CHAPTER 62 · MENTAL STATE EXAMINATION — FULL VERBALISATION SCRIPT

ASEPTIC Framework · RISK Screen · AMT-10 · Insight · Biopsychosocial Formulation

★★★★★ CORE · HIGH YIELD · PATIENT-CENTRED · Psychiatry · GP · Acute

Abbreviations used in this chapter: **AMT-10** Abbreviated Mental Test (10-point) · **MSE** Mental State Examination

First Question: "Is this patient safe? Are they at risk of harm to self or others?" — RISK screen BEFORE MSE.

Instant Fail: No RISK assessment · Miss command hallucinations · Miss thought possession · Forget insight · Forget cognition (elderly/confusion) · Confront delusions · No summary with formulation

Golden Minute Opening: “Hello, I’m Dr [Name]. Before we start, I ask everyone: have you had thoughts of harming yourself or ending your life? [If yes: Thank you for telling me — important so I can keep you safe.] We can take breaks. Is that OK?”

RISK Screen — Pre-MSE Safety (Do FIRST)

R — Risk to self: "Have you had thoughts of harming yourself or ending your life?"
I — Intent / plan / means: "Do you have a plan? What stops you? Do you have access to [method]?"
S — Self-neglect: "Are you eating, drinking, looking after yourself? Do you feel safe at home?"
K — Known others at risk: "Have you had thoughts of harming anyone else?"

Risk Level	Indicators	Action
LOW	Passive thoughts · no plan · strong supports	Safety plan + routine follow-up
MODERATE	Ideation + some intent · limited supports	Crisis team · 48–72h review
HIGH	Plan + intent + means · recent attempt	Escalate urgently · consider admission

ASEPTIC — Full MSE Framework

A	Appearance & Behaviour	Observe throughout. Dress · grooming · eye contact · posture · rapport · psychomotor changes

S	Speech	Rate · rhythm · volume · tone · form (logical/tangential/circumstantial/flight of ideas/thought blocking)
E	Emotion/Mood	Subjective ("how have you been feeling?") + Objective (euthymic/depressed/elevated) · affect range/reactivity/congruence
P	Perception	Hallucinations (all modalities) · command hallucinations MUST ask · illusions · depersonalisation
T	Thought	Form (logical/tangential) + Content (delusions · obsessions · thought possession: insertion/withdrawal/broadcasting)
I	Insight	1. Aware of illness? · 2. Attributes symptoms? · 3. Willing to accept treatment?
C	Cognition	AMT-10 if: elderly · confusion · falls · delirium screen · memory complaint

Perception · Thought · Insight — Key Questions

Perception — Always Ask:
"Have you heard voices when no one was around?" · "What do they say?" · "Do the voices EVER tell you to do things?" — COMMAND HALLUCINATIONS
"Have you seen things others can't see?" · Illusions · depersonalisation · derealisation

Thought Content — Must Ask All:
"People watching you or out to get you?" (paranoid) · "Special powers or mission?" (grandiosity)
"Thoughts INSERTED into your mind? Taken OUT? BROADCAST so others can hear them?" — THOUGHT POSSESSION
"Thoughts that keep coming back despite trying to stop them?" (obsessions)
Cultural sensitivity: "I'm not here to challenge your beliefs — I want to understand your experiences."

Thought Form Types:
Logical=normal · Circumstantial=delayed but returns · Tangential=moves off, doesn't return · Flight of ideas=rapid + pressured · Thought blocking=sudden stop
Insight — 3 components: (1) Aware of illness? · (2) Attributes symptoms to illness? · (3) Willing to accept treatment?

