



Assessment of Mental Status for Accurate Diagnosis

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DESCRIPTION

The most crucial diagnostic resources a psychiatrist has to gather data for a precise diagnosis are the history and Mental Status Examination (MSE). Even while these crucial instruments have been standardised in their own right, they are still mostly based on the patient's subjective experience from the time they walk into the office.

The united effort of great judgment, of broad knowledge, and of incorruptible integrity," Pinel said. This serves as an illustration of the value of the mental status test in the field of psychiatry. The physician must pay great attention to the patient's presentation, which includes their look, how they interact with the waiting room's other patrons and the staff, and whether they are alone or with someone else (ie, to help determine if the patient has social support). Important details about the patient that might not normally come out during an interview or one-on-one talk can be learned from the first few observations.

Pay great attention to the patient's appearance when they walk into the office. On a deeper level, one should also take note of details like whether the patient is dressed appropriately for the season, in addition to obvious aspects like hygiene. For instance, take notice if the patient arrived at the clinic in the heat wearing three layers of clothing in addition to a jacket. These kinds of observations are crucial and might shed light on the patient's condition. Other actions to watch out for are patients talking to themselves in the waiting area or even pacing in front of the door to the clinic. Keep track of each observation.

The interviewer's next task is to introduce themselves to the patient in order to build rapport. During this introduction,

Speak directly to the patient and watch to see if they are maintaining eye contact. These kinds of mental notes could help direct the interview later. If a patient seems nervous when they first arrive at the clinic, make an effort to make them feel better by making small chat or even providing them a cup of water. If they can hold something in their hands, many individuals feel more comfortable. The patient would see this as genuine concern, which could help them feel more at ease during the interview.

A mental state that is imposed against the patient's consent is regarded legally as an assault and battery. It is crucial to obtain the patient's consent or to note that a mental status is being performed without the patient's consent in an emergency.

The length of the initial interview may vary, but with practice, interviewers find their own comfortable pace. As a result, interviewers shouldn't feel pressured to finish the interview sooner than is comfortable for them or the patient. During this initial interview, every patient needs their own space, and no one should ever make them feel rushed.

To further relax the patient and to have a better understanding of their mental process, it is preferable to start with open-ended inquiries. Asking questions like "What brought you here today?" or "Tell me about yourself" are good places to start. These questions elicit answers that serve as the interview's foundation. Throughout the interview, keep in mind to watch out for nonverbal indications from patients. Take attention, for instance, if they avoid eye contact, seem tense, fiddle with their hair, or stamp their foot frequently as they speak. All of these observations should be recorded throughout the interview together with the patient's answers to the questions.

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