

Mental Health Status Exam

Data Field	Mental Health Status Exam
Person's Name	Record person's first, last name and middle initial. Order of name is at agency discretion.
Record Number	Record agency's established identification number for the child served.
Date of Admission	Record the date of admission.
Organization/Program Name	Record the organization/program for whom you are delivering the service.
DOB	Record the person's date of birth.
Gender	Indicate person's gender by checking the appropriate box. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
Mental Status Exam	Avoid judgmental perceptions. Take into account cultural differences. Think of creating a picture of the person served so that anyone reading the results of the exam would be able to clearly perceive the person just as you do. Assessment items are "in the moment", in other words as the person presents to you at the present time. There are other sections of the assessment form that address historical information.
Appearance/clothing	Check appropriate boxes to describe physical appearance including clothing, taking into account culture and age of person.
Eye Contact	Check boxes that apply.
Build	Check boxes that apply.
Posture	Check boxes that apply.
Body Movement	Check boxes that apply.
Behavior	Check boxes that apply.
Speech	Check boxes that apply.
Emotional State-Mood (in person's words)	Check boxes that apply. Emotional State-Mood is the sustained internal emotional state of a person. This describes the typical, more consistent emotional state of the person. Examples: Typical Mood is balanced and WNL; Mood is typically subdued; Mood is typically anxious and irritable. Child Outpatient Example: "I feel sad today". Also include a clinical assessment of mood. For example, Joel appears to be in a sad mood and anxious today. Adult Outpatient Example: Anxious
Emotional State-Affect	Check boxes that apply. Emotional State-Affect is the external expression of present emotional content. This describes the emotional state presently observed or described. Child Outpatient Example: Joel presents as sad and anxious with constricted affect. Adult Outpatient Example: Full range of emotional affect
<input type="checkbox"/> WNL	Within normal limits
<input type="checkbox"/> Constricted	Feelings demonstrated are subdued and do not appear to present the full range usually seen in people of this culture (cultural expectations are vital considerations in this area).
<input type="checkbox"/> Changeable	Demonstrated feelings shift rapidly from one state to another. Called changeable on the form.
<input type="checkbox"/> Inappropriate	Demonstrated feelings do not match with subject discussed (e.g. laughing while discussing a trauma experience).
<input type="checkbox"/> Flat	No reaction emotionally to situation.
<input type="checkbox"/> Full	Demonstrates a full range of feelings.
<input type="checkbox"/> Blunted, unvarying	Only slight reaction emotionally to the situation.
Facial Expression	Check boxes that apply.
Perception	
<input type="checkbox"/> WNL	If there are no perceptual disturbances, check here

Hallucinations	Hallucinations are perceptions with a compelling sense of reality but occur in the absence of stimuli. Hallucinations should be distinguished from illusions, in which an actual external stimulus is misperceived or misinterpreted. The person may or may not have insight into the fact that he or she is having a hallucination.
___ Tactile	A hallucination involving the perception of being touched or of something being under one's skin. This is more typical in substance dependent individuals (especially alcoholics) who are detoxifying. The most common tactile hallucination is the feeling that bugs are crawling under the skin.
___ Auditory	Usually described as voices. To assess, ask the individual, "Do you ever hear anyone talking but cannot tell where the voice is coming from?" If they answer yes, ask if he/she can tell what the voice is saying and he/she can identify the voice.
___ Visual	Visual hallucinations are usually only experienced by individuals who have ingested an illicit drug or drug overdose, or someone who has experienced a head injury. It is important to ask the person served to describe the visual hallucination and under what circumstances it occurs.
___ Olfactory	A hallucination involving the perception of odor, such as of burning rubber or decaying fish. This is usually a symptom of a neurological disorder or brain injury.
___ Command**	Command hallucinations are voices telling someone to do something dangerous or harmful (e.g. "kill him").
Thought Content	
___ WNL	Check if thought content is within normal limits.
Delusions	Beliefs in things that are not true (e.g. "Aliens have planted a sensor in my head").
___ None reported	No observable evidence of delusions or delusions are denied.
___ Grandiose	Thoughts of exaggerated and somewhat improbable status or success: "Mattel is going to buy my game and I'll make millions."
___ Persecutory	"People are trying to kill me."
___ Somatic	Physical complaints in the absence of any real cause. Fear that stomach pains are cancer even after a doctor has examined him/her and found no health problem.
___ Illogical	"My neighbors are throwing away babies in the trash. I can hear them at night."
___ Chaotic	"The world is going to end on New Year's Day."
___ Religious	"I am the second coming."
Other Content	
___ Preoccupied	Person appears to be lost in thought, engrossed or absorbed to such a degree that communication with others is compromised.
___ Obsessional	Persistent and disturbing intrusive thoughts, ideas or feelings.
___ Guarded	Statements, ideas, responses are brief and person appears reluctant to provide details or information.
___ Phobic	Exaggerated fear inexplicable to the person (e.g. airplane flight, spiders, heights).
___ Suspicious	Inclined to suspect, especially inclined to suspect evil; distrust
___ Guilty	Focused on unrealistic self-blame.
___ Thought broadcasting	"I can make those people think what I am thinking."
___ Thought insertion	"Those people are sending their ideas to me."
___ Ideas of reference	"Those people standing together over there are talking about me."
Thought Process	
___ WNL	Within Normal Limits- Thoughts are clear, logical and easily understood.
___ Incoherent	Thoughts, words or phrases are joined together without a logical or meaningful connection or relevance, and are not understandable despite repeated attempts to explain.
___ Decreased thought flow	Responses and statements are slow and have a paucity of details.
___ Blocked	The person has consistent difficulty responding to questions. Answers or statements are either very brief and appear difficult to produce or there are no responses at all.
___ Flight of ideas	A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When severe, speech may be disorganized and incoherent.

