



7.5. Ability to conduct a Mental State Examination

Knowledge of the aims of the Mental State Examination (MSE)

- An ability to draw on knowledge that the MSE is an ordered summary of the clinician's observations of the child/young person's mental experiences and behaviour at the time of interview
- An ability to draw on knowledge that the purpose of a MSE is to identify evidence for and against a diagnosis of mental illness, and (if present) to record the current type and severity of symptoms
- An ability to draw on knowledge that the MSE should be recorded and presented in a standardised format

- An ability to draw on detailed observations of the child/young person to inform judgements of their mental state, including observations of:

- their appearance (e.g. standard and style of clothing, physical condition, etc.)
- their behaviour (e.g. tearfulness, restlessness, distractible, socially appropriate, etc.)
- their form of speech (e.g. quality, rate, volume, rhythm, and use of language, etc.)

- An ability to draw on knowledge of the child/young person's developmental stage, and to tailor questions to their level of understanding
- An ability to draw on knowledge that children/young people vary in their ability to introspect and assess their thoughts, perceptions and feelings
- An ability to structure the interview by asking general questions about potential problem areas (e.g. depressed mood), before asking specific follow-up questions about potential symptoms
- An ability to respond in an empathic manner when asking about the child/young person's feelings, thoughts, and perceptions
- An ability to ask questions about symptoms that the child/young person may feel uncomfortable about in a frank, straightforward and unembarrassed manner
- An ability to record the child/young person's description of significant symptoms in their words
- An ability to avoid colluding with any delusional beliefs by making it clear to the child/young person that the clinician regards the beliefs as a symptom of mental illness, and:
 - an ability to avoid being drawn into arguments about the truth of a delusion

Ability to enquire into specific symptom areas

- An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression, and:
 - to notice and enquire about any discrepancy between the child/young person's report of mood and objective signs of mood disturbance



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■	An ability to ask about thoughts of self-harm, and:
	■ to assess suicidal ideation
	■ to assess suicidal intent
	■ to ask about self-injurious behaviour
■	An ability to ask about symptoms characteristic of the different anxiety disorders, and:
	■ to ask about the nature, severity and precipitants of any symptoms, as well as their impact on the child/young person's functioning
■	An ability to ask about abnormal perceptions, and:
	■ to clarify whether any abnormal perceptions are altered perceptions or false perceptions
	■ to explore evidence for the different forms of hallucination
■	An ability to elicit abnormal beliefs
■	An ability to interpret the nature of abnormal beliefs in the context of the child/young person's developmental stage, family, social and cultural context, and:
	■ to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs
■	An ability to assess cognitive functioning, and:
	■ to assess level of consciousness
	■ to assess the child/young person's orientation to time, place and person
	■ to carry out basic memory tests
	■ to estimate the child/young person's intellectual level, based on their level of vocabulary and comprehension in the interview, and their educational achievements
	■ to conduct or refer for formal cognitive assessment if there are indications of a learning disability
■	An ability to assess the child/young person's insight into their difficulties, and:
	■ to assess attitude towards any illness
	■ to assess attitude towards treatment