

Mental State Examination (MSE)

The aim of the MSE is to elicit the patient's **CURRENT** psychopathology – no historical details.

It collects both **Objective and Subjective Information**:

- **Objective** – what you observe about the patient **DURING** the interview
 - **Appearance, Behaviour, Speech, Cognition and Mood**
- **Subjective** – the patient's **CURRENT** psychological symptoms
 - **Mood, Thoughts, Perception and Insight**

Appearance:

- **Demographics**
 - Gender / Apparent Age / Racial Origin
- **Physique, Hair and Make-up**
- **Clothing Style**
 - E.g. Manic patients – bright / oddly assorted clothes
- **Cleanliness**
 - Look for signs of self-neglect e.g. Dirty, unkempt, stained or crumpled clothing
- **Weight Loss**
 - Consider bio-psycho-social causes, for example: Cancer vs. Anorexia vs. Financial Difficulties



Behaviour:

- **Rapport**
 - **Attitude:** Relaxed/ Co-operative/ Suspicious/ Guarded/ Pre-occupied/ Over Familiar
 - **Eye Contact** – Avoidant / Appropriate / Intense
- **Psychomotor Activity:** Agitation vs. Retardation
- **Movement disorders**
 - **Tics** = Irregular repeated movements, in a group of muscles e.g. Sideways head
 - **Choreiform Movements** = Co-ordinated, brief, involuntary movements e.g. Grimacing
 - **Dystonia** = Painful muscle spasm which may lead to contortions
- **Signs of Impending Violence**
 - Restlessness/ Sweating / Clenched Fists / Pointing Fingers / Raised Voice
 - Intruding onto the interviewer's Personal Space

Speech:

- **Physical characteristics only** – content comes under 'Thoughts'
- **Quantity:**
 - **Pressure of Speech:** Rapid, 'can't get a word in', lengthy speech – typical of Mania
 - **Poverty of Speech:** Minimal Responses e.g. Yes / No – typical of Depression
- **Quality:**
 - **Volume:** Loud (Mania) or Quiet (Depressive)
 - **Tone and Fluency**
 - **Spontaneity:** Prompt Response (Mania) and Slow response (Intoxicated / Depressed)

Mood (or Affect)

- **Change in mood = Commonest symptom of a psychiatric disorder**
- **Should be documented both Subjectively and Objectively:**
 - **Subjective Mood**
 - Ask the patient 'How are you feeling in yourself?'
 - Document their response without alteration – record any other details in Hx
 - **Objective Mood**
 - **Nature of mood** during examination, if no mood is noted = 'Euthymic'

Clinical Social Work Notes

Ronald K. Bullis



Clinical Social Work Notes:

Notes Concerning Resources and Laws of Most Frequent Use to Social Workers, 1926 *Clinical Social Worker Misconduct* Ronald K. Bullis, 1995 This text discusses the law and ethics of clinical social worker misconduct from an interdisciplinary perspective The Reverend Doctor Bullis examines recent statutes and legal cases that impose civil or criminal liability on social workers for sexual misconduct and harassment The text carefully examines the trend of states to impose liability on social workers who violate professional boundaries and offers an ethical ecology model to understand the nature and harm of dual relations **Care of institutionalized mentally disabled persons** United States. Congress. Senate. Committee on Labor and Human Resources. Subcommittee on the Handicapped, 1985 **"Code of Massachusetts regulations, 2016"**, 2016 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *Handbook of Health Social Work* Sarah Gehlert, Teri Browne, 2019-07-09 The updated third edition of the definitive text on health social work Thoroughly revised and updated the third edition of *Handbook of Health Social Work* is an authoritative text that offers a comprehensive review of the diverse field of health social work With contributions from a panel of international experts in the field the book is theory driven and solidly grounded in evidence based practice The contributors explore both the foundation of social work practice and offer guidance on effective strategies policies and program development The text provides information that is essential to the operations of social workers in health care including the conceptual underpinnings and the development of the profession The authors explore the practice issues such as theories of health behavior assessment communication and the intersections between health and mental health The authors also examine a wide range of examples of social work practices including settings that involve older adults nephrology oncology and chronic diseases such as diabetes heart disease HIV AIDS genetics end of life care pain management and palliative care as well as alternative treatments and traditional healers This is the only handbook of its kind to unite the body of health social work and Offers a wellness rather than psychopathological perspective and contains treatment models that are evidence based Includes learning exercises further resources research suggestions and life course information Contains new chapters on topics such as international health insurance and payment systems and implementation of evidence based practice Presents information on emerging topics such as health policy in an age of reform and genomics and the social environment Reviews new trends in social work and health care including genetics trans disciplinary care and international national and state changes in policy Written for social work educators administrators students and practitioners the revised third edition of *Handbook of Health Social Work* offers in one volume the entire body of health social work knowledge **"Code of Massachusetts regulations, 2012"**, 2012 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **Care of Institutionalized Mentally Disabled Persons: No distinct title** United States. Congress. Senate. Committee on Labor

and Human Resources. Subcommittee on the Handicapped,1985 **A Guide For Nursing Home Social Workers** Elise M. Beaulieu,2002 Covers the changing face of nursing homes charts and doumentation legal auspices screening transfer discharge policies surveys diagnosis treatment ethics community liaisons problems and solutions standardised forms

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