



Training & Development

MSE Desk Aid and Glossary

Document Control

Superseded Documents

Version	Date	Description	Author
1 FINAL		Created	MTB
2 FINAL	23-05-2015	QA BM	MTB
3 FINAL	11-11-2020	Internal Review of material	MTB MG

Changes since last version

Amalgamation of MSE Glossary and MSE Desk aid into one comprehensive document

Mental State Examination Desk Aid	
Behaviour	
Eye contact	Not assessed/ Adequate eye contact/Poor eye contact/ Downcast gaze/ Stares/ In keeping with culture
Rapport	Not assessed/ Normal rapport/ Poor rapport/ Very poor rapport
Activity Rocking	Not assessed/ Absent/Present
Arousal	Not assessed/ Relaxed/ Tense/ Distracted/ Impatient/ Agitated/ Easily startled/ Hyper-alert/ Sleepy
Facial Expression	Not assessed/ Normal/ Reduced
Activity	Not assessed/ Slow/ Very slow/ Restless/ Disinhibited/ Bizarre/ Very restless/ Walking around
Coping at interview	Not assessed/ Coped at interview/ Some difficulty coping at interview/ Moderate difficulty coping at interview/ Severe difficulties coping at interview
Appearance	
General health	Looks well/looks unwell
Alertness level	Does not look tired / Looks Tired
Grooming	Well Kempt/ Unkempt/ Very unkempt
Tremulous	Not assessed/ Absent/Present
Complexion	Not assessed/ Normal/ Looks pale/ Flushed
Build	Average build/ Looks thin/ Looks muscular/ Looks overweight
Dress	Casually dressed/ Neatly dressed/ Wearing dirty clothes/ Wearing worn out clothes/ Clothing mismatched
Increased Sweating	Not assessed/ Absent/Present
Speech	
Amount	Not assessed/ Monosyllabic/ Spoke very little/ Talkative/ Spoke excessively
Rate	Not assessed/ Normal/ Slow/ Rapid
Volume	Not assessed/ Normal/ Very quiet/ Quiet/ Loud/ Shouted
Content	Not assessed/ Normal/ Coherent/ Incongruous/ Incoherent/ Garbled
Mood	
Ideas of self-harm	Not assessed/ None/ Firm and detailed/ Frequent but non-specific/ Occasional/ Infrequent
Demeanour	Not assessed/ Normal/ Confident/ Over familiar/ Timid/ Withdrawn/ Irritable/ Hostile/ Aggressive/ Labile
Insight	
Insight	Not assessed/ Good insight/ Poor insight/No insight
Awareness of danger	Not assessed/ Adequate/ Poor/ Very poor/ None
Cognition General	
Orientation	Not assessed/ Fully orientated/ Disorientated in time/ Disorientated in place/ Disorientated in person/ Completely disorientated
General memory	Not assessed/ Adequate/ None/ Very poor/ Poor
Prompting	Not assessed/ Did not require prompting/ Needed prompting/ Did not respond to prompting
Concentration	Not assessed/ Adequate/ Poor/ Very poor

ADDITIONAL MSE AREAS FOR USE AS REQUIRED	
Thoughts	
Delusions	Not assessed/ None/ Has delusions
Ruminations	Not assessed/ None/ Ruminates
Obsessions	Not assessed/ None/ Has obsessive ideas/ No obsessive rituals/ Non-intrusive obsessive rituals/ Intrusive obsessive rituals
Perceptions	
Illusions	Not assessed/ None/ Experiences illusions
Depersonalisation	Not assessed/ None/ Experiences depersonalisation
Derealisation	Not assessed/ None/ Experiences derealisation
Hallucinations	Not assessed/ None/ Auditory/ Visual
Addictions	
Signs of drug use	Not assessed/ Absent/Present
Smell of alcohol	Smell of alcohol not detected/ Smell of alcohol detected
Signs of intoxication	Not assessed/ Sober/ Intoxicated/ Slurred speech/ Ataxia
Involuntary Movements	
Tic	Not assessed/ Absent/Present
Tardive dyskinesia	Not assessed/ Absent/Present
Dystonia	Not assessed/ Absent/Present
Choreiform movements	Not assessed/ Absent/Present

