

Psychiatric Interview and Mental Status Examination



**Teaching and Research office
of Psychiatry, West China
medical school S.U.**



The psychiatric interview

- n **Similarities** between the psychiatric interview and the general medical interview
- n The goal of all communication between doctor and patient is to **diagnosis** and **treatment** and further the aims of the **working alliance** between doctor and patient.



The psychiatric interview

- n **Differences** between the psychiatric interview and the general medical interview
- n It must communicate **personal concerns** about disturbed mental functioning **through language** that can be formed only as a process of mentation
- n In all cases, **special tact** and **sensitivity** are required of the psychiatric interviewer



The “A.R.T” of interview

n Every psychiatric interview may be conceptualized as having three phases:

- 1. Assessment** (评估)
- 2. Ranking** (排序)
- 3. Transition** (转换话题)



Assessment

- n The interviewer should introduce and identify himself, clearly explain the purpose of the meeting with the patient.
- n Invite the patient to begin in as open-ended a manner as possible

Eg : what sort of trouble have you been having?
Tell me about the problem that bring you here.



Why it is important to start in an open-ended manner?

- n An invitation to talk tells the patient :you are important to me, I am interested in everything about you.
- n Clinician can often discern subtle but important clues to disturbances in thought processes.



Specific interviewing techniques

- n The foundation of good psychiatric interviewing is a working alliance between doctor and patient in a spirit of growing mutual trust.
- n The most potent single interviewing technique is **empathy(共情)**, an appreciation of what the patient is going through.



Specific interviewing techniques

- n Pay attention to the patient's comfort.
- n Remember the basics.
- n Don't be afraid to be yourself.
- n Encourage the expression of feelings.
- n Consider the patient in developmental terms.



Specific interviewing techniques

- n Remember that the patient is more scared than you are.
- n Tell the patient what you think he or she is feeling.
- n When an interview bogs down, try repeating the patient's last words.
- n Go ahead and ask the “unaskable”.



Specific interviewing techniques

- n Learn to be quiet.
- n Pay attention to body language.
- n Start broadly and then focus in.



The mental status examination

n Is an instrument used by the clinician to assess a patient's orientation, attention, feeling states, speech, thought patterns, and specific cognitive skills.



Organizing the mental status exam

- n Presentation
- n Motor behavior and affect
- n Cognitive status
- n Thought
- n mood



Detailed elements of mental status exam

n **Presentation**

n **Level of consciousness:**coma to alert wakefulness

n **General appearance:**body habitués, hygiene, dress

n **Attitude:**degree of cooperation and effort



Detailed elements of mental status exam

Motor behavior and affect

- n **Motor behavior:** akinesia, involuntary movements, mannerisms
- n **Affect:** facial expression, gestures, speech characteristics, pressure, volume, prosody



Detailed elements of mental status exam

n **Cognitive status**

n **Attention**

attention span: digit span, number of trails required to learn four word

concentration and vigilance: serial subtraction, letter cancellation tasks, months of year backward



n **Cognitive status**

n **Orientation**

for personal identity, place, time



n **Cognitive status**

n **Language**

fluency: spontaneous speech, description of picture

comprehension: of spoken or written language performing commands of graded complexity, response to “yes/no” questions, pointing to named or described items



n **Cognitive status**

n **Language**

repetition: sentences of graded difficulty,
isolated words, letters, numbers

naming: objects and parts of objects to
visual confrontation (or on tactile presentation)

reading: aloud vs for comprehension;
paragraph, sentence, words, letters, numbers



n **Cognitive status**

n **Language**

writing: written description of picture, write name and address, write from dictation, copy a written phrase, word or letter

spelling: words of graded difficulty



n **Cognitive status**

n **Memory**

Verbal memory: four unrelated words recalled after 5 minutes; recall of short story or paired words

Visual memory: reproduction of figures, recall of where examiner hides object



n **Cognitive status**

n **Memory**

Constructional ability: reproducing figures from memory, copying figures, constructing blocks or token designs

Calculations: addition, subtraction, multiplication, and division

Reasoning: practical judgment;

abstraction: similarities and proverb interpretation



Detailed elements of mental status exam

n **Thought**

Process: coherence, goal directedness, logicality

Content: hallucinations, delusions, preoccupations, suicidal or homicidal ideation

Insight: nature of illness and awareness of factors that affect the course of the illness



Detailed elements of mental status exam

n **Mood**

n **Relation to affect and congruence with thought content**

