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**Mental Status Evaluation**

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## **Mental Status Evaluation**

### **Demographic Description**

Mary is a divorced young woman at 24 years. She lost her first daughter recently and has faced significant challenges to adapt and come out of the divorce situation. Mary is also Caucasian living in the United States, New York City. She is a Christian and thus heterosexual because she follows her religious value of marrying from a different sex group. Although Mary divorced her husband while living in Chicago a few months ago, she currently stays in New York with her mother.

### **Presenting Problem**

Mary was brought with the problem of not eating and not staying groomed. This problem has escalated since she got a divorce from her husband, as stated by her mother. The source for referral is her condition which deteriorates her health and the reason for referral is because of Mary's request and community standard of care. The problem is recent and also, the client does think she should just be left to die because there is nothing important for her to live.

### **Appearance**

Mary is a young woman with dyed and brown hair that is counted and frowzy. Also, the nose has several piercings while the arms are covered with sores and dilated pupils. Mary comments on her appearance as a decent and organized person who understands what she wants. These comments are partially accurate, such as not being able to groom herself, but the other is wrong, such as being organized and decent on clothes. She recognizes her situation but is unable to help herself.

### **Level of Consciousness**

The level of consciousness is used to explain an individual's awareness and realization of what is occurring in their surround (Jung et al., 2020). Mary has decreased consciousness because she has a shortage of awareness and receptiveness to light, touch and sound. Furthermore, Mary is seen to look sleepy and loses focus after some time by deep thoughts.

### **Behavior**

Mary's behavior can be explained in several ways. First, she is erratic and changes her tone, quality and rate of speech frequently. When the doctor enters the quality of speech changes immediately as if facing a short of breath. Also, she can be seen staring at the ceiling or the nurses and then immediately responds by wringing her hands sporadically. The pitch and volume of speech dropped and seemed to speak with a lower, flatter and softer voice. The tone became more monotone, which continued to the extent of becoming less fluent.

### **Mood and Affect**

Since the effect is the visible response of individuals to events, Mary's effect was inappropriate to the context. Also, the mood was frequently changing from anxiety to happiness and rapidly to terror. Furthermore, the constructed effect was available indicated by the reduced changes and strength that emotions are expressed. She expresses mood swings through sadness and irritability, making the mood and affects consonant with content. For example, she informs the nurse, "Shut up! They are coming," indicating delusion is associated with creating dysphoric mood.

### **Thought Content and Perception**

The patient thought content is the presence of delusions and illusion. The presence of delusions makes Mary have a difficult time settling and thus having a preoccupied thought content. Illusions are presented when she stares at medical staff for a while and her mood changes from happiness to depression. There is no accuracy to the thoughts because when she looks at the ceiling and starts shouting, she perceives something that alters her mood. Also, there is indication of thought disturbance in ideas of reference because she thinks she blames herself for what has happened in her life, including the death of her child.

### **Thought Process**

Asghar-Ali & Boyle (2018) emphasized that thought process is the explanation of individual thoughts as well as the features of how the person presents the ideas. In this case, Mary speaks fast and changes the topic rapidly without giving time to the person they are communicating with. For example, while in the medical room, Mary indicates a flight of ideas when she talks with the nurse, she says "please do not inform her," then rapidly advances to another thought, "I know you understand" then "they have spread across the world."

### **Intellectual Functioning**

Mary has lower-level abstract thinking because she is unable to speak allegorically and solve problems. For example, when tested by using the proverb that "a rolling stone gathers no moss," she cannot extract the theory and applied in the real world example. Mary asks that the moss cannot embed itself on the stone since she cannot evaluate the situation. Besides, Mary is destructible in concentration because she cannot handle simple mathematical calculations such as subtracting three from ninety. Nevertheless, this results in a concrete thinking problem because she does not take real information and convert them to meaningful conditions.

### **Memory Spheres**

There are significant losses of short-term memory, which are associated with confusion and forgetfulness. Therefore, Mary maintains long-term memory, but it is challenging for her to make decisions and operate on other tasks because she does not think clearly. Also, other memories are not affected, comprising of procedural. Confabulation is also present since Mary frequently presents inappropriate information believing that she is telling the truth. Her mother asked the last time she saw it and stated clearly that it was yesterday, which was not correct.

### **Orientation**

To test awareness of the patient, several questions were asked. First was today's date which the client was unable to answer. The next question was when is today and the client answered the correct day of the week. Other questions continued comprising the present month, year, name, and name of the person asking the questions. There was inconsistency in the answers.

### **Insight**

The patient demonstrates little awareness and understanding of the illness, although cannot fully explain the cause and the outcome that can occur due to lack of treatment. Through the assessment of the patient insight, it was critical to check if they recognize the impacts of the disease in their life as well as the relationship with friends and family members. This indicated signs that the patient will respond positively to treatment.

### **Judgment**

Listening plays a critical role in making critical judgments if the patient can protect herself and others because it ensures that the healthcare provider and patient can understand. Listening is improved by using verbal cues, which inspires non-judgmental and a common understanding ecosystem between Mary and the provider. This will be evaluated using the MSE through asking simple questions such as when you find the pen down, what will you do?

### **Impression and Diagnostic Statement**

As the mother narrated, the patient has a history of good health with no observable or diagnosed mental conditions. Also, she was married and got the first child, who passed away and got divorced from her husband. She returned to her mother's house in New York after four months the occurrence happened. The client has been working as a teacher in the community to help children in school. Nevertheless, when the condition worsened, she had to quit the job and focus on her health fast. Mary has a low tolerance for the frustration that makes her vulnerable to minor hindrances across her life. There is unclear nature of the genetic nature of the problem in the past family history. Thus more assessment should be conducted to explore the past incidences of the problem.

### **Hypothesized Diagnosis, Prognosis and Recommendations**

The client had symptoms such as anxiety and feeling sad, which are associated with delusion. Also, mood swings were immense which it is appropriate to hypothesize a diagnosis of depression. Depression is associated with depressed mood and losing interest, as well as loss of short-term memory. Rocha Neto et al. (2019) stated that DSM-5 outlines that an individual should said to be depressed having five symptoms of depression within two weeks and portray two symptoms namely depressed mood and loss of interest. Besides, the past events that have

happened to Mary have resulted in causes of depression. For example, loss of the child and divorce. I would recommend that depression be diagnosed and first find the type of depression before giving medications.

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