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OUTLINES

- History taking
- Mental status examination
- Mini Mental status examination
- Neurological examination
- Investigations
- Psychological test
- role & responsibilities of nurse


1
HISTORY
TAKING

INTRODUCTION

- The psychiatric history is the record of the patient's life; it allows a psychiatrist to understand who the patient is, where the patient has come from, and where the patient is likely to go in the future.

- The history is the patient's life story told to the psychiatrist in the patient's own words from his or her own point of view.

DEFINITION

- "A **psychiatric history** is the result of a medical process where a clinician working in the field of mental health (usually a **psychiatrist**) systematically records the content of an interview with a patient. This is then combined with the mental status examination to produce a "psychiatric formulation "of the person being examined."

PSYCHIATRIC ASSESSMENT

A process of gathering information about a person within a psychiatric (or mental health) service, with the purpose of making a diagnosis.

PURPOSE

- Clinical assessment
- Forensic assessment
- Medico-legal assessment

METHODS OF PSYCHIATRIC ASSESSMENT

- History
- Mental status examination
- Physical examination
- Physical investigations
- Psychometric Assessment tools
- Multidisciplinary assessment
- Other perspectives

Outline of Psychiatric History

1. Identifying data
2. Chief complaint
3. History of present illness
   - A. Onset
   - B. Precipitating factors
4. Past illnesses
   - A. Psychiatric
   - B. Medical
   - C. Alcohol and other substance history

5. Family history

6. Personal history

- ✓ Developmental history
- ✓ Educational history
- ✓ Occupational history
- ✓ Source of income (employment, pension etc.)
- ✓ Residence : living at home/ own/ alone / with spouse

7. Marital history

6. Pre morbid personality

- ✓ Attitude towards others
- ✓ Attitude towards self
- ✓ Moral & religious attitude
- ✓ Reaction pattern to stress

1.DEMOGRAPHIC DATA :

- The identifying data provide a succinct demographic summary of the patient by name, age, marital status, sex, occupation, language (if other than English), ethnic background, and religion, insofar as they are pertinent, and the patient's current living circumstances.

2. Chief Complaint

- The chief complaint, in the patient's own words, states why he or she has come or been brought in for help.
- For ex- sleeplessness- 3 wks., loss of appetite and hearing voices- 2 wks.
- The other individuals present as sources of information can then give their versions of the presenting events in the section on the history of the present illness.

3 .History of Present Illness

- The history of present illness provides a comprehensive and chronological picture of the events leading up to the current moment in the patient's life.
- This part of the psychiatric history is probably the most helpful in making a diagnosis: When was the onset of the current episode, and what were the immediate precipitating events or triggers?

- An understanding of the history of the present illness helps answer the question, Why now? Why did the patient come to the doctor at this time?
- What were the patient's life circumstances at the onset of the symptoms or behavioral changes, and how did they affect the patient so that the presenting disorder became manifest?
- Knowing the previously well patient's personality also helps give perspective on the currently ill patient.
- It is deal to use the patient's own words.

4.The past illnesses

- The past illnesses section of the psychiatric history is a transition between the story of the present illness and the patient's personal history (also called the anamnesis).

- Past episodes of both psychiatric and medical illnesses are described.

