

ILEMBULA INSTITUTE OF HEALTH AND ALLIED SCIENCES

BASICS OF MENTAL HEALTH NURSING

A MANUAL OF SIGNS AND SYMPTOMS OF PSYCHIATRIC DISORDERS AND MENTAL  
STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

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FIRST EDITION

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A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL  
STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

Table of Contents

CHAPTER 1 ..... 2  
    Introduction ..... 2  
CHAPTER 2 ..... 3  
    Description of Normal Mental Functioning and Common Signs and Symptoms of Mental Illness.... 3  
        Perception..... 3  
        Disorders of perception ..... 3  
        Other disorders of perception ..... 4  
        Thinking..... 4  
        Disorders of thinking..... 4  
        Mood and Affect (Emotion) ..... 7  
        Disorders Mood and Affect..... 7  
        Cognition..... 8  
        Motor ..... 9  
        Insight..... 10  
        Disorder of Insight..... 10  
        Judgment..... 10  
CHAPTER 3 ..... 11  
    Conducting Mental Status Examination to Client with Mental Illness ..... 11  
        General Appearance and Behaviour ..... 11  
        Speech..... 12  
        Mood and Affect ..... 12  
        Thinking/thought ..... 13  
        Perception..... 14  
        Cognition..... 14  
        Insight..... 16  
        Judgment..... 16  
References ..... 17

# A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

## CHAPTER 1

### Introduction

This manual is made up of three chapters; chapter 1 presents introduction, chapter 2 description of normal and abnormal mental functions (disorders of mental functioning) and chapter 3 mental state examination of a client suspected or with mental illness.

In order a mental health professional to be able to evaluate a mental state of a client, first need to have a sound knowledge of normal and abnormal mental functioning. The manual shall have brief description of normal mental functioning followed by description of common signs and symptoms of the respective area of abnormal mental functioning. This will help a practitioner to make a comparison between the two and eventually being able to diagnose what mental disorder do the client suffer from. Not only but also determining the progress of a mentally person who is on treatment regime. Abnormal mental functioning are identified through psychiatric signs and symptoms. The signs and symptoms helps a mental health professional to plan nursing care and treatment accordingly.

In this manual a junior mental health professional will learn first briefly the normal and abnormal mental functioning thereafter how to conduct mental status examination to a client with psychiatric disorders. The abnormal mental functioning will be identified through signs and symptoms of mental disorders. Thus, the normal mental functioning and the abnormal i.e signs and symptoms of mental illness will be described in Chapter 1 and mental state examination in chapter 2.

## CHAPTER 2

### Description of Normal Mental Functioning and Common Signs and Symptoms of Mental Illness

#### Perception

Perception refers to the process by which a person interprets sensory stimuli through the sense organs. It is also described as the process of being aware of a sensory experience and being able to recognize it by comparing it with previous experiences(Ahuja, 2016).

#### Disorders of perception

Disorders of perception is divided into two. The disorders of perception are also called the signs and symptoms of perception disorders. These are namely hallucinations and illusions.

1.11 Illusion; refers to Misperception or misinterpretation of real external sensory stimuli.

- These are non-specific signs seen in psychiatric patients (delirium, medications etc.) and may occurring normal people.
- They are simple but may lead to complications; e.g. patient thinks there's a fire and jumps off the roof.

1.12 **Hallucinations** refers to false sensory perception in the absence of real external stimuli. Patients thinks it's coming from external world not within the mind.