COGNITIVE TESTS FOR USE AS REQUIRED	
Long term memory	Not assessed/ Normal/ Impaired
Short term recall	Not assessed/ Normal/ Impaired
Serial sevens	Not assessed/ Able to complete five rounds/ Unable to complete five rounds/ Declined
Calculating change	Not assessed/ Able to calculate £1 minus 75p/ Client declined
Follow commands	Not assessed/ Declined/ Unable to follow commands Able to follow three stage commands Able to follow two stage commands Able to follow one stage commands Unable to follow commands
Attention	Not assessed Able to spell world backwards Unable to spell world backwards Client declined
Registration	Not assessed Able to remember 3 objects first time Unable to remember 3 objects first time Client declined
Recall	Not assessed Able to remember three objects named at registration Unable to remember three objects named at registration Client declined

MENTAL STATE EXAMINATION GLOSSARY

Activity Rocking:

Definition – to move or sway to and fro, or from side to side

About – Commonly associated with Autistic spectrum disorders, where the repetitive movement can be self-soothing. Activity rocking is also a sign of agitation or distress in conditions such as anxiety or depression.

Arousal:

Definition – Normal arousal is being alert, physically and mentally.

About – Altered experiences of arousal are associated with both anxiety and depression. In depression arousal is usually blunted where in anxiety it is heightened. Lowered arousal can lead to lack of motivation and slowed speech for example. Heightened arousal can distort perceptions creating fear and distorted perceptions of the self. For example, a person may believe that he or she will get sick from being so nervous about taking an exam. It can also lead to agitation and behaviours such as Activity Rocking.

Facial Expression:

A reduced degree of facial expression is a medical symptom. It can be caused by motor impairment, for example, weakness or paralysis of the facial muscles, as in Parkinson's disease; or by other causes, such as psychological or psychiatric factors, for example, if a person does not feel emotions and thus does not show any expression. It is a marked and noticeable phenomenon, and the face can be described as 'mask like'.

Tremulous:

Definition - shaking or quivering slightly, as from fear or nervousness i.e. *tremulous hands*.

About – Often associated with anxiety disorders such as Generalised anxiety Disorder or Social Phobia.

Insight:

Definition – Refers to the extent to which the person is aware they are ill, recognises the nature of the illness and understands the dynamic factors involved in producing the illness.

About – A lack of insight is common in psychotic illness and organic brain disorders (dementia). The person may not be aware whether they are ill and therefore treatment may be affected where the individual will either not accept that they are ill or may accept that they are but lack awareness of the need for medication or the effects of their illness on their function. In psychotic mental disorders and organic brain syndromes, a patient's insight may be impaired. In depression, a person may lack insight into their best qualities and in mania a person may overestimate their wealth and abilities.

Prompting:

Please note that this is in the cognitive section of the MSE and therefore refers to the need for prompting due to cognitive or memory issues, rather than a reassurance and support perspective: for example, in a person with mental health conditions such as anxiety and depression.

Information Point: Thoughts and perceptions

The accurate assessment of the following sections is even more reliant on the HPs observational and listening skills. Typical signs to be alert for when a person is acutely mentally unwell may be:

- Distraction
- Lack of eye contact
- Staring into specific areas or at specific spaces
- Muttering under the breath
- Seeming to respond to questions which were not asked
- Poor concentration
- Restlessness/agitation

If delusions, hallucinations, ruminations, obsessions etc. are suspected, gentle probing can be appropriate but remember the aim is to find out how these symptoms affect function, **NOT** to conduct a mental health assessment.

Useful questions may be: *“You seem distracted; may I ask what is troubling you? Does this happen often?”*

“You seem preoccupied with your thought; what are you thinking about and does this cause you a problem day to day?”

“You are very restless; does this happen at home and does it interfere with your life?”

“Your concentration is poor today; is this usual for you and what causes this?”

Delusions:

Definition - a fixed false belief that is resistant to reason or confrontation with fact.

