

Mental State Examination



Mnemonic: ASEPTIC



A

Appearance, Behaviour & Gait

Appearance

How does your patient look? Consider their age, gender, ethnicity, body habitus, outfit, hygiene or evidence of self-harm.

Behaviour

How is your patient behaving? Consider their eye movements, body posture and movement, demeanor and co-operation.

Gait

How is your patient moving? Consider presence of psychomotor agitation or retardation.

S

Speech

Comment on your patient's speech production, articulation, prosody (melody of speech), volume, tone of voice, rate (i.e. pressured, slow) and spontaneity of speech.

E

Emotions

Mood (subjective) - what the patient tells you in their own words.
Affect (objective) - what you observe in terms of quality, range, reactivity and congruence (appropriateness to situation/setting).

P

Perception

Note if your patient has had any hallucinations or illusions. Observe if your patient appears to be responding to an internal stimuli (giggling to self, talking to self, staring at empty space).

T

Thought Stream, Form & Content

Stream

Comment on speed of thought (i.e. flight of ideas).

Form

Do they have any signs of formal thought disorders? Look out for tangentiality, circumstantiality, derailment, word salad, clang association, neologisms, preservation & thought blocking.

Content

What was the interview about? Were there any thoughts of suicide or homicide? Assess for obsessions and associated compulsions, overvalued ideas & delusions.

I

Insight & Judgement

Insight

Is your patient aware of their illness and/or need for treatment?

Judgement

Is your patient able to problem solve? Consider asking them what they would do if they were discharged from hospital.

C

Cognition

- Comment on cognitive assessment (if performed).
- Otherwise, note that cognition was not formally assessed.
- Comment on indirect measures of cognition (i.e. alertness & orientation to time, place and person).