#### ❖ Types Of Hallucinations

- i. **Auditory Hallucination:** false perception of sound, usually voices but also other noises in the absence of external stimuli.
  - The patient keep hearing voices of a person speaking to him/her addressing directly
  - *Example: "I keep hearing my mother's voice telling me I am bad. A mother who died a year ago".*
  - *The patients hears voices of a person talking to another person about him/her. E.g. "look! He is bad" (seen in schizophrenia)*
- ii. **Visual Hallucination:** Seeing a person, object, or animal that does not exist in the environment, most common in medical disorders.
  - *Example: A patient who is experiencing alcohol withdrawal, delirium, sees hungry rats coming toward him.*
- iii. **Olfactory Hallucination:** false perception in smell; are not present in the environment, most common in organic disorders.
- iv. **Tactile Hallucination:** false perception in touch in the absence of stimuli.
  - *Example: The sensation of something creeping or crawling on or under the skin.*
- v. **Gustatory Hallucination:** Experiencing tastes that have no stimulus in reality, most common in medical disorders(Magdi, 2015).
  - *Example: A patient has a strange taste in his mouth without any stimulus.*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

### Other disorders of perception

Some literature shows depersonalization and derealisation are categorized in a parameter of thinking in particular thought content and others in perception

- **Depersonalization:** An alteration in the perception or experience of the self so that one feels detached from reality or different in some way that occurs under extreme stress or fatigue. Seen in schizophrenia, depersonalization disorder, and schizotypal personality disorder.

**Example:** *the patient feels he is no longer himself, when he looks in the mirror he feels himself changed.*

- **Derealization:** An alteration in the perception or experience of the external world so that it seems strange or unreal that the environment is changed while actually nothing has changed in it.

➤ *Example: Everything seems bigger or smaller or familiar.*

### Thinking

Thinking/Thought refers to a mental activity which can be described only by patient speech and that cannot be observed.

- Divided into two categories ;thought form/stream and thought content

#### *Thought form/stream*

Thought form/stream refers to mental function assessed by how a person express his/her thoughts/idea. This involves the amount, flow and the speed of' thoughts

### Disorders of thinking

#### *Disorders of thinking in thought form/stream*

1.1 **Thought blocking:** refers to sudden cessation/disruption in the flow/train of thinking.

➤ **Example:**

*Patient: "I was going to get a new dress for...." after the patient stops abruptly*

*Nurse: "What just happened now?"*

*Patient: "I forgot what I was saying".*

1.2 **Tangentiality;** the patient never gets from the desired point to the desired goal. Therefore, he or she goes off the core of the topic by introducing many unrelated topics, until the original topic of discussion is lost; eventually the central idea is not communicated.

*Example: The nurse asked the patient to talk more about his family. The patient continuously left the topic and talked about his apartment, his work and TV Programs. Each time the nurse tried to help the patient to focus, he would go off on another topic.*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

1.3 **Circumstantiality**: over inclusion of (trivial) unimportant or irrelevant details that impede the sense of getting to the point (Manley, 2004). The patient gives countless and unnecessary details before communicating the central idea, but gets from desired point to the desired goal. This is observed in schizophrenia, obsessional disturbances, and certain cases of dementia.

➤ **Example:**

Nurse: *Where are you going for the weekend?"*

Patient: *"Well, I first thought of going to my mother's place, but that was before. I remembered that she was going to my sister's house. My sister is having a picnic she always has. Picnics at the beach. The beach that she goes to is large and gets crowded. That's why I don't like that beach. So, I decided to go someplace else. I thought of going to my brother's house. He has a large house on a quiet street... I finally decided to stay home."*

1.4 **Flight of ideas**; Rapid, continuous jumping from one idea/topic to another.

- The connection between ideas is through stimuli from the last idea or from external stimuli. This commonly seen in Mania.
- Thought seem to move abruptly from one idea to another but with an understandable link (usually Associated with pressure of speech and thought) seen in mania and stimulant intoxication.

➤ **Example:** *"Tell me, how is it going ... going to my sister to get some money... money, honey, bees give honey ... honey is sweet .. "*

1.5 **Loosening association**; lack of logic connection between thoughts

*Example: When the-wind bowled, the shoe laces were uptight.*

1.6 **Incoherence** ; Mixture of phrases that have no meaning with no logical connection. The extreme is word salad.

