

Assessment and investigation of patients with psychosis

Full psychiatric history

Presenting complaint

- What, precisely, brought this person to see you?
- Are there any relevant 'negatives' in the history?

History of presenting complaint

- Were there any identifiable triggers for the psychosis?
- What is the duration of untreated psychosis?
- Are there any alleviating or worsening factors?
- Have antipsychotic treatments already been tried?

Past psychiatric history

- Has the patient had psychosis previously?
- What treatments helped in the past?
- Is there a history of psychosis, mental illness or attempted suicide?

Past medical history

- Are there any major medical or surgical problems?
- Is there any history of epilepsy or head injury?

Medication

- Is the patient on any medication, either prescribed or over the counter?
- Is the patient on contraception and/or receiving injections (e.g. depot antipsychotic medication)?
- Does the patient have any allergies?

Family history

- Is there a family history of any psychiatric or other illnesses, or suicide?

Personal history

- Were there any problems at birth or during childhood or schooling?
- Is there a history of abuse?
- Has the patient been in education or employment?

Social history

- Where does the patient live, and with whom?
- What is the patient's source of income?
- What is the patient's relationship status and does the patient have children?
- Does the patient use alcohol, cigarettes or illegal drugs?

Forensic history

- Has the patient any history of offences or convictions?

Premorbid personality

- How would the patient describe himself/herself before developing psychosis?
- How would others describe the individual?

Mental state examination

Appearance and behaviour

- Is the person well dressed, with good self-care?
- Does he/she establish good eye contact and rapport?

Speech

- Note the rate, volume and tonal modulation of speech

Mood

- How does the patient rate his/her own mood, and how does it appear objectively?

Affect

- How does the patient react in conversation with you? Is the patient normally reactive (nodding, smiling, etc.) or are the reactions blunted, muted, labile or inappropriate?

Thought

- Thought content: does the patient have delusions, obsessions or overvalued ideas? What are the chief themes of his/her thoughts?
- Thought form: do the patient's thoughts move too quickly or too slowly? Do thoughts follow logically from each other, or jump from theme to theme? Are the patient's thoughts being interfered with?
- Does the patient have thoughts of self-harming or harming others? Suggested question: 'Are there times when things get so difficult that you feel that you can't carry on, that you want to end your life, or that you want to kill yourself?' Does the patient have thoughts of harming other people?

Perception

- Does the patient have hallucinations or illusions, which are misperceptions of real stimuli (often associated with tiredness or anxiety)?

Cognition

- Is the patient oriented in time, place and person?
- If detailed assessment is needed, the General Practitioner Assessment of Cognition (GPCOG) can be used¹³

Insight

- Does the person believe that he/she is ill?
- If so, does the patient believe that he/she has a physical or a mental illness?
- Does the patient believe that treatment will help?
- Is the patient willing to accept treatment for psychosis?

Investigations

Collateral history

- This is the most important investigation in psychosis: try to speak to a family member or friend, with the patient's permission

Other investigations

- Depending on the individual case, other investigations can include drug testing (if substance misuse is suspected) or brain imaging (if an organic cause, such as tumour or head injury, is suspected)