The Assesment of the psychiatric patient

Psychiatric assessment (PA) is the most important tool in the diagnosis, and management of a psychiatric patient
Diagnosis of patient is made through- Observation, listening, additional tests and other investigations

3 important elements of a PA include
- the setting- space, the persons
- the Psychiatric interview
- the Mental state examination

Setting- space should provide an atmosphere of privacy and confidentiallity
Persons- Patient, mental health, worker, accompanying persons

Interview-

General attitude

Empathy- sensing the patients inner world of private personal meanings as if it were your own, and mutual respect and understanding- Good rapport attentiveness from intervierwer- seeking clarification instead of assuming, allowing patient space to express their feelings- avoiding arguments, avoid being judgemental or moralistic, being sensititve about sensitive subjects, tolerating silence
Collaborative history- Additional history from accompanying persons or ward staff

The psychiatric history

Demographic data
Date seen and place
Name, age, sex, marital status, residence, religion, occupation
Source of referral
Presenting complaints/ allegations
Why did the patient or accompanying person seek help
History of presenting illness
In Chronological order
Note: HPI refers to current episode
Past psychiatric and medical history
All major Illnesses physical and psychological
Admissions, investigations and treaments if known
Family history
Mother, father all siblings Alive or dead- grandparents if necesarry
Name Age, sex, school occupation Marital status, current health condition, Major chronic illnesses psychiatric morbidity including sunstance abuse
Note- A genogram can be used to depict the F/H
Personal history
Pregnancy and birth- wanted or unwanted, problems related to pregnacy and birth
Milestones achieved, Mothering person
Childhood to puberty- school- starting age problems with separation, friends, reaction to authority, hist of refusal or truancy. Performance and Finishing grades
Adolescence- puberty, menstruation, initiation if relevant, masturbation and related

feelings, early relationships, peer group, school and achievemnts, extra curiculm, social activities, use of substances, parents trouble, trouble with authority, change of school etc.
Finishing grades and further training
Occupation- age at first employment, nature of job, job satisfaction, relationship to employer and co-workers, social life after work, abseentism
Marital history
Age, choice of partner, length of courting period, form of marriage, living together or pendling. Attitude of family to marrriage partner, proximity to nuclear family, Satisfaction in marriage and sex lfe. Birth of children and use of contraceptivs
Date of birth, school and health of the children
Sexual history
Satisfaction in act and frequency, attitudes towards sex in general moral nd religious (in females FGM if from a practicing ethnic group)
Social History
Substance use and abuse- if positive should include- type, duration, amount, frequency and pattern of use
Religious engagement, friends and supporting networks, sports and hobbies and Political engagement
Forensic history
Present life circumstances- socioeconomic etc
Premorbid personality- refers to personality before onset of illness

Mental state examination

General appearance- grooming, gait, posture, facial expressions and motor activites, mannerims, general state of awareness
Eye contact and rapport
Speech- Coherence, rate, pitch, volume, clarity, speech abnormalities
Mood- subjective (how the patient feels) expression of emotion
Affect is the objective (what you observe) expression of emotion- appropriate, inappropriate, restricted, blunted, flat, labile

Thought- Process and content
Flow of ideas- rate racing, flght, slowed down, blocking, circumstantiality, derailment, perserveration, thought broadcast and insertion.
Quality of associations- relationships between one thought and the othe other- loosening of association, flight of ideas, word salad, neologisms, echolalia,
Though content- preoccupations, ruminations, obsessions, over-valued ideas, delusions, ideas of reference, phobias, somatic concerns, suicidal or homicidal ideation.
Perception
Presence or abscence of illusions, hallucinations (all 5 senses), depersonalisation, derealisation

Cognitive functions

Sensorium- disturbances of conciousness. Mild clouding – stupor or coma
Orientation in time place and person
Attention concentration-

3 objects or telephone number
serial seven or serial 3- should be education level appropriate
Memory- immediate (recall, recent and remote
Intelligence- general level of intelligence
Judgement- understanding the consequences of behaviour- simple tests. Burning house, dropped letter, etc
Abstract thinking- interpretation of a common saying, or classify objects
Insight- awareness about illness and its implications

Formulation

All the significant findings- in history and MSE

Multiaxial diagnosis

Axis I- Clinical disorders
Axis II- Personality disorders or mental retarrdation
Axis III- Genral medical conditions- relevant to understanding and managemnt of patient
Psychosocial and environemtal problem- relevant to current illmness as stressors or contribute to Axis I
Global assesment of functioning- overall level of functioning planning treatment and measuring impact and predicting outcome
Use GAF Scale- depends on severity of symptoms and functioning
Lowest- 10-1, highest 100-91

Management

Investigations:
Biological
Psychological
Social

Treatment Plan:
Biological
Psychological
Social

Longterm Management
Prognosis