

# Interpreting Guidelines for Psychiatric Assessment

**SYLHETI**



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East London NHS Foundation Trust strives to promote equality and diversity. To do this we aim to create an organisation that is culturally competent and aware. It is intended that service users whose first language is not English will benefit from an accurate and comprehensive psychiatric assessment. We have produced these interpreting guidelines to help clarify the role of interpreters in the context of the psychiatric assessment and to support them in their training and practice. This booklet was jointly produced and funded by East London NHS Foundation Trust and the Department of Health.

Copies of this booklet and versions in other languages are freely available to download at:

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These notes are designed to support interpreters working with psychiatrists carrying out assessments. They provide some explanation of how the psychiatrist approaches the assessment and some example translations of commonly used questions and responses.

The psychiatrist will seek to obtain from the patient an account of their problems and relevant background information – the history – and an assessment of current and recent abnormalities of thoughts, feelings and mental functioning – the mental state assessment. Some features of the mental state will become apparent as the interview is carried out while others will be elicited through specific questions at the end of the main interview.

## GENERAL FEATURES OF PSYCHIATRIC INTERVIEWING

When approaching a particular topic, the psychiatrist will often begin with a very general, open question and then follow through with gradually more specific questions, sometimes finishing with some which are extremely precise. The idea is to avoid putting words into the patient's mouth or biasing their response but to end up with an exact picture of the nature and severity of their problems.

Typical examples of general questions might be: "What do you see the main problems as being?", "How is your mood generally?", "How do you see the future?", "Has anything strange been happening?". If, for example, the patient expresses a gloomy view of the future then the psychiatrist will explore this further with more and more narrow questions and ultimately may end up asking a question like: "Do you see any chance at all that things might possibly get better, even a little bit?"

Sometimes the psychiatrist may just repeat a part of what the patient or may remain silent, allowing the patient the opportunity to expand on what they think is important.

It is important for the interpreter to frame open questions in a neutral fashion. For example, one may often ask: "Do you notice any difference with the medication?" or: "How is the medication suiting you?". It is a serious mistake to translate this as: "Is the medication helping?"

Also, one will usually strive to keep an emotionally and morally neutral tone even when the patient is saying things one would normally find outrageous, whether this might be a description of a ludicrous and impossible conspiracy theory or a plan to sexually torment and then murder a neighbour. In the psychiatric assessment, one will often avoid making any value judgements, expressions of sympathy, criticism, support or comments as to the extent to which one believes what the patient is saying.

The psychiatrist will wish to obtain an account of the patient's view of their problems and how they have developed. Although they may begin by encouraging the patient to express their own concerns, ultimately the psychiatrist will want to obtain a clear account of what has happened in chronological order. This will include what treatments have been taken, in what doses and what changes in the patient's condition occurred over time in relation to (though not necessarily due to) these changes. It can sometimes be difficult to get a clear account of things in the correct order. The psychiatrist may try to take the patient back to the time when they were last well and then take things forward from there. They will want to establish approximate timings for changes in the condition and whether features were present for days, months or years. They may want to establish whether somebody has episodes of low mood which last a few weeks or months at a time or whether mood could change rapidly on a day to day basis.

The psychiatrist will try to obtain an account of any earlier episodes of mental health problems, including seeing a counsellor as a child, any previous attempts at treatment including not only medication but also psychotherapy, psychological treatment or counselling and whether there have been previous attempts to kill oneself or acts of self-harm. They will want to find out about medical illnesses, operations and treatment, the family background including the parents' occupation, cause of death and whether there is mental illness in any near or distant relatives. They will want to find out about the patient's development, their academic and social functioning at school, their work record, whether they experienced childhood sexual abuse, their sexual orientation and relationships and whether they have children. Finally, they will need to find out about their accommodation, income, benefits, substance use, involvement with the criminal justice system and how they spend their time apart from working, both currently and before becoming unwell.

## MENTAL STATE EXAMINATION

Mental state examination consists of an assessment of the patient's current appearance, behaviour, thoughts, feelings and perceptions. Some items of the mental state assessment will be elicited in the course of obtaining the history while others will be enquired about specifically at the end of the interview.