*Example: "I am fine....apple pie...no sale....furniture store....take it slow..."*

1.7 **World salad**; Incoherent mixture of words & phrases. that have no meaning with no logical connection.

*Example: "Birds... fishes ....mud ..... stars....."*

1.8 **Neologism**; formation of /invention of new words or phrases in idiosyncratic way.

The person invents new words or phrases, often by combining syllables of other words.

These new words only have a special meaning for the person (e.g., head shoe to mean hat).

1.9 **Echolalia**; imitation of words or phrases made by others, seen in some schizophrenic patients, mentally retarded and some organic Mental disorders (Almuhutairi et al 2015)

*Example: Nurse: Mrs. J, come for your medication.*

*Patient : Mrs. J, come for your medication*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

1.10 **Perseveration;** Repeating the same sequence of thoughts out of context of words , phrases or idea persistently and inappropriately, seen in organic brain pathology (e.g. dementia). The Patient tells the same thing over and over or refers to Pathological repeating of words or phrases of one person by another.

**Example :**

**Nurse:** How are you doing?

**Patient:** Fine nurse just fine.

**Nurse:** Did you go for a walk?

**Patient:** Fine nurse just fine.

**Nurse:** Are you going out today?

**Patient:** Fine nurse just fine.

1.11 **Mutism;** an individual's inability to speak or refuse to speak.

1.12 **Confabulation;** creation of information to fill memory gap by making up unnecessary stories

### *Thought content*

Thought content refers to what the person have in mind or what the persons is saying.

### *Disorders of Thought Content*

1.13 **Delusion:** fixed, false beliefs not amendable or changed by any logical means

Types of delusion

**Persecutory delusion;** False fixed belief of being harassed or persecuted or want to harm or chased by another

*Example: They poison my food through telepathy.*

**Grandiose delusion;** The false fixed belief that one is a very powerful and important person.

*Example: I am known in all universes as the smartest person.*

**Delusion of jealousy;** False belief that one's lover is unfaithful.

**Erotomanic delusion;** The patient believes that a high status person, a famous person, has a love relation with him.

**Nihilistic delusion;** false fixed belief of Nonexistence of body organ, belongings, self, others or the world.

**Delusion of reference;** False fixed belief that the behavior of others refers to oneself

*Example: People on television or radio are talking about the person.*

**Hypochondriacal delusion:** False fixed belief that a person has a physical disease that is not based on a real organic pathology but on unrealistic interpretations of physical signs or sensations as abnormal.

**Somatic delusion:** False belief about body functions that the body is changing in an unusual way.

*Example: One's brain is rotting or melting, The bugs crawl under my skin and eat my brain*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

- 1.14 **Thought insertion:** Delusion that other people or forces are implanting thoughts in one's mind.
- 1.15 **Thought broadcasting:** Delusion that one's thoughts can be heard by others, as though they were being broadcast into the air
- 1.16 **Obsession:** refers to irrational, unwanted recurrent thoughts or ideas or pathological persistent and recurrent ideas, thought or impulses that cannot be eliminated from consciousness by logical efforts or reason

### Mood and Affect (Emotion)

Emotion consists of emotional experiences internal feeling [ mood ] and emotional expression external manifestation of this emotion [ affect ]

**Mood;** refers to pervasive and sustained feeling tone that is experienced internally and that is reported by the person's own words

**Affective;** Is the objective & immediate experience of emotion attached to ideas or mental representations of objects

Affect can be assessed By observing the client nonverbal behaviour (facial expression) in conjunction with other verbal clues

