thought content involved delusions of persecution and being infested. On a recent trip overseas, she inadvertently knocked over the display of a merchant who was selling rare cultural artifacts. This merchant put a "curse" on her. Mrs. D.E. has been coping poorly and declining since that time. She is convinced she has some type of flesh-eating organism inside her.
- She has passive wishes to die, but denies that she'd do anything to harm herself. There are no thoughts of wanting to harm others.
- Her affect was flat and showed little range during the interview. She felt doomed and hopeless, and described her mood as depressed.
- She described perceptual abnormalities in the form of tactile (beetles crawling on her skin) and cenesthetic hallucinations (the lining of her intestines was being gnawed away). She was also constantly harassed by the voice of the merchant she met while on her overseas trip.
- Her insight and judgment were both considered impaired on the basis of the bizarre delusions, her inability to understand that she is ill, and because she needed others to bring her in for help.
- Cognitive testing revealed that she was only oriented to person, month, year, and season. She knew she was in a hospital, but not which one. She

was able to register only one object after two tries, and was not able to recall this object after three minutes' time. Digit span was intact only for three numbers forward and two numbers backward. She did not attempt the serial sevens test. She was able to follow a written command and wrote a sentence ("I am going to die for what I did."). In response to many questions she replied, "I don't know." Testing of similarities and differences revealed concrete-thinking and highly idiosyncratic replies.