

TIP SHEET 2.3

Mental state assessment

Evaluating a client's mental state and presentation is accomplished throughout the assessment process via observation, rather than by asking a series of direct questions.

Be aware of the effects of AOD use or withdrawal on mental state.

An assessment of mental state should include consideration of the following (adapted from Mills et al., 2009, p.38-39):

Appearance

Consider: posture (tense, slumped, bizarre, relaxed); grooming (disheveled, make-up inappropriately applied, poor personal hygiene, well groomed); clothing (bizarre, inappropriate, dirty); nutritional status (weight loss/ significant gain, not eating properly, heavy, thin); evidence of AOD use (intoxicated, flushed, dilated/ pinpoint pupils, track marks).

Behaviour

How is the client behaving? Consider: motor activity (immobile, restless, pacing), abnormal movements (tremor, jerky/ slow movements, abnormal walk), bizarre/ odd/ unpredictable actions.

How is the client reacting to the current situation and to the counsellor? Consider: angry/ hostile/ overfamiliar/ inappropriate/ seductive/ uncooperative/ withdrawn/ fearful/ guarded/ hyper vigilant.

Speech and language

How is the client talking? Consider: rate, tone/ volume, quality, anything unusual.

How does the client express himself/ herself? Consider: incoherent/ illogical thinking; unrelated/ unconnected ideas/ shifting from one topic to the next; loosening of associations; absence/ retardation of, or excessive thoughts and rate of speech; thought blocking (abrupt interruption to the flow of thoughts).

Mood and affect

Mood: how does the client describe his/ her emotional state? Note: a 'normal' non-depressed, non-anxious mood can be described as 'euthymic'.

Affect: what do you observe about the client's emotional state? Consider: flat, anxious, irritable, labile, inconsistent with content, excessively happy/ animated. Note: refer to 'appropriate' affect when affect is consistent with mood and content of the conversation.

Thought content

What is the client thinking about? Consider: delusional thoughts; preoccupations; thoughts of harm to self/ others; client believing that their thoughts are broadcast to others, or that others are disrupting their own thoughts.

Perception

Is the client experiencing misinterpretations of sensory stimuli? Consider: presence of hallucinations; do you observe the client responding to unheard sounds voices, or unseen people/ objects; other perceptual disturbances (feeling one is separated from the outside world; feeling one is separated from one's own physicality; heightened or dulled perception).

Cognition

Level of consciousness? Consider: is the client alert to time/ place; is the client attentive during interview; does the client's attention fluctuate; does the client present as confused; is the client's concentration impaired (can they count backwards from 100, say months of year backwards)?

Orientation? Consider: does the client know who they are, where they are, why they are with you now, the day of the week, time, month, year?

Memory? Consider: can the client remember why they are with you (immediate); what they had for breakfast (recent); what they were doing this time last year (remote); can they recall recent events?

Insight and judgment

Consider: how aware is the client of what others think to be their current difficulties; is the client aware that any symptoms might appear bizarre; is the client able to make judgments about their situation?