Cognition — AMT-10

Q	Question	Score
1	Age	/1
2	Time (nearest hour)	/1
3	Address for recall: 42 West Street (ask now, test at end)	(recall later)

Q	Question	Score
4	Year	/1
5	Name of hospital / location	/1
6	Recognition of two persons	/1
7	Date of birth	/1
8	Widely known historical fact	/1
9	Count backwards 20–1	/1
10	Recall address (42 West Street)	/1
TOTAL	≤10 = normal · ≤7 = cognitive impairment · ≤3 = significant impairment	/10

Delirium Triad — Escalate Immediately: Acute onset + fluctuating consciousness + visual hallucinations → urgent medical review

Pattern Recognition · Formulation · Escalation

Presentation Pattern	Likely Diagnosis
Pressured speech + flight of ideas	Mania
Flat affect + poverty of speech + negative symptoms	Schizophrenia
Acute onset + fluctuating attention + visual hallucinations	DELIRIUM — urgent medical review
Low mood + psychomotor retardation + anhedonia	Depression
Obsessions + compulsions + insight retained	OCD
Progressive memory loss + disorientation	Dementia

Biopsychosocial Formulation:
"This appears to be a [predisposed] patient, precipitated by [trigger], maintained by [perpetuating factors], protected by [strengths]."
Escalation: Low risk: safety plan + GP follow-up · Moderate: crisis team + 48h review · High: escalate urgently to psychiatry · consider admission
Capacity: If refuses + high risk → MCA test: Understand · Retain · Weigh · Communicate

Examiner Checklist

ASEPTIC Domains ✓	Risk + Formulation ✓
✓ RISK screen done first	✓ Command hallucinations asked

ASEPTIC Domains ✓	Risk + Formulation ✓
✓ Appearance + behaviour described	✓ Thought possession asked (insertion/withdrawal/broadcasting)
✓ Speech: rate, rhythm, form	✓ Cultural context considered
✓ Mood: subjective + objective	✓ AMT-10 if elderly/confusion/falls
✓ Affect: range, reactivity, congruence	✓ Insight: 3 components assessed
✓ Perception: all modalities	✓ Risk stratified: low/moderate/high
✓ Thought form + content	✓ Protective factors stated
✓ Delusions explored	✓ Biopsychosocial formulation given
✓ Capacity if high risk + refusal	✓ Summary + escalation + safety-net

Final Exam Mantra

RISK first · ASEPTIC framework · OBSERVE → EXPLORE → TEST → FORMULATE
NEVER miss: command hallucinations · thought possession · insight · cognition in at-risk · summary with formulation
AMT-10: elderly, confusion, falls, delirium screen · Capacity: MCA 4 tests if high risk + refusal
Cultural context BEFORE labelling beliefs as pathological · Never confront delusions

Gold Closing:
"Appearance [describe]. Speech [rate/form]. Mood subjectively [words] · objectively [euthymic/depressed/elevated] · affect [full/restricted], [congruent/incongruent]. Thought form [logical/tangential]. Content [delusions/possession]. Perception [no hallucinations / auditory, 2nd/3rd person, no commands]. AMT-10 [X/10]. Insight [full/partial/none]. Risk [low/moderate/high] · protective factors [X]. Formulation: predisposed [X], precipitated [Y], maintained [Z]. Plan: [safety plan / refer / escalate urgently]."

RISK screen first before any MSE domain	Command hallucinations must always ask	Thought possession insertion withdrawal broadcast	Insight 3 components awareness attribution Rx	AMT-10 elderly confusion falls
Subjective vs objective both mood required	Affect range + congruence not just flat/elevated	Cultural context before labelling beliefs	Delirium triad acute+fluctuating +visual	Formulation 4Ps predispose precipitate perp protect

TOP 5 EXAMINER Q&A · MENTAL STATE EXAMINATION

Q1. The MSE domains in order?	Appearance and behaviour, speech, mood and affect, thought form and content, perception, cognition, insight: plus risk.

TOP 5 EXAMINER Q&A · MENTAL STATE EXAMINATION	
Q2. Mood vs affect?	Mood is the patient's sustained subjective state; affect is what you observe moment to moment: report both.
Q3. How do you screen thought content safely?	Ask directly about hopelessness, suicidal thoughts, plans and intent, and thoughts of harming others: every MSE includes risk.
Q4. Assessing insight in one move?	"What do you yourself think is happening?": their explanation tells you insight, beliefs, and engagement at once.
Q5. Cognition when time is short?	Orientation to time, place and person at minimum: offer formal cognitive testing as the next step.
CURVEBALL	The patient is guarded and gives one-word answers. Your observations ARE the examination: describe appearance, rapport, eye contact and psychomotor state richly: silence is data.