SECTION – A
Answer the following questions in 1000 words each. 3 x 15 = 45 marks
1. Discuss in detail Mental Status Examination.  
Ans: The mental status examination or mental state examination (MSE) is an important part of the clinical assessment process in psychiatric practice. It is a structured way of observing and describing a patient’s psychological functioning at a given point in time, under the domains of appearance, attitude, behavior, mood, and affect, speech, thought process, thought content, perception, cognition, insight, and judgment. There are some minor variations in the subdivision of the MSE and the sequence and names of MSE domains.

The purpose of the MSE is to obtain a comprehensive cross-sectional description of the patient’s mental state, which, when combined with the biographical and historical information of the psychiatric history, allows the clinician to make an accurate diagnosis and formulation, which are required for coherent treatment planning.

The data are collected through a combination of direct and indirect means: unstructured observation while obtaining the interview, together with the patient and/or his family and with the help of the overall anamnestic data. The tests proposed would aim at answering the questions about current symptoms, and formalised psychological tests.

2. Differentiate between explicit memory and implicit memory. Elucidate the assessment of different memory systems.

Ans: Explicit memory, also known as declarative memory, can be intentionally and consciously recollected and is divided into two main sub-categories. Episodic memories are personal events that can be remembered and semantic memories are facts and figures that can be consciously recalled. Episodic memories are recalled events that are happenings personal to an individual, like what they had for breakfast or the experience of their last holiday, while semantic memory is more concerned with figures like the date of the birthday of an individual or the year the country gained independence.

Implicit memory, also called procedural memory, cannot be recalled consciously as it is more of a functional and experiential memory. Though it is not consciously recalled because of being ‘under the radar,’ once it is put into practice, everything just falls into place as the mind retracts the manner in which the exercise is carried out under such circumstances. Implicit memory is also divided into subcategories: priming, where prior exposure influences later testing, and procedural that occurs as a result of repetition-induced motor memories, and conditioning associated with the linking of unrelated stimuli and responses.

- Explicit memory
  - Reading reversed text
  - Singing along to a favorite song
  - Mirror tracing

- Implicit memory
  - Identifying the head of state
  - Writing a term paper
  - Remembering previous years

Explicit memory is retrieved consciously while implicit memory is retrieved unconsciously once an individual has started engaging in something that requires the retrieval of the memory. An example is how to balance a bicycle after an individual has started riding. Implicit memory is employed much more as it can be done even in states of non-movement and can be exercised by anybody who has had prior experiences that are personal and match up to the definition of being recorded in the implicit part of the memory.

Implicit memory helps old people as they are able to retrace in their minds the familiar environments they are used to and their daily routines as they age. These help them in accomplishing their daily tasks. However, it becomes very difficult for them to survive when placed in new environments like nursing homes.

An assessment of memory is relevant in many clinical contexts, but its objectives differ from one situation to another. An initial investigation should make it possible to define these objectives and to formulate hypotheses following the interview with the patient and/or his family and with the help of the overall anamnestic data. The tests proposed would aim at answering the questions according to the particular case of the patient: the supposed disorders, a suggested diagnosis, but also demographic data such as age and educational level. Consequently there is no across-the-board examination of memory and this assessment must be situated in a specific theoretical context. Memory is no longer considered as a single but as a compound function made up of different, relatively independent systems. The examination not only seeks to show the deficits which have a certain significance according to the clinical context, but also aims at bringing out preserved abilities which may contribute to the establishing of the diagnosis and on which rehabilitation and cognitive management may be based. In this article we present several methods of memory assessment with reference to the ideas of Tulving and Schacter, who propose five different memory systems: episodic memory, working memory, semantic memory, perceptive representation system and procedural memory. These assessments are made using standardized tools (tests, questionnaires) and experimental paradigms which have recently emerged in clinical neuropsychology (study of priming effects, of acquisition of skills). One of the present issues is the problem of reconciling the use of standard tools with that of the more sophisticated paradigms drawn up in the light of the most recent theoretical models. Another objective is to relate the findings of these tests to the difficulties the patients have in their everyday lives and so to achieve an ecological understanding of memory disorders.