___ Loose	A disturbance of thinking shown by speech in which ideas shift from one subject to another that is unrelated or minimally related to the first. The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech. To assess for loose thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of loose thinking would be: "If you don't punch holes in the top, everyone dies."
___ Racing	Demonstrates rapid thinking that is not necessarily bizarre or unusual but thought production is faster than most people typically demonstrate.
___ Chaotic	Totally disorganized, impossible to understand.
___ Concrete	To assess for concrete thinking, ask the person to explain a proverb. For example, "People who live in glass houses shouldn't throw stones". An example of concrete thinking would be: "Rocks break glass."
___ Tangential	A question or statement will prompt a response that begins with one subject and ends with an entirely different subject only vaguely related to the first subject, if at all.
Intellectual Functioning	
___ WNL	No apparent deficits in intellectual functioning.
___ Lessened fund of common knowledge	Ask: "Who is the President of the United States?" "Who was President before him or her?"
___ Impaired concentration	Person is distracted from basic tasks
___ Impaired calculation ability	Ask the person to count backwards from 100 by 7's.
Intelligence Estimate	This can be an estimate only in the absence of any accepted intelligence tests or information from other sources. Keep in mind that some psychiatric disorders (depression) can negatively impact IQ scores. Intelligence is generally accepted to be a person's capacity to absorb information and solve problems.
___ Developmentally Disabled	IQ under 70 on the Wechsler scale.
___ Borderline	IQ from 70-79 on the Wechsler scale.
___ Average	IQ from 90-109 on the Wechsler scale. (80-89 is considered "low average").
___ Above average	IQ above 110 on the Wechsler scale.
___ No formal testing	Note if there is no record of formal testing of intellectual functioning (e.g. MMPI)
Orientation	
___ WNL	Check here if the person can correctly respond to the following questions about person, time and place.
Disoriented to:	
___ Time	Does the person know what time and day it is (within a few hours)?
___ Place	Does the person know where he or she is?
___ Person	Does the person know his/her correct name, age and some facts about his/her life.
Memory	
___ WNL	Check here if the following three areas are responded to sufficiently.
Impaired:	
___ Immediate recall	At the beginning of the assessment interview, tell the person you are going to state three objects that you will ask him or her to recall later in the interview. Use three basic objects such as tree, car and floor. After 10-15 minutes, ask the person to tell you what the three items were that you asked him/her to remember from the beginning of the interview.
___ Recent memory	Can the person tell you what they had for breakfast or what he/she did first thing this morning?
___ Remote memory	Can the person describe events from his/her childhood or in the past?
___ Short attention span	Person demonstrates difficulty staying on topic or attending to a task.
Insight	
___ WNL	Check if the person's insight is within normal limits.
___ Difficulty acknowledging presence of psychological problems	Reluctantly admits to minimal problems.

__ Mostly blames others for problems	Projects blame for any problems onto others. Example: "They made me mad!"
__ Thinks he/she has no problems	Denial of any problems.
Judgment	
__ WNL	Decision making abilities appear intact and sufficient for day-to-day functioning.
Impaired ability to make reasonable decisions	Utilize scenarios to assess: 3. If you were in a crowded movie theater and noticed there was a fire off to the side in a hallway, what would you do? 4. If you found a fully addressed and stamped envelope on the sidewalk, what would you do?
__ Mild	Select if impairment to judgment is mild. Example: "Tell someone the building is on fire on the way out."
__ Moderate	Select if impairment to judgment is moderate. Example: "Leave the building fast."
__ Severe**	Select if impairment to judgment is severe. Example: "Scream "fire" and run out."
Past attempts to Harm to Self or Others	Check the all boxes that apply and comment on all past attempts.
Self Abuse Thoughts	Take care to differentiate between thoughts of self abuse/self harm behaviors and suicidal actions.
__ None reported	No acknowledgment or evidence of thoughts of self harm behaviors.
__ Cutting**	Thoughts of any type of scratching or cutting that draws blood or damages the skin or a body part
__ Burning**	Thoughts of putting hot objects, including open flames in contact with any part of the body so as to damage the skin or a body part.
__ Other	Thoughts of pulling out hair, damaging eyes , etc.
Suicidal Thoughts	
__ None reported	Person denies thoughts of taking his or her life.
__ Passive Suicidal Ideation**	Person admits to passively thinking about taking his or her life but does not intend to take action on those thoughts.
__ Intent**	Person admits to seriously considering taking his or her life. This goes beyond feelings of hopelessness or frustration.
__ Plan**	Person describes a viable, actual plan to take his or her life.
__ Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. stock-pile of pills, gun).
Aggressive Thoughts	
__ None reported	Person denies thoughts of harming another person.
__ Intent**	Person admits to seriously considering harming another person. This goes beyond feelings of anger or frustration.
__ Plan**	Person describes a viable, actual plan to harm another person.
__ Means**	Person has in his/her possession the object or objects necessary to complete his/her plan (e.g. knife, gun).
Comments	Add any necessary comments about findings from the MSE.
**	Checking any item with ** requires an immediate risk and/or lethality assessment.