About - Delusions typically occur in the context of neurological or mental illness; particularly psychotic disorders including schizophrenia, delusional disorder, manic episodes of bipolar disorder, and psychotic depression. There are three main criteria for a belief to be considered delusional which are certainty (held with absolute conviction); incorrigibility (not changeable by compelling counterargument or proof to the contrary); and impossibility or falsity of content (implausible, bizarre or patently untrue).

Rumination:

Definition – the compulsively focused attention on the symptoms of one's distress, and on its possible causes and consequences, as opposed to its solutions.

About – Rumination is similar to worry, except rumination focuses on bad feelings and experiences from the past, whereas worry is concerned with potential bad events in the future. Both rumination and worry are associated with anxiety and other negative emotional states. Some common thoughts that are characteristic of ruminative responses, are questioning the well-being of oneself and focusing on the possible causes and consequences of depressive symptoms. For example, *“Why am I such a loser?”*, *“I’m in such a bad mood.”* or *“I just don’t feel like doing anything.”*

Obsessions:

Definition – Obsessions are recurrent, persistent ideas, thoughts, images, or impulses that are not experienced voluntarily, but rather as ideas that invade consciousness, usually with

feelings of anxiety. The person is unable to stop thinking about a specific topic or feeling a certain emotion.

About – Many people have habits and superstitions that they perform to avoid misfortune. It is when people begin spending large periods of time every day performing behaviours aimed at minimizing danger, that they are described as experiencing obsessions and compulsions. An obsession may lead to compulsions to act in a certain way, for example in the case of obsessive-compulsive disorder (OCD), the individual may be obsessed with germs and be unable to stop thinking about all the germs they could encounter, leading to the compulsion of hand washing. Alternative examples are an obsession with forgetting things, leading to checking compulsions and obsessions with order leading to compulsions to rearrange or tidy. Obsessions and compulsions commonly develop following a period of stress in someone's life (e.g. a bereavement, financial problems or workplace stress).

Illusions:

Definition – false interpretation of an external sensory stimulus, usually visual or auditory.

About – Often confused with hallucinations; the key difference being a hallucination is the apparent perception of an external object when no such object is present, and an illusion is a real perception which has been misinterpreted such as a mirage in the desert or voices on the wind. Although typically associated with psychiatric disorders illusions may occur due to neurological insult, seizure and sleep disorders, drug reactions, substance abuse, grief, stress, as well as metabolic, endocrine and infectious diseases.

Depersonalisation:

Definition – An alteration in the perception or experience of the self so that the feeling of one's own reality is temporarily lost. Manifested by a sense of being outside one's own body, or that parts of the body are very large, very small, or not under one's control, etc.

About – Depersonalisation be a symptom of a psychiatric disorder but can also be experienced in the absence of any mental disorder and be triggered by tiredness or partial epileptic seizures. It can also be a stand-alone condition called Depersonalisation Disorder. When experiencing depersonalisation a person may feel detached from their body or feel their body is not real. Unlike some conditions, a person experiencing depersonalisation has insight, is still in touch with reality and realises that things are not as they appear.

Derealisation:

Definition – An experience where the person perceives the world around them to be unreal.

About – Derealisation is linked to Depersonalisation and the two are often confused. Where depersonalisation was an altered perception of self; derealisation is an alteration in one's perception of the environment. Things that are ordinarily familiar seem strange, unreal, or two-dimensional. It is the feeling that things in one's surroundings are strange, unreal, or somehow altered.

'Derealisation' means seeing other people and the environment around you as dream-like and unreal. Typically, the person may feel that the normal environment is unfamiliar; what is happening is unreal; feel detached from the world; have a perception of objects changing shape, colour, size or the feeling that familiar people are strangers. As with depersonalisation, insight is usually present and the person will probably be aware that these experiences aren't reality.

Hallucinations:

Definition – a sensory perception that has no basis in external stimulation and that occurs in the waking state.

