
## Conducting a Psychosocial Assessment

Psychosocial assessment is an important part of any nursing assessment and helps to inform a care and management plan. People often present with more than a set of medical or surgical problems and psychological or social factors may affect their recovery or compliance with treatment. The purpose of a psychosocial assessment is to clearly articulate specific problems in a person's life that may have a physical or psychological impact.

Important elements of the assessment are:

- Establish a rapport with the person.
- Obtain an understanding of the current illness and its impact.
- Identify recent life changes and stressors.
- Identify the person's strengths (e.g. positive coping strategies, connectedness with others, ability to seek help).
- Obtain any previous psychiatric history.
- Take a lifestyle history (including diet, exercise, drug and alcohol use, social support and relationships).
- Have the person undertake a Mental Status Examination (MSE).
- Corroborate information (e.g. clarify details with family or close friends).

It is important to include both protective factors and vulnerabilities. Assessments often tend to focus on a person's vulnerabilities (i.e. the things that put the person at risk), but it is also important to identify protective factors (i.e. the things that increase or contribute to the likelihood of recovery).

Documentation should include:

- reason for presentation or admission
- psychiatric history
- medical history
- medication (drug, dose, prescriber, compliance, allergies)
- current forensic (legal) issues
- social situation (housing, family, finances, culture, religion)
- violence or abuse (including any related to children in the person's care, with awareness of reporting requirements)

- the Mental Status Examination - MSE (an objective assessment of emotional, cognitive and behavioural domains; see below)
- substance use
- current level of function
- suicide risk assessment

A standardised assessment tool can help facilitate the process; however, it can be more informative if the history is gathered more informally, allowing the nurse to explore issues as they arise. Observe the person's non-verbal communication as well. It may take time to develop your own personal style of gathering information and to be comfortable with this.

## The Mental Status Examination (MSE)

The Mental Status Examination (MSE) is an important component of a thorough assessment and may be viewed as the psychological equivalent of the physical examination. It is especially important for neurological and psychiatric evaluations. Its purpose is to evaluate, quantitatively and qualitatively, a range of mental functions and behaviours at a specific point in time. The MSE provides important information for diagnosis, assessment of the course of a disorder and a disorder's response to treatment.

### Major components of the MSE

The following elements should be covered as part of the MSE:

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|---|---|
| **Appearance** | Age, sex, race, body build, posture, eye contact, dress, grooming, manner, attentiveness to assessor, distinguishing features, prominent physical abnormalities, emotional or facial expression, alertness |
| **Behaviour** | Attitude towards situation and assessor – Is the individual friendly, hostile, guarded, cooperative, uncommunicative, seductive? |
| **Motor** | Psychomotor retardation, agitation, abnormal movements, gait, catatonia |
| **Speech** | Rate, rhythm, volume, amount, articulation, spontaneity |
| **Mood** | Internal feeling or emotion |
| **Affect** | External observation of mood – stability, range, appropriateness, intensity |
| **Thought content** | Suicidal ideation, homicidal ideation, depressive cognitions, obsessions, ruminations, phobias, ideas of reference, paranoid ideation, magical ideation, delusions, overvalued ideas |
| **Thought process** | Attention (also relevant in cognition), associations, coherence, logic, stream, perseveration, neologism, thought blocking; can be useful to document a verbatim example of disorganised speech |
| **Perception** | Hallucinations, illusions, depersonalisation, derealisation, déjà vu |
| **Intellect** | Global impression (average, above average, below average); level of educational achievement |
| **Cognition** | Orientation (time, place, person), memory, concentration, attention |
| **Sensorium** | Level of consciousness, degree of awareness of surroundings |
| **Insight** | Awareness of illness |

Adapted from Zimmerman (1994).

## Documenting the content of the MSE

The following entries are a collection of possible responses or examples under each domain and are *not* representative of an assessment of any specific individual.

**Appearance**

Mr White is a middle-aged man who is overweight and appears older than his stated age. On presentation he was dishevelled, with torn shirt, soiled jeans and bad body odour. He had a reddened complexion and a broken nose. He sat slumped in the chair throughout the interview.

**Behaviour**

She was flirtatious and overfamiliar even though this was the first contact. She constantly smiled and winked at the interviewer.

**Motor**

He was unable to remain seated and constantly fidgeted. Movements seemed uncoordinated and he had a constant mild tremor.

**Speech**

There was minimal spontaneous speech; answers were brief. She speaks softly and slowly. Speech is easy to follow even though there are long pauses.

**Mood**

Reports feeling miserable over the last few months and finding it hard to concentrate on his current assignment.

**Affect**

Looks sad, rarely smiles or changes expression. Voice is monotonous and there is little reaction to attempts at humour. Affect is appropriate and in keeping with her description of recent events.

**Thought content**

He believes that the antenna on the neighbour's roof is relaying messages from the local RAAF base directly into his brain. He feels he needs to wear a bike helmet to protect himself from these thoughts being implanted, but fears that it is not working because he has had a lot of headaches lately. He is starting to feel desperate and helpless to stop this intrusion and has started to think that ending his life would be preferable to being possessed by aliens.

**Thought form**

Disordered speech, e.g. 'When you saw the hill, the village colours are depassing and God is for the saying water'.

**Perception**

She describes voices conducting a running commentary of her interactions with other people while at school. They often tell her to swear at the teachers, but so far she has resisted.

**Intellect**

Tertiary educated.

**Cognition**

Orientation: Unaware of time or place.

Memory: Some short-term deficits. Long-term appears accurate.

Concentration, attention: Able to count backwards from 100 by 7; difficulty explaining abstract thinking such as 'A rolling stone gathers no moss'.

**Sensorium**

Conscious, alert and responsive.

**Insight**

He understands that it is unusual to be able to communicate with God, whose voice he can hear, but cannot think of any other reason why he could hear something that his friends can't; demonstrates partial insight.

**Terms that can be useful in completing the MSE**

*Anhedonia* – diminished capacity to experience pleasure

*Attention* – ability to concentrate on a task for an appropriate amount of time

*Blunted affect* – flattening of emotions reflected in a lack of facial expression and lack of eye contact

*Clang association* – use of words that rhyme or sound alike in an illogical, nonsensical way

*Clanging* – use of a word for its sound rather than its meaning

*Compulsion* – a preoccupation that is acted out (e.g. hand washing related to fear of contamination)

*Confabulation* – unconscious filling of gaps in memory with imagined information

*Déjà vu* – the feeling that the situation or event has happened before

*Delusions* – false, fixed beliefs inconsistent with a person's cultural or spiritual beliefs

*Depersonalization* – alteration in the perception or experience of the self where the person may feel as though he or she is an observer of his or her thoughts or body

*Derealisation* – alteration in perception of the external world so that it seems strange or unreal

*Echolalia* – meaningless repetition of words or phrases

*Echopraxia* – involuntary repetition of movements the person has observed in others

*Flight of ideas* – rapid succession of incomplete and poorly connected ideas

*Loose associations* – ideas not connected by logic or rationality

*Neologisms* – made-up words that have no meaning to others

*Obsessions* – intense preoccupations; recurrent or persistent thoughts

*Phobia* – an irrational or disproportionate fear of objects or situations

*Thought blocking* – a sudden internal interruption of the person's train of thought

*Word salad* – illogical word groupings; an extreme form of loose associations

## Informing treatment

A psychosocial assessment should inform care planning and assist in identification of appropriate treatment options. When making referrals to mental health services it is useful to include the psychosocial assessment documentation with the referral.

**Sources**

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