Brief mental health assessment

The purpose of this assessment is to determine:

- The severity and nature of the individual's problems
- The risk of danger to self or others
- Whether a more detailed risk assessment is indicated.

Factors that need to be considered prior to the assessment include:

- The details of the presentation, referral or the circumstance (for example, an incident) that has brought the patient to health services attention
- A brief chronological account of the presenting problem (why the person has cometo the health service) should be elicited.

Assessment

- Is the person experiencing any current psychiatric symptoms (presence of depressedmood and symptoms of depression such as reduced energy, concentration, weight loss, loss of interest, psychosis, especially command hallucinations)?

- Is there a past history of psychiatric problems? (A history of a mental Illness shouldraise the clinician's concern that the current presentation may be a recurrence or relapse.)

- Coping skills, capacity and supports:

  - Has the person been able to manage serious problems or stressful situations in the past?

  - Does the person employ maladaptive coping strategies such as substance or alcohol abuse?

  - Are there social or community supports?
    - Can the person use them?

- What collateral information is available, for example from medical records, nursing reports, police and other health providers including the general practitioner?

- Obtain information from family and friends to establish whether the behaviour isout of character, how long it has been evident, how they deal with crisis.

Mental state assessment (GFCMA: Got Four Clients Monday Afternoon):

- **G**eneral appearance (agitation, distress, psychomotor retardation)
- **F**orm of thought (person's speech logical and making sense)
- **C**ontent of thought (hopelessness, despair, anger, shame or guilt)
- **M**ood and affect (depressed, low, flat or inappropriate)
- **Attitude** (insight, cooperation)

Assessment of suicide risk

A hierarchy of screening questions that gently leads to asking about suicidal ideas is a generally accepted procedure for all health professionals.

Have things been so bad lately that you have thought you would rather not be here?
Have you had any thoughts of harming yourself?
Are you thinking of suicide?

Have you ever tried to harm yourself?
Have you made any current plans?
Do you have access to a firearm? Access to other lethal means?

Reference

Brunero S (2008) Liaison mental health nursing, Prince of Wales Hospital. Adapted from Framework for Suicide Risk Assessment and Management (2005) New South Wales Health, Australia.