About – Hallucinations happen when someone sees, hears, smells, tastes or feels things that don't exist outside their mind. They are common in people with psychotic illnesses such as schizophrenia, but can also be experienced when taking illicit drugs or alcohol, in other conditions such as Dementia, in neurological conditions such as Parkinson's Disease and even visual conditions such as macular degeneration or a high fever in children.

They can affect any of the five senses specifically: Auditory - sound, most commonly of voices, but sometimes of clicks, rushing noises, music, etc. Visual - sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light. Gustatory – taste, the flavour eating a certain substance even though the person may not be eating or may be eating something different. Olfactory – smell, an aroma, pleasant or unpleasant which no one else can detect. Tactile – touch, such as the feeling on insects on the skin, a person touching the hair or tapping the shoulder.

Tics:

Definition – Habitual, repeated contraction of certain muscles, resulting in stereotyped individualized actions that can be voluntarily suppressed for only brief periods.

About – Tics are increased by stress and reduced during sleep or engrossing activities. There are two types of Tics, Motor (movement-based tics affecting discrete muscle groups) or Phonic (involuntary sounds produced by moving air through the nose, mouth, or throat).

Each type has subcategories of simple or complex:

- **Simple motor tics** are typically sudden, brief, meaningless movements that usually involve only one group of muscles, such as eye blinking, head jerking, or shoulder shrugging. Motor tics can be of an endless variety and may include such movements as hand clapping; neck stretching; mouth movements; head, arm or leg jerks, and facial grimacing
- **Complex motor tics** typically appear purposeful and are usually have a longer duration. They may involve a cluster of movements and appear coordinated. Examples of complex motor tics are pulling at clothes; touching people; touching objects; echopraxia (involuntary repetition or imitation of another person's actions) and copropraxia (involuntarily performing obscene or forbidden gestures, or inappropriate touching)
- A **simple phonic tic** can be almost any sound or noise, with common vocal tics being throat clearing, sniffing, or grunting
- **Complex phonic tics** include echolalia (repeating words just spoken by someone else), palilalia (repeating one's own previously spoken words), lexilalia (repeating words after reading them), and coprolalia (the spontaneous utterance of socially objectionable or taboo words or phrases). Coprolalia is a highly publicized symptom of Tourette's Syndrome; however, only about 10% of TS patients exhibit this

Tardive dyskinesia:

Definition – A chronic disorder of the nervous system, characterized by involuntary jerky movements of the face, tongue, jaws, trunk, and limbs.

About – The term Tardive Dyskinesia (TD) is used to describe the involuntary, sudden, jerky or slow twisting movements of the face and/or body, caused mainly by antipsychotic drugs (also called neuroleptics). It may also be a side effect of drugs used to treat illnesses of the nervous system or stomach and gut disorders.

Dystonia:

Definition – Dystonia is a medical term that describes a range of movement disorders that cause muscle spasms and contractions producing repetitive involuntary movements.

About – Dystonia is characterized by sustained muscle contractions that result in writhing or twisting movements and unusual body postures. It can affect the neck, trunk, face, and extremities. The movement is involuntary and irregular, because of clonic contortions of the body's muscles. The spasms and contractions may either be sustained or may come and go. The movement can be awkward and sometimes results in painful postures. Tremor (shaking) can also be a characteristic of some types of dystonia.

Dystonia is thought to be a neurological condition (caused by underlying problems with the brain and nervous system). However, in most cases brain functions such as intelligence, memory and language remain unaffected.

Types of dystonia

Dystonia can affect only one muscle or a group of muscles. There are five main types of dystonia. They are:

- **Focal dystonia** - where a single region, such as the hand or eyes, is affected. Cervical dystonia, blepharospasm (abnormal twitch of the eyelid), laryngeal dystonia and writer's cramp are all examples of focal dystonia
- **Segmental dystonia** - where two or more connected regions of the body are affected. Cranial dystonia (blepharospasm affecting the lower face and jaw or tongue) is an example
- **Multifocal dystonia** - where two or more regions of the body that aren't connected to each other, such as the left arm and left leg, are affected.
- **Generalised dystonia** - where the trunk and at least two other parts of the body are affected. The legs may or may not be affected.
- **Hemi dystonia** - where one entire side of the body is affected

About 90% of all cases are either cervical dystonia (which affects the neck muscles) or blepharospasm (which affects the eyelids). These are both focal dystonias that tend to develop later in life. They don't usually get any worse and no other muscles are affected.