A. Psychiatric

B. Medical

C. Alcohol and other substance history

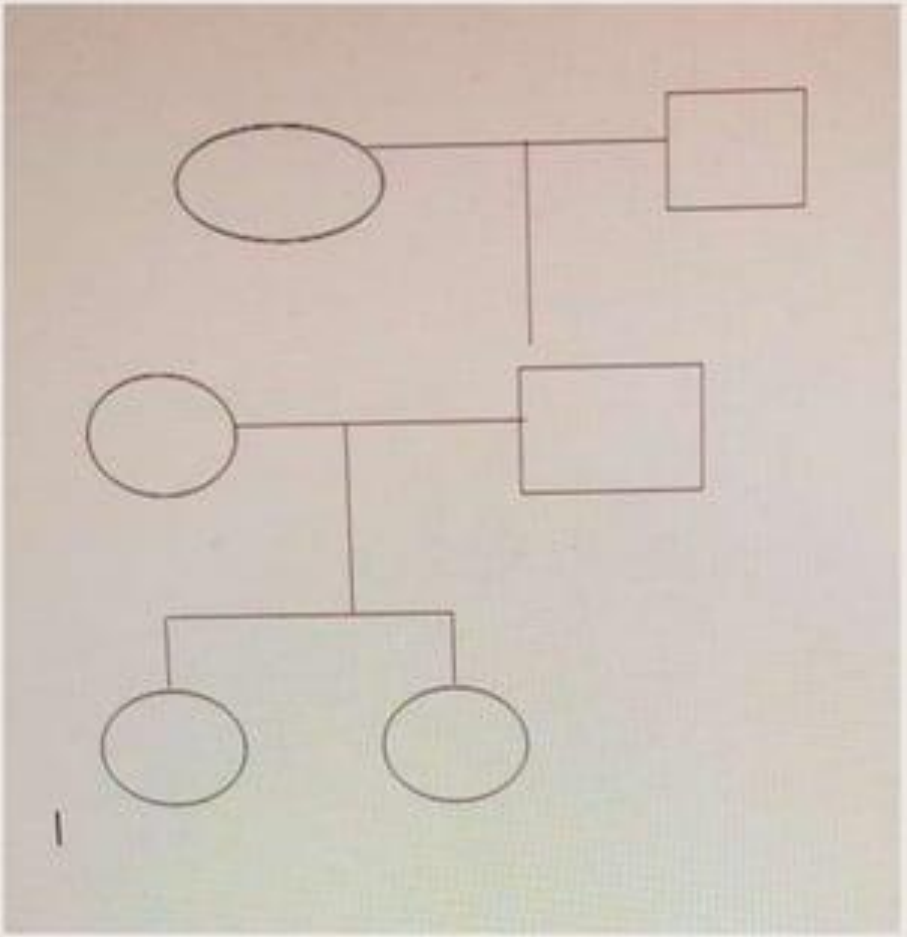
5.Family History & family tree

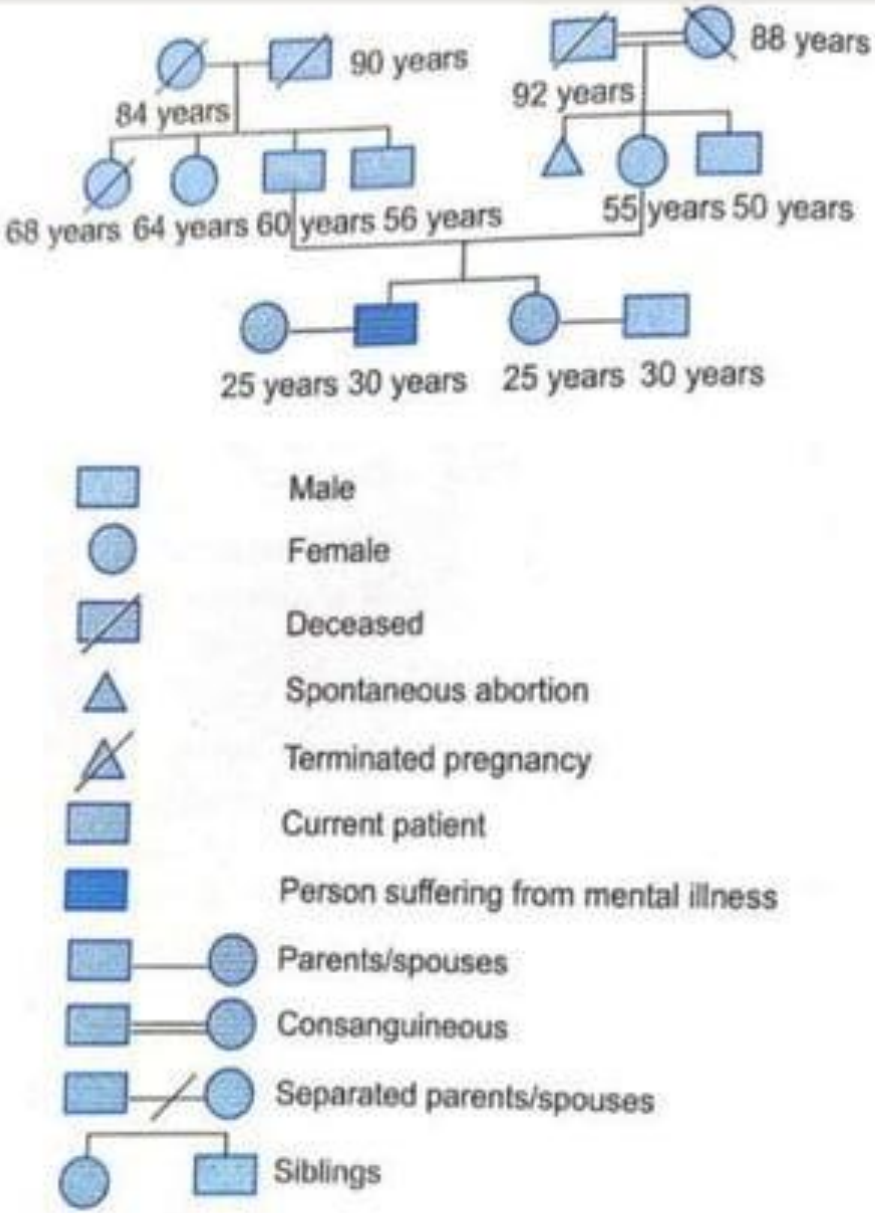
- A brief statement about any psychiatric illness, hospitalization, and treatment of the patient's immediate family members should be placed in the family history part of the report.