### Disorders Mood and Affect

- 3.11 **Euphoria:** Exaggerated feeling of well-being that is inappropriate to real events. Can occur with drugs as amphetamines and alcohol
- 3.12 **Elation:** Consisting of feelings of Joy and intense self-satisfaction associated with motor activity. Occurs in mania when not grounded in reality.
- 3.13 **Dysphoric mood:** Feeling of unpleasantness or discomfort, a mood of general dissatisfaction and restlessness occur in depression and anxiety
- 3.14 **Irritable mood:** A state in which individuals are easily provoked to anger
- 3.15 **Anhedonia:** an inability to experience or even imagine any pleasant emotion or loss of feeling any pleasurable activities or interest(Townsend, 2008). Often associated with depression, schizophrenia.
- 3.16 **Labile mood (mood swings) :** Oscillations between euphoria and depression or anxiety
- 3.17 **Anxiety:** Feeling of apprehension caused by anticipation of danger which may be internal or external
- 3.18 **Fear:** Anxiety caused by consciously recognized and realistic danger.
- 3.19 **Phobia:** An intense irrational fear of an object, situation, or place
- 3.20 **Ambivalence:** Coexistence of two opposing impulses toward the same thing in the same person at the same time
- 3.21 **Indifference:** Absence of emotional expression but experience is present
- 3.22 **Apathy:** Dulled emotional tone associated with detachment or indifference or absence of emotional experience and expression
- 3.23 **Inappropriate affects ( incongruent affect ):** Disharmony between the emotional feeling tone and the idea or speech accompanying.

*Example: When told it is time to turn off the TV and go to bed, Joe begins to laugh uproariously*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

**3.24 Blunted affect;** A disturbance in affect manifested by a severe reduction in the intensity of externalized feeling tone.

**3.25 Flat affect:** Absence or near absence of any signs of affective expression; voice monotonous, face immobile.

**3.26 Labile affect** ( emotional instability ): Rapid and abrupt changes in emotional feeling tone, unrelated to external stimuli.

### Cognition

#### *Disorders of Cognition*

Disorders of cognition comprise all disorders of memory, consciousness, orientation, attention, and abstract thinking.

#### *Memory*

Memory refers to ability to recognize, register, retain, and recall experienced or learnt information.

- **Recognition:** the ability to familiarize
- **Registration:** addition of new items to the memory
- **Retention:** capacity to store memory
- **Recall ;** the ability to bring specific memory to conscious when desired.

#### ➤ Levels of memory

- ✓ **Immediate :** Recall of perceived material within seconds to minutes .
- ✓ **Recent:** Recall of events over the past few days to months.
- ✓ **Remote:** Recall events in the distant past

#### *Disorders of memory*

**4.11 Amnesia:** Partial or total inability to recall past experiences, may be organic or emotional in origin.

#### Types of Amnesia

- i. **Anterograde amnesia:** inability to recall recent events
- ii. **Retrograde amnesia:** inability to recall remote events
- iii. **Total amnesia;** inability to recall recent and remote events
- iv. **Circumscribed amnesia ;** inability to recall events for limited time
  - a. **Paramnesia**

Paramnesia ; Falsification of memory by distortion of recall it includes;

- ✓ **Falsification :** memory becomes unintentionally (unconsciously) distorted by being filtered through a patient's present emotional, cognitive, and experiential state. Unconscious adding of false details to a true memory
- ✓ **Confabulation:** unconscious filling of gaps in memory by imagined or untrue experiences that the patient believes but that have no basis in fact; most often associated with organic pathology.
- ✓ **Deja vu** an abnormal experience where an individual feels that a particular or unique event has happened before in exactly the same way.

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

- ✓ ***Jamais vu*** An abnormal experience where an individual feels that a routine or familiar event has never happened before

### Consciousness

**Consciousness:** is a state of awareness of self and environment and ability to respond properly to stimuli

### Disorders of Consciousness

4.31 **Confusion:** a state of being disoriented; impaired thinking and responses

4.33 **Stupor;** a state in which although a person is fully awake with open eyes does not respond to the surrounding.