Choreiform Movements:

Definition – the ceaseless occurrence of irregular, rapid, jerky involuntary movements.

About – Huntington’s Disease causes involuntary, irregular, jerky movements (of facial, neck and limb muscles) which are increased by effort and disappear during sleep. The involuntary movements of the limbs or facial muscles are often accompanied by hypotonia (lack of tone). The types of movement seen are purposeless, rapid motions, such as: flexing and extending of the fingers; raising and lowering of the shoulders; grimacing and involuntary athetoid (writhing) movements of the muscles of the face and extremities.

COGNITIVE TESTS

Long Term Memory:

This is not a formal test but is assessed by clinical impression when gathering the claimant history. When discussing conditions: can the claimant remember key dates? Are they accompanied and being reminded of tests and events that have happened by the person supporting them?

Short Term Recall:

As above, this is not a formal test but is assessed by clinical impression when gathering the claimant history. When discussing the functional day and medications, can the claimant: remember medications or what they had for breakfast? Are they accompanied and being reminded about recent events that have happened by the person supporting them? If there is a clinical impression of poor short-term recall, then the HP may wish to formally test using the examples below.

Serial sevens:

This test assesses attention span, whether the person is easily distracted and their ability to think and problem solve. It involves subtracting 7 from 100 five times. i.e. *‘Starting at 100 can you subtract 7? And subtract 7 again, and again, and again and once more?’*

Calculating change:

This test assesses the ability to make simple calculations i.e. *‘If you were to go into a shop and buy something for 75p and pay with £1 how much change would you expect?’*

Follow commands:

This test assesses the ability to follow complex verbal commands. It assesses thinking, concentration and memory. We ask the person to follow a 3-step command.

Method: Tell the person to take a piece of paper in both hands, fold it in half, and put it on the floor.

Results: If the person completes the full test, they can follow three stage commands. If the person takes the paper, folds it but then hands it back to the assessor or takes an action other than to put it on the floor, then they are only able to follow two stage commands. If the person only manages to take the paper, then they are only able to follow one stage commands. If the paper is not even taken, then the person is unable to follow commands.

Attention:

As with serial 7s this test assesses attention span, if the person is easily distracted and their ability to think and problem solve. It uses a word rather than numbers, as some people may struggle with one or the other due to issues with literacy or numeracy, *rather than issues with cognition*.

Method: HP to spell the word WORLD ("W-O-R-L-D"). Then ask the test-taker to spell the word WORLD backwards.

Results: This is either successfully completed or not.

Registration:

This is part of a series of tests to assess short term memory.

Method: Name three simple objects and ask the person to repeat them immediately after you. You must say them all together, with pauses in between, and the test-taker must also repeat them back to you all at once. Also, tell them that you will ask them to recall these words in a few minutes. i.e.

HP - *'I'm going to say 3 objects and I want you to repeat them back to me - Cat, ball, house'*

Claimant – *'Cat, ball house'*

Results: If all 3 are repeated straight back, this demonstrates that the claimant could remember all 3 objects first time.

If none, 1 or 2 objects were repeated back, then the person is unable to remember three objects first time.

Important note: To complete recall test, repeat the three objects until the test-taker succeeds in being able to repeat back all 3 words

Recall:

This is the second part of the short-term memory test, assessing the ability to remember a recent event. It is helpful to complete a different test in between registration and recall, such as 'serial 7s' or 'spell "world" backwards', as approximately 5 minutes need to elapse.

Method: Using the 3 items listed at registration ask the claimant to remember as many as possible, i.e. *'Can you repeat back to me the 3 words I asked you to memorise earlier?'*

Results: If all 3 are recalled first time then the claimant can remember three objects after a few minutes but if none, 1 or 2 were repeated back, then the person is unable to remember three objects after a few minutes.