- Does the family have a history of alcohol and other substance abuse or of antisocial behavior?

family tree

In this 3 generation




90 years
84 years
88 years
92 years
68 years
64 years
60 years
56 years
55 years
50 years
25 years
30 years
25 years
30 years
Male
Female
Deceased
Spontaneous abortion
Terminated pregnancy
Current patient
Person suffering from mental illness
Parents/spouses
Consanguineous
Separated parents/spouses
Siblings

6.Personal History

- The personal history includes the developmental, educational, occupational as well as the sexual history of the patient.

✓ Developmental history include detail of pregnancy & delivery , health during childhood, occurrence of any significant event (ex- separation from parents, etc.)

- ✓ An educational history relates to details regarding the level of performance in school, relationship with peers and teachers , academic achievement etc.
- ✓ Occupational history, enquiry should be made about types of work, job satisfaction etc.
- ✓ Sexual history includes detail about sexual development. In marital history enquire about married life.

7.Premorbid personality

- Attitude towards others: Ability to trust other, anxious or secure, friendly or emotionally cold etc.
- Attitude to self: Egocentric, selfish, dramatizing, indulgent or dissatisfaction with work.
- Moral & religious attitude
- Leisure activities & hobbies
- Fantasy life
- Reaction pattern to stress


2
MENTAL
STATUS
EXAMINATION

MENTAL STATUS EXAMINATION

- Mental status examination is a standardized format in which the clinical records the psychiatric signs & symptoms present at the time of interview.

- Mental status examination covered systematically under the following headings of general appearance and behavior, speech, mood and affect, thought, perception, cognition, insight and judgment.

COMPONENTS OF THE MENTAL STATUS EXAM:

- General appearance & Behavior
- Psychomotor activity
- Speech
- Mood & Affect
- Thought
- perceptions
- Cognitive functions
- Insight