4.34 **Comatose:** Can not be aroused; no response to stimuli

4.35 **Delirium:** Disoriented; restlessness, hallucinations, delusions

- Also refers to a dream like change in consciousness , the patient may be anxious confused, disoriented, restless and may experience hallucination and illusions

4.36 **Clouding of consciousness,** is a state of confusion that is unclear mindedness or thinking that may be associated with disorder of perception, attention, registration, orientation, and attitudes.

### Orientation

Orientation refers to a state of awareness of oneself and one's surrounding in terms of time, place and person

### Disorder of orientation

4.42 **Disorientation;** Impaired ability to identify time, place and person

### Motor

Motor: pertains to movement/ behaviour presented by a client

Behaviour; a sum total of the psyche that include impulses, motivations, drives, wishes, instincts, and cravings as expressed by a person's motor.

### Disorders of Motor

5.11 **Psychomotor retardation:** refers to decreased or slowed motor activities and mental functions

5.12 **Waxy flexibility;** The maintenance of imposed postures however abnormal they may be or muscular phenomena in which a patient allows his body parts to be placed in a bizzare positions the arms the legs remain in that position for a prolonged period of time regardless of how uncomfortable it is.

5.13 **Echopraxia;** Pathological imitation of movements of one person by another

5.14 **Negativism;** Verbal or nonverbal opposition or resistance to outside suggestions and advice or even doing the opposite

5.15 **Automatic obedient ;** strictly obedient of command without judgment

5.16 **Impulsiveness;** The performance of an unconscious wish , action that is sudden, abrupt, unplanned and directed toward immediate gratification.

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

5.17 **Compulsion**; uncontrollable urge to perform an act repeatedly

5.18 **Mannerisms** ; A repeated habitual involuntary movement, which is not monotonous and is keeping with the personality character

5.19 **Stereotype** ; A monotonous repetition of certain movement or repetition of a purposeless motor activity

5.20 **Catalepsy** ; voluntary assumption of an inappropriate or bizzare posture the patient initiates positions by himself generally maintained in long period of time

5.21 **Restlessness**; inability to remain in one place

5.22 **Akathisia**; subjective feeling of restlessness and the need to keep on moving or inability to keep sitting still due to compelling subjective feeling of restlessness.

5.23 **Acute dystonia**; very severe painful muscles following use of antipsychotics

5.24 **Tardive dyskinesia**; restlessness movement group of muscles eg oral and hand muscles following use of antipsychotics.

5.25 **Hyperactivity** ; refers to excessive motor activities

5.26 **Hypoactivity** ; low motor activities

### Insight

Insight refers to the ability to recognize that one's abnormal experiences are symptoms of psychiatric illness and that they require treatment

### Disorder of Insight

6. **Impaired insight**: Diminished ability to understand the objective condition of one's mental illness.

### Judgment

Judgment; refers to the ability to assess a situation correctly and to act appropriately within that situation

### 7.1 Disorder of Judgment

7.11 **Impaired judgement**: Diminished ability to understand a situation correctly and to act appropriately

## CHAPTER 3

### Conducting Mental Status Examination to Client with Mental Illness

Mental status examination is a standardised format in which the clinician records the psychiatric signs and symptoms present at the time of the interview.

Areas of mental functioning to be examined and described;

#### General Appearance and Behaviour

In this area of mental functioning a brief description is given of the patient's appearance, behavior, and manner of relating to the examiner, with particular attention paid to abnormalities

#### What to be assessed and described in general appearance and behavior

##### *General Appearance*

In general appearance the client will be assessed for;

- **Grooming** *includes body cleanliness and neatness – assess the client/patient whether he/she is clean and neat or unkempt?*
- **Physical health;** *does the patient look obese/emaciated?*
- **Physical appearance** (facial expression) ; *does the patient look comfortable/uncomfortable?*
- **Dressing;** *Is the patient overdressed or underdressed? (adequate, appropriate, any peculiarities) Is the patient wearing excessive, garish make-up*

##### *Attitude towards examiner;*

The attitude towards examiner the client will be assessed for;

- Cooperation/ hostility/combativeness; was the patient/client cooperative, showed hostility to relatives or combative to relative and other people surrounding him
- Attentiveness; did the patient showed attention during interview?
- Did the patient appear interested/disinterested/apathetic during interview?

