Ability to conduct a Mental State Examination

Competences for the Mental State Examination are not a ‘stand-alone’ description of competences and should be read as part of the self-harm and suicide prevention competence framework.

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

An ability to draw on knowledge that the MSE is an ordered summary of a clinician’s observations of a person’s mental experiences and behaviour at the time of interview
An ability to draw on knowledge that the purpose of the 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 knowledge of a child’s or young person’s developmental stage and to tailor questions to their likely level of understanding
An ability to draw on knowledge that people vary in their ability for introspection and to assess their thoughts, perceptions and feelings
An ability to structure the interview by asking general questions about potential problem areas (such as depressed mood), before asking specific follow-up questions which enquire about potential symptoms
An ability to react in an empathic manner when asking about a child’s or young person’s internal experiences (i.e. their emotions, thoughts, and perceptions)
An ability to ask questions, in a frank, straightforward and unembarrassed manner, about symptoms that a child or young person may feel uncomfortable discussing
An ability to record a child’s or young person’s description of significant symptoms in their own words
An ability to avoid colluding with any delusional beliefs by making it clear to a child or young person that the clinician regards the beliefs as a symptom of a mental health problem
an ability to avoid being drawn into arguments about the truth of a delusion
An ability to draw on detailed observations of a child or young person to inform judgements of their mental state, including observations of their:
appearance (e.g. standard and style of clothing or physical condition)
behaviour (e.g. tearfulness, restlessness, distractibility, whether or not socially appropriate)
form of speech (e.g. quality, rate, volume, rhythm, and use of language)

Ability to enquire into specific symptom areas

An ability to ask about the symptoms characteristic of both unipolar and bipolar depression	
	an ability to notice and enquire about any discrepancy between a child's or young person's own report of mood and objective signs of mood disturbance
An ability to ask about thoughts of self-harm	
	an ability to assess suicidal ideation (including indications of hopelessness, being tried of life and a wish to die)
	an ability to assess suicidal intent
	an ability to ask about self-injurious behaviour and urges to engage in such behaviour
An ability to ask about symptoms characteristic of the different anxiety disorders	
	an ability to ask about the nature, severity and precipitants of any symptoms as well as their impact on a child's or young person's functioning
An ability to ask about abnormal perceptions	
	an ability to clarify whether any abnormal perceptions are altered perceptions or false perceptions
	an ability 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's or young person's developmental stage and their family, social and cultural context	
	an ability to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs
An ability to assess cognitive functioning	
	an ability to assess level of consciousness
	an ability to assess orientation to time, place and person
	an ability to carry out basic memory tests
	an ability to estimate a child's or young person's intellectual level, based on their vocabulary and level of comprehension in the interview, and their educational achievements
	an ability to conduct or refer for formal cognitive assessment if there are indications of a learning disability
An ability to assess a child's or young person's insight into their difficulties	
	an ability to assess attitude towards any illness
	an ability to assess attitude towards treatment

Observation of children and young people at risk of self-harm and suicide

An ability to draw on knowledge that the aim of observation is to maintain the safety of children and young people who have been appropriately assessed and identified as being at high risk of acts of self-harm and suicide	
An ability to draw on knowledge that observation of individuals who are self-harming or suicidal is an intervention in its own right	
An ability to draw on knowledge that the integrity of continuous or intermittent scheduled observation can be compromised:	
	when carried out by practitioners who are untrained or lack direct experience of people who are very distressed and actively at risk of self-harming or suicidal behaviour
	when carried out by practitioners who are not familiar with the child or young person and their history
	when carried out as a 'tick-box' exercise (e.g. when involving a very brief 'check in')
An ability to draw on knowledge that the effectiveness of observation can be compromised if the practitioner is unclear about their remit and so restrict the extent of observation, for example by:	
	not checking when a child or young person is in their bedroom because of concerns about invading a 'private' space
	feeling unable to check that a child or young person is safe when they are in bed and under covers (and observation would involve disturbing them)
An ability to draw on knowledge that observation can be distressing and experienced as punishing, shaming or degrading for a child or young person (e.g. if continuous monitoring means that they have no or very limited privacy when carrying out activities, particularly those related to personal hygiene)	

Conducting observations

An ability to use observation as a constructive opportunity to:	
	interact with and engage a child or young person and gain their trust
	engage in purposeful activities with a child or young person
	understand the sources of their distress and help them to express themselves
	help assess a child or young person's mental state
An ability to draw on a range of clinical skills to respond to distress with the aim of helping a child or young person express their feelings and make use of basic coping skills	
An ability to adapt observation to the moment-to-moment needs of a child or young person, for example by:	
	interacting and/or engaging in activities, if they are open to this
	being silent or reducing proximity to the child or young person if they are uncomfortable or distressed by contact
An ability to detect to indications of potential aggression or violence and to respond appropriately (e.g. by withdrawing to a safer distance, or by using de-escalation techniques)	

Organisational competences

An ability to ensure that observation is seen as the responsibility of the multidisciplinary team	
An ability to draw on knowledge that because there is a risk of observation becoming reinforcing (and so increasing the likelihood of risk behaviour occurring) the manner in which observations are conducted needs to be monitored and reviewed by the multidisciplinary team	
An ability to ensure that, as far as possible, observation is a partnership, and to inform the child or young person and their family or carers about:	
	observational policies and procedures
	the reasons for the level of observation
	any changes to the level and frequency of observation
An ability to confirm that the multidisciplinary team has procedures in place to ensure that:	
	the frequency of observations is matched to the estimation of active risk
	observations are carried out at the rate that has been agreed by the service
	the frequency of observations is continuously reviewed, in relation to assessments of the child or young person, their mental state and their needs
	the frequency of observations is reviewed regularly to assess whether it is effective in reducing risk behaviours
	there is a robust system in place that identifies who is responsible for conducting observations at any one time
An ability to ensure that observations are conducted by individuals who have had training in observation, have an appropriate level of training in mental health and who understand their role and responsibilities	
An ability to ensure that practitioners conducting observations are supported and supervised, in line with their level of experience	
An ability to ensure that practitioners are briefed about how to respond (and who to alert) when there is a serious threat to observation that may place a child or young person at risk (e.g. leaving a ward by themselves without permission)	