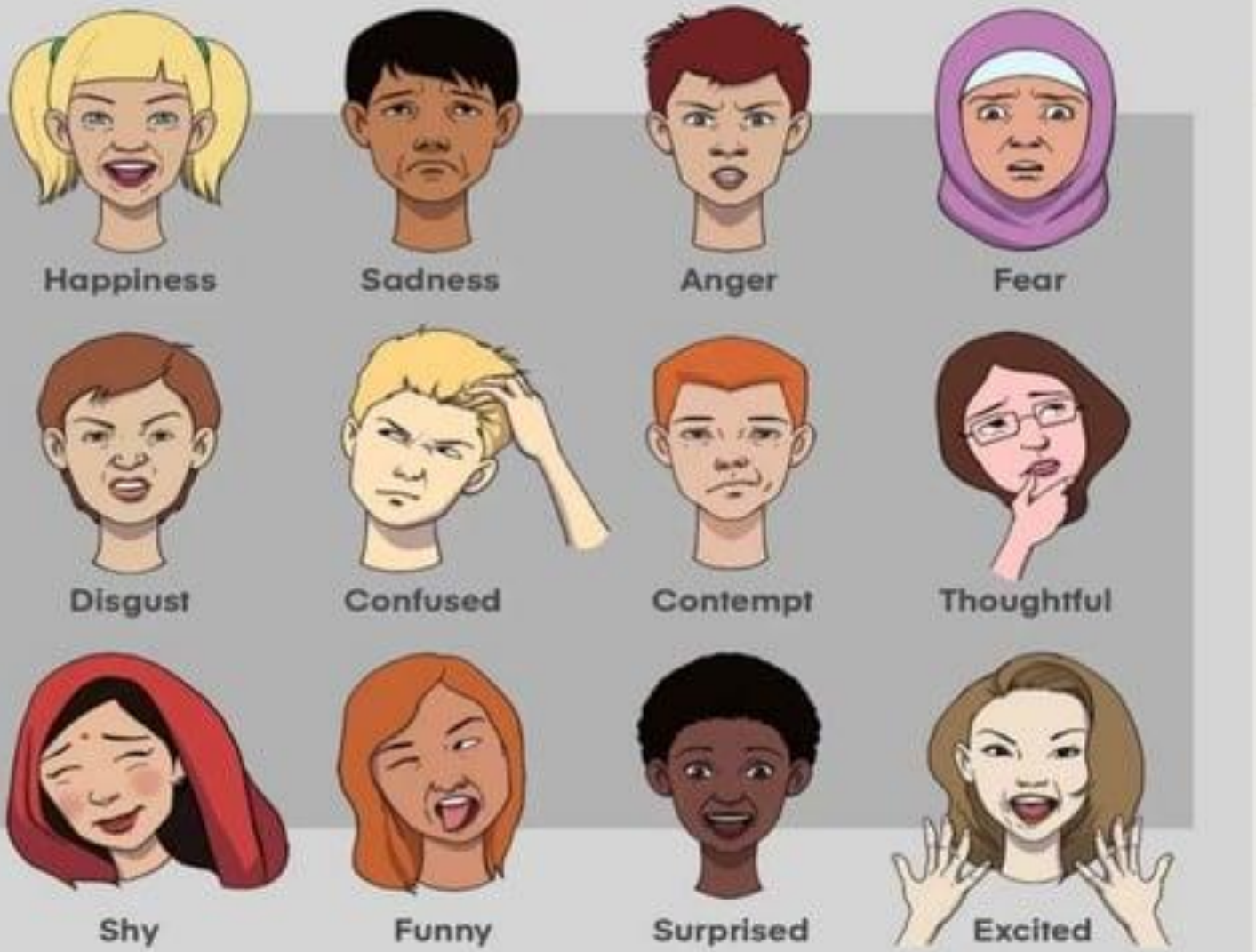
1.GENERAL APPEARANCE AND BEHAVIOR (GAAB):

- **Appearance:** (Looking one's age/ look older/younger than his or her age/under weight/over weight/physical deformity)
- **Facial expression:** (E.g. Anxiety, pleasure, confidence, blunted, pleasant)
- **Level of grooming:** (Normal/ Shabbily dressed/ overdressed/ idiosyncratically dressed)
- **Level of cleanliness:** (adequate/ inadequate/ overtly clean)

GENERAL APPEARANCE: body build, physical appearance, comfortable/ uncomfortable, grooming, self-care, facial expression

- i. Attitude towards the examiner - cooperative/ guardedness/ hostility/ evasiveness /combativeness / interested /disinterested/irritating behavior
- ii. comprehension – intact/impaired (partially/ fully)
- gait and posture – way of sitting, standing, walking, lying
- motor activity – increased/decreased/excitement/stupor/abnormal involuntary movements/ restlessness/ catatonic signs/social withdrawal/compulsive acts/reaction time
- social manner and nonverbal behavior – increased/decreased/inappropriate eye contact
- Rapport
- Hallucinatory behavior – smiling or crying without reason/ muttering or talking to self/odd gestures