##### *Comprehension*

In comprehension the patient should be assessed for; knowledge, understanding, and intellectual capacity

The mental Health professional upon completion of examination should report whether the patient's comprehension is intact or impaired.

##### *Gait and posture*

During mental state examination, a mental health practitioner should observe for gait and posture of the patient. This means should assess the way patient is sitting, standing, walking and lying.

##### *Motor Activity*

Assess the patient for movement activity or any action. Is he capable to take self-care such as body hygiene, dressing himself without assistance, moving here and there.

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

Observe whether she has abnormal voluntary movement, increased or decreased movement, excited or stupor state, tremors or akathisia, social withdrawal, restlessness and compulsive acts.

### A sample of descriptive report on general appearance and behavior

*“The patient is a muscular young man appearing his stated age, wearing jeans, a white t-shirt, and sneakers. He wears several rings on his fingers and bracelets on both wrists. There is an obvious healing cut on his upper lip, which is slightly swollen. He is unshaven, but has an overall neat appearance and adequate hygiene. He sits with his arms crossed in a chair that swivels and uses his feet to swivel through roughly 90 degrees back and forth throughout the interview. He maintains good eye contact.”*

### Speech

The speech section of the mental status examination describes the physical production of speech, NOT the ideas being conveyed.

A mental health practitioner should observe the volume and tone of speech, rate (flow), spontaneity, syntax, and vocabulary.

Upon completion of observation a mental health practitioner should report any speech abnormality such as dysarthria or aphasia, mutism, thought block, Stuttering, Stammering, Cluttering, Circumstantiality, Tangentiality, Verbigeration, Stereotypies (verbal), Flight of ideas, and Clang associations.

The speech of a manic patient may be loud and pressured. Conversely, the speech of a depressed patient may be soft and hesitant

### A sample of descriptive report after assessment/examination

*“He speaks spontaneously and very rapidly, becoming pressured at times, but he is interruptible. Volume is occasionally loud. Rhythm and expressive intonation are normal. Speech is understandable, but some words are poorly articulated because of the high rate of speech production.”*

### Mood and Affect

Mood is assessed subjectively and affect objectively.

Examination of mood includes testing quality of mood (‘how do you feel’), stability of mood (Stability (over a period), reactivity of mood (variation in mood with stimuli), and persistence of mood (length of time the mood lasts).

The affect is similarly described under quality of affect, range of affect (of emotional changes displayed over time), depth or intensity of affect (normal, increased or blunted) and appropriateness of affect (in relation to thought and surrounding environment).

Mood is described as general warmth, euphoria, elation, exaltation and/or ecstasy (seen in severe mania), anxious and restless in anxiety and depression; sad, irritable, angry and/or des

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

paired are manifested in depression; and shallow, blunted, indifferent, restricted, inappropriate and/or labile in schizophrenia.

However, anhedonia may occur in both schizophrenia and depression.

### A sample of descriptive report after examination

*“Subjectively he reports feeling angry and depressed because he is being kept on a locked ward.*

*Objectively he appears tense, angry, and sad at different times. His emotional expression is labile, of full range, and appropriate to content. His eyes fill with tears at times”.*

### Thinking/thought

Normal thinking is a goal directed flow of ideas, symbols and associations initiated by a problem or a task, characterised by rational connections between successive ideas or thoughts, and leading towards a reality-oriented conclusion.

Therefore, thought stream, process, or form that is not goal-directed, or not logical, or does not lead to a realistic solution to the problem at hand, is considered as abnormal thought/thinking.

However, thinking is subdivided into two subcategories: stream /form and content.

