2026 MSE and Formulation Presentation Student Guide

Master of Professional Psychology

Purpose of an MSE

A Mental State Examination (MSE) provides a way to systematically observe, assess, and describe an individual's current mental and emotional functioning. It is a crucial component of a psychological assessment. The primary goals of an MSE include:

1. **Diagnostic Assessment:** The MSE aids in the diagnostic process by providing valuable information about a client's mental health. It helps clinicians identify the presence and nature of symptoms, mental disorders, or cognitive impairments.
2. **Treatment Planning:** The information gathered during the MSE contributes to the development of an effective treatment plan. By understanding a client's mental state, clinicians can tailor interventions to address specific symptoms and challenges.
3. **Monitoring Changes:** Conducting MSEs over time allows clinicians to monitor changes in a client's mental health. This is particularly important in assessing the effectiveness of treatment and adjusting interventions accordingly.
4. **Risk Assessment:** The MSE includes an evaluation of potential risks, such as suicidal or homicidal ideation, hallucinations, or delusions. This information is critical for determining the level of risk and implementing appropriate safety measures.
5. **Communication with Other Professionals:** The MSE provides a standardised and structured way for mental health professionals to communicate and share information about a client's mental state. This is important for collaboration among members of a multidisciplinary team.
6. **Research and Documentation:** In research settings, the MSE is often used to collect standardised data about individuals' mental states. Additionally, it serves as a comprehensive and structured documentation tool for clinical records.

In developing and reporting your MSE, you should also consider cultural factors and demonstrate awareness and sensitivity to the client's cultural background. Carefully consider how cultural factors may influence the presentation of their mental health symptoms.

Format of placement assignment

All MSE/formulations should be completed as presentations to your individual supervisor. The presentation should be formally scheduled and undertaken by screensharing a PowerPoint (or similar presentation software) style presentation. Your slides should include the following minimum information:

- Relevant client history
- Mental State Examination
- Formulation

You should upload your finalised presentation to SONIA. Once the presentation has been completed, your supervisor will complete the rubric in SONIA to indicate that it has been completed satisfactorily. You should also note in your logbook the date of the presentation and note any feedback in the reflection.

Components of an MSE

You should include the following components in your MSE. You can combine them where required, and the order of presentation is not fixed. You can present information using subheadings (as below) or as single piece of prose.

Appearance and Behaviour:

- Describe the client's overall appearance, grooming, and posture as they relate to mental state.
- Observe and report any unusual or notable behaviours displayed during the session.

Mood:

- Identify the client's predominant reported mood (e.g., happy, sad, anxious). Note the time frame used to encapsulate this by the client (e.g., last few days, past week etc)
- Note any mood fluctuations or incongruence with the content of speech.

Affect:

- Describe the client's affect in detail (the emotion visible during the session)
- Note any unusual features of the client's affect (e.g., restricted, constructed, flat, blunted, labile) and use the terms accurately and appropriately.
- Recognise and report incongruence between affect and mood.

Speech:

- Evaluate the client's rate, tone, volume, and clarity of speech.
- Note any abnormalities in language, such as tangential speech, neologisms, or pressured speech.

Thought Form/Process:

- Evaluate the organisation and coherence of the client's thoughts.
- Note any evidence of thought blocking, flight of ideas, or tangential thinking or formal thought disorder, magical thinking, overvalued ideas etc

Thought Content:

- Assess the content of the client's thoughts as shown in speech and self-report, including delusions, obsessions, and preoccupations.
- Identify any suicidal or homicidal ideation and assesses its severity, likelihood and risk using evidence-based risk factors.

Perception:

- Explore the presence of hallucinations or illusions.
- Determine the modality (auditory, visual, etc.) and content of any perceptual disturbances.

Orientation:

- Explore the client's alertness and level of consciousness.
- Informally assess the client's orientation to time, place, and person.

Cognition:

- Evaluate memory, attention, and executive functions.

Insight and Judgment:

- Determine the client's insight into their reported mental health difficulties.
- Assess judgment and decision-making abilities.

Cooperation:

- Evaluate the client's willingness and ability to participate in the examination.
- Consider the reliability of the information provided by the client.

Risk

- A statement of risk of self-harm and/or suicide, based on evidence-based factors and how these appear in the client's history and narrative
- A statement of risk of harm to others, based on evidence-based factors and how these appear in the client's history and narrative

Overall Impression:

- Provide an overall assessment of the client's mental state.
- Consider the severity and impact of symptoms on daily functioning.

Formulation guide

The formulation must be clearly linked to the theoretical approach you intend to use in your intervention. It should incorporate the terminology, psychological structures and key processes of the theory being used (e.g. CBT, ACT etc), as well as any other factors that you are able to demonstrate as being relevant. Remember, if appropriate, to incorporate the 5 Ps model to support this:

Presenting factors

- The current difficulties or symptoms as described by the client

Predisposing factors

- The client's history and family of origin
- Genetic vulnerabilities of the client

Precipitating factors

- Recent stressors and vulnerabilities
- Normal or problematic reactions to a stressor
- Substance/medication induced mental health conditions

Perpetuating factors

- Refers to the client's thinking style
- Also consider the client's premorbid personality

Protective factors

- The support network available around the client
- Personal strengths and insight demonstrated by the client

The relationships between the different features of your formulation should be clearly described. Text, figures, or a combination of the two are acceptable. When using text, use a 'dot point summary' style of presentation – do not present dense pieces of text on slides.

Your formulation should provide a clear and obvious link to the overall aims of treatment, and the specific treatment strategies you intend to use. A rubric is also provided on SONIA (your supervisor will use the same rubric to evaluate your work).