Facial Expressions



Shabbily dressed

idiosyncratically dressed

- **Level of Consciousness:** (conscious ,drowsy, unconscious)
- **Mode of entry:** (Came willingly/ persuaded / brought using force)
- **Behavior:** (over friendly ,disinherited, preoccupied, aggressive, normal)
- **Co-operativeness:** (normal/ more than so/ less than so)
- **Eye to eye contact :** (Maintained/ difficult/ not maintained)
- **Rapport:** (spontaneous/ difficult/ not established)
- **Posture:** (normal/ catatonic posture/ stooped/ stiff)

SPEECH

i. rate and quantity of speech – present/ absent/spontaneous/rapid/slow/pressure of speech/ poverty of speech

- volume and tone of speech – increased/ decreased/low/high/ normal pitch.
- Flow and rhythm of speech – smooth/ hesitant / dysprodosy / stuttering/ stammering/circumstantiality/tangentiality/vibergeration / stereotypes/flight of ideas/ clang associations

MOOD AND AFFECT

- Subjectively, objectively
- Eg) subjectively: how are you feeling now?
- Objectively: (patient's answer)
- Inference: appropriate/inappropriate
- **PERCEPTION**
- Hallucination – auditory/visual/olfactory/gustatory/tactile
- Illusions and misinterpretation
- Depersonalization / and derealization
- Somatic passivity phenomena

echopraxia

psychological pillow

waxy flexibility

Symptoms & Signs of Stereotypic Movement Disorder

Hand shaking

Skin picking

Hair pulling

Nail biting

3.SPEECH:

- **Coherence:** coherent or incoherent (loosening of associations)
- **Relevance:** (answer the question appropriately): relevant /irrelevant
- **Volume:** soft/loud/normal
- **Tone :** high pitch/low pitch/normal
- **Manner:** excessive formal/ relaxed/inappropriately familiar
- **Reaction time**(time taken to answer the question): increased /decreased /normal
- **Others:** Echolalia/ perseveration/ neologism