#### *Stream and form of thought*

For obvious reasons, the ‘stream of thought’ overlaps with examination of ‘speech’. Spontaneity, productivity, flight of ideas, prolixity, poverty of content of speech, and thought block should be mentioned here.

The ‘continuity’ of thought is assessed; whether the thought processes are relevant to the questions asked; Any loosening of associations, tangentially, circumstantiality, illogical thinking, perseveration, or verbigeration should note.

#### *Content of thought*

- ❖ Assess for any preoccupations such as; obsessions, contents of phobias, Delusions. In delusions explore ideas of persecution, reference, grandeur, love, jealousy (infidelity), guilt, nihilism, poverty, somatic (hypochondriacally) symptoms, hopelessness, helplessness, worthlessness, and suicidal ideation, delusions of control, thought insertion, thought withdrawal, and thought broad casting. The presence of neologisms should be recorded here.

### A sample of descriptive report after examination

*Mistrustful, suspicious thought is evident: She is preoccupied with thoughts that his boyfriend may have cheated on him. She also expresses extreme mistrust of the staff's motives, believing that the staff overanalyzes and carelessly misinterprets his statements and actions. She threatens to escape from the unit, claiming to know several ways to escape. She has inflated self-esteem, claiming to be extremely talented in many areas, conceding that there are people*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

*who are better than she is, but that with a little practice, for example, she can be the best musician ever. She denies current suicidal or homicidal thoughts, intent, or plan.*

### Perception

- Perception is assessed for Hallucinations and Illusions :

#### *Hallucinations*

*Hallucinations are sensory perceptions generated wholly within the central nervous system (CNS) in the absence of any external stimulus.*

Ask whether the client hears voices example of persons who died year ago for testing auditory hallucinations , assess also for also visual, tactile, olfactory, and gustatory hallucinations.

*Auditory and visual hallucination* are the most common in schizophrenic patients

Hallucinatory voices vary in quality, ranging from those that are quite clear and can be ascribed to specific individuals to those that are vague and which the patient cannot describe with any clarity. Patients are often undisturbed by their inability to describe the direction from which the voices come or the sex of the person speaking(Casey, 2013).

#### **A sample of descriptive report after examination**

*He described hearing a man's voice, muffled, but at times intelligible, saying his name or short phrases such as "they're wrong." There was no evidence of hallucinations in any other modality*

#### Illusions

Whether visual, auditory, or in other sensory fields whether occur in clear consciousness or not; whether any steps taken to check the reality of distorted perceptions.

### Cognition

A significant disturbance of cognitive functions commonly points to the presence of an organic psychiatric disorder.

#### *Types/areas of cognitive functioning:*

##### Consciousness

##### How to assess consciousness

Assessment is achieved through intensity stimulation. Mental health practitioner should assess whether the patient is arouse and alert. This done by calling patient's name in a normal voice, calling in a loud voice, light touch on the arm, vigorous shaking of the arm, or painful stimulus.

The mental practitioner will eventually grade the level of consciousness such as conscious, confusion, somnolence, clouding, delirium, stupor and coma accordingly.

Any disturbance in the level of consciousness should ideally be rated on Glasgow Coma Scale, where a numeric value is given to the best response in each of the three categories (eye opening, verbal, motor).

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

### Orientation

To know whether the patient is well oriented to time ask the patient about the time, date, day, month, year, season, and the time spent in hospital), about place ask the present location, building, city, and country and person ask his own name, and whether he can identify people around him and their role in that setting. If his/her response is different from reality then the patient is reported to be disoriented to either time or people or place respectively.

### Attention and Concentration

#### Attention

Attention refers to the ability to focus on the matter on hand. Assess whether the patient is easily distracted by external stimuli. Assess whether the attention is easily aroused and sustained; Ask the patient to repeat digits forwards and backwards after being instructed through digit span test; digit forward and backward test), one at a time (for example, patient may be able to repeat 5 digits forward and 3 digits backwards).

