

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:

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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