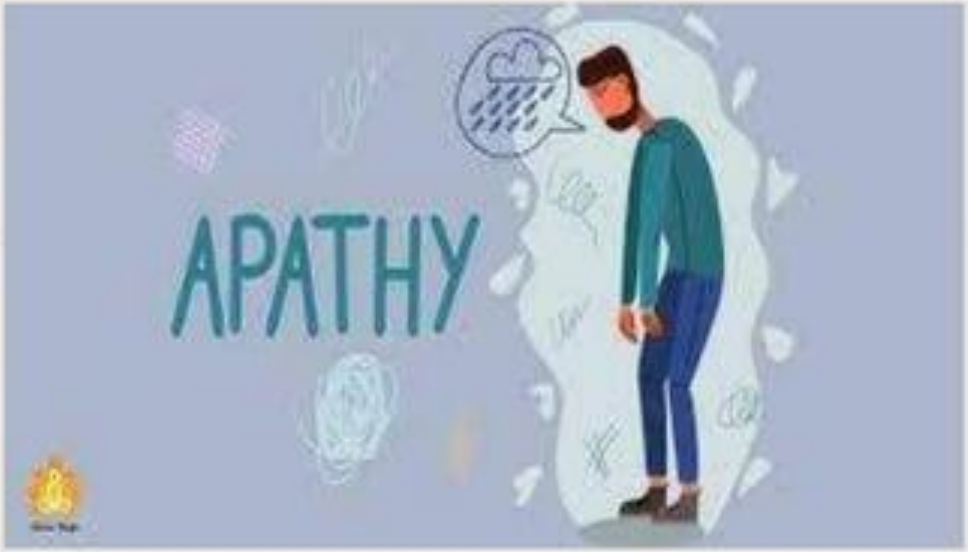
Echolalia

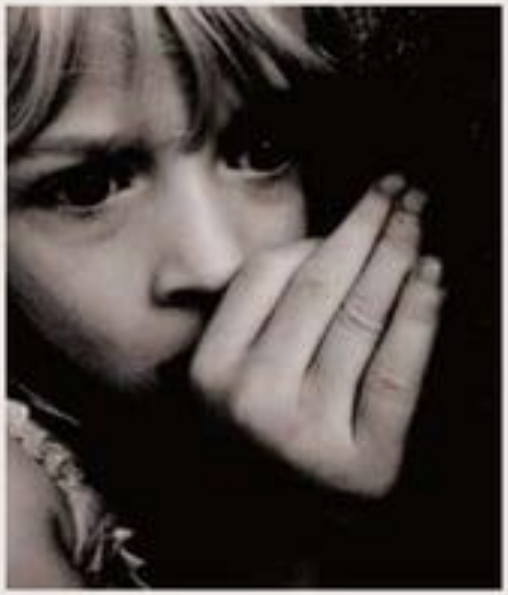
4.MOOD (Subjective) & AFFECT (objective):

- **Appropriate/ Inappropriate** (Relevance to situation & thought)
- **Pleasurable effect:** Euphoria/ Elation/ exaltation/ Ecstasy
- **Unpleasurable effect:** Grief/ Mourning/ depression
- **other effect:** Anxiety/ fear/ panic/ apathy/ aggression/ mood swing

Grief

depression


APATHY



5.THOUGHTS

- **form of thought:** not understandable/normal/circumstantiality /tangentiality/neologism/word salad/preservation/ambivalence
- **Stream of thought:** pressure of speech/flight of ideas/ thought retardation/ mutism/ aphonia/thought block/clang association.

Cont…

- **Content of thought**

✓ **Delusions:** Persecutory/ delusion of reference/ hypochondriacal delusion/ delusion of grandeur/ nihlistic delusion/ delusion of infidelity

✓ **Obsessional/ compulsive phenomena:** thoughts/ images/ doubts

✓ Phobia

✓ **Ideas:** worthlessness/ helplessness/ guilt/ death wishes

✓ **fantasy:** Creative/ day dreaming

THOUGHT

- i. stream and form of thought – speech spontaneity/productivity/flight of ideas/poverty of content of speech/continuity of thought/loosening of associations / illogical thinking/perseveration / verbegeration
- ii. content of thought – pre-occupation / obsession/phobias/delusions

delusion of reference

Persecutory delusion

6.PERCEPTIONS:

- **Illusion**
- **Hallucinations:** (auditory, olfactory, visual, gustatory, tactile)
- **depersonalization** (altered perception of the self)
- **Derealization** (altered perception of the environment)
- **Déjà vu/ jamais vu**

7. COGNITION:

- **Consciousness**(confusion, clouding, stupor, coma)
- **Orientation**

✓ Time: Appropriate time/ day/ night/ day/ month/ year

✓ Place: kind of place/ area/ city

✓ Person: self/ close associates/ hospital staff

- **Attention & concentration**

(method of testing: asking to list the month of the year forward & backward, subtractions etc.)

Cont…

- **Memory**

✓ Immediate (teach an address & after 5 mts. Asking for recall)

✓ Recent memory- 24 hrs. call

✓ Remote asking for dates of birth or events which occurred long back

- **Intelligence**

(Similarities and differences, general knowledge and general information)

Cont…

- **Abstractions:** Abstract thinking testing assess patient's concept formation.

(Give a proverb and ask the inner meaning & use similarities method)

Ex- What do people mean when they say……?

Don't cry over spilled milk

Ex- what do the following have in common?

Chair & desk, apple & pear etc.

Cont…

- **Judgment**

✓ Personal judgement (future plans): Intact/ impaired

✓ Social judgement : it is observed during the hospital stay

✓ Test judgement: It is assessed by asking the patient what he would do in certain test situations like ‘a house on fire’etc.

Judgement is rated as good/ intact/ poor/ abnormal

8.INSIGHT:

Patient's degree of awareness & understanding that they are ill

Insight is rated on 6 point scale from one to six:

1. Complete denial of illness
2. Slight awareness of being sick
3. Awareness of being sick attribute it to external/ physical factor

Cont…

4. Awareness of being sick , but due to some thing unknown in himself
5. Intellectual insight
6. True emotional insight


thank
you