#### Concentration

Concentration *describes the ability to sustain attention over time*. Concentration is one of the cognitive functions most easily assessed simply by talking with a patient. Patients who forget the examiner's question, are distracted by extraneous stimuli, or lose track of what they are saying have impaired concentration. One of the tests of concentration include counting backward by 3s, reciting the alphabet backward, spelling world backward, and naming the months of the year backward

### Memory

**Memory must be evaluated across the spectrum of immediate/recent to remote.**

Recent Memory; is for events several minutes to hours old and may be evaluated by giving patients the names of three or four unrelated objects and asking them to repeat them after 5 to 10 minutes.

- Ask how the patient come to the room or hospital; what he ate for dinner the day before or for breakfast the same morning.
- Give an address to be memorized and ask it to be recalled 15 minutes later or at the end of the interview.

Remote Memory; describes events 2 years or more years old.

It is usually revealed in the course of obtaining patients' histories, although it may be necessary to confirm facts through collateral sources.

- Ask for the date and place of marriage, name and birthdays of children, any other relevant questions from the person's past.  
A mental heal practitioner may note any amnesia (anterograde/retro grade), or confabulation, if present.

### Intelligence

Intelligence is the ability to think logically, act rationally, and deal effectively with environment.

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

Intelligence can be assessed by asking questions about general information, keeping in mind the patient's educational and social background, his experiences and interests, for example, ask about the current and the past prime ministers and presidents of the respective country, the capital of city of Tanzania, and the name of the various regions in a country.

Also you test for reading and writing; Use simple tests of calculation.

### Abstract thinking

Abstract thinking testing assesses patient's concept formation by; giving a patient simple proverb Testing and let him/her give the meaning of the proverb given.

Asking the patient/client to give Similarities and the differences between too familiar objects example table and chair; banana and orange; dog and lion; eye/ear etc. However, answers may be overly concrete or abstract.

### Insight

**Insight** is the degree/ability of the patient to understanding that he/she is mentally sick.

Ask the patient's attitude towards his present state; whether there is an illness or not; if yes, which kind of illness (physical, psychiatric or both); is any treatment needed; is there hope for recovery; what is the cause of illness

*Insight is rated as intact/not intact, normal, or abnormal*

### Judgment

Judgement is the ability to assess a situation correctly and act appropriately within that situation.

Judgment can be done into aspects; social and test judgement.

#### Social judgement

Social judgment is observed during the hospital stay and during the interview session.

#### Test judgement

Test judgment is assessed based on decision that what the patient would do in certain test situations, such as 'a house on fire', or 'a man lying on the road', or 'a sealed, stamped, addressed envelope lying on a street'.

*Judgement is rated as Good/Intact/Normal or Poor/ Impaired/Abnormal.*

## A MANUAL OF SIGNS AND SYMPTOMS RELATED TO PSYCHIATRIC DISORDERS AND MENTAL STATUS EXAMINATION OF CLIENT WITH MENTAL ILLNESS

### References

- Afaf Almuhutairi, Dahna ALkahtani, N. D. (n.d.). *Symptoms and signs in Psychiatry*.
- Ahuja, N. (2016). *A Short Textbook of Psychiatry Seventh Edition*.
- Magdi, H. M. (2015). *SYMPTOMATOLOGY; Signs and Symptoms of Psychiatric Disorders* (Issue February 2019, pp. 1–7
- Myrl R.S.Manley. (2004). *Diagnosis and Psychiatry : Examination of the Psychiatric Patient 7 . 1 Psychiatric Interview , History , and Mental Status Examination*.
- Patricia Casey, B. K. (2013). *Fish's Clinical Psychopathology Signs and Symptoms in Pschiatry third Edition*.
- Townsend, M. C. (2008). *Essentials of Psychiatric Mental Health Nursing; Concepts of Care and Evidence Based Practice*.