Did you mean to be so rude? Meaningless comments and the Mental State Examination

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Appearance and behaviour: Middle-aged woman, morbidly obese, frizzy greying hair, dressed inappropriately.

‘There,’ she said, pointing with a trembling finger to her copy of an old clinic letter, as she blinked back tears. ‘Would you come back if someone wrote that about you?’

Probably not. Like her, I would have been horrified and humiliated, and hidden away from mental health services until it was almost too late. The fact that it was technically true made no difference.

I reflected on what that sentence really added to her clinical care. Her age was clear from her date of birth; her weight, if relevant, should have been recorded as part of her medical history. The frizziness or otherwise of a person’s hair has no influence on understanding while being really quite offensive.

Psychiatric records are filled with comments and descriptions just like this. I began to wonder why. Of course there are times when a person’s appearance will be clinically relevant and require comment; just as a cardiologist would note a patient’s xanthelasma, or a neurologist their shuffling gait. But how often do we actually think about how useful the information is? Or do we just describe the person’s appearance by rote because we were told, as medical students, that it’s just what psychiatrists do?

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Perhaps we could start by taking a few seconds before we put pen to paper – or mouth to voice recorder – and think about what we as well as (in our modern world of transparency and copied clinic letters) having the potential to cause harm.

Surely the Mental State Examination should be just that – an examination that critically evaluates the evidence in front of us, using our clinical skills and experience, ultimately adding value to an assessment. A collection of random, casual comments adds nothing, as well as (in our modern world of transparency and copied clinic letters) having the potential to cause harm.

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