### Appearance

The psychiatrist will note aspects of the patient's appearance such as how they are dressed, how well cared for they appear and whether they display any physical abnormalities.

### Behaviour

Again, the psychiatrist will observe the patient's posture, gestures, movements. However they may need to ask the interpreter whether the patient seems cooperative and forthcoming, whether they seem willing to answer questions, whether they seem to answer honestly, whether they seem threatening or hostile. They may also ask about the extent to which it is possible to establish a good rapport with the patient. Is it easy to strike up warm interactions or does the patient seem cool, aloof, impersonal or distant?

### Speech

The psychiatrist will note whether the patient is speaking loudly or quietly. They may wish to ask the interpreter whether they feel the patient is speaking quickly or slowly, using lots of words or rather few, whether they are giving full answers to questions, very brief answers, spontaneously making comments of their own or only speaking in reply. They may wish to know whether it is sometimes hard

to interrupt the patient because the patient has a tendency to go on speaking. They will need to know if the patient uses made up words or uses real words in an odd, idiosyncratic way. They will want to know if the patient uses appropriate, polite language or words which are rude and offensive.



### Mood

Mood is the patient's subjective emotional state, how they are feeling as opposed to what they are thinking or doing. The psychiatrist will want to establish how the patient has been feeling generally lately, the extent of variability of mood and the pattern of any changes of mood. If the patient has low mood the psychiatrist will seek to establish whether the patient ever feels a bit better or enjoys something, even a little bit. When asking about mood the psychiatrist will begin by asking general questions, then may suggest example



## MENTAL STATE EXAMINATION

answers and then focus on specifics. It will be important to try to establish changes which have occurred and how they related to changes in treatment. Related to mood are questions about suicidal intent and also about so-called biological features of affective disorder – changes in appetite, weight and sleep. Sometimes in depression mood is markedly worse when the patient wakes in the morning and then

improves through the day. This is called diurnal mood variation. When asking about suicidal intent the psychiatrist may start with a fairly general question and then try to get a more specific idea of how seriously the patient is considering killing themselves. (When asking about actual acts of self-harm the psychiatrist will again try to gauge the nature of the patient's intention.)

### General questions about mood

<i>English</i>	<i>Sylheti</i>
How do you generally feel most of the time?	Prai shomoi apnar moner obostha ke la?
What's your mood like?	Apnar mon-mejaj kela?
How would you say you feel generally – happy, sad, frightened, angry....?	Shadaronoto apnar ke la lage? Apnai koi bai ni apnar – kushi, mon kharap, dor dor korai, ki apnar rag/gushai lage?

### Mood words

<i>English</i>	<i>Sylheti</i>
Happy	Kushi
Very happy	Beshi kushi
Fine	Bala
OK	Thik ase
Fed up	Birokto
Sad	Dukhito/mon kharap
Low	Mon kharap
Miserable	Mon kub kharap
Depressed	Manushik chap/ Hothasha

## MENTAL STATE EXAMINATION

### Mood words

Cross	Rag/gosha
Angry	Beshi rag/gosha
Worried	Cintito
Afraid	Dor dor lage ni?
Down	Khub beshi mon kharap
Cheerful	Kushi
Bad	Kharap
Excited	Beshi kushi
Bright	Ujjol

### Questions about mood

<i>English</i>	<i>Sylheti</i>
Do you feel miserable all the time?	Shobshomoi apnar mon kharap thakai ni?
Do you ever cheer up, even a little bit?	Kono shomoi apnar mon ektu bala lagai ni?
Do you ever enjoy anything?	Kono somoi apnai kichu enjoy/ foorti koroin ni?
If something nice happens, do you cheer up a bit?	Jodi kichu kushir gotai, thai apnar kushi oin ni?
Do you cry?	Apni kadenni?
Would you say that you're more cheerful than usual?	Apnar ag theke aro beshi kushi thakoin ni?

### Questions about suicidal intent

<i>English</i>	<i>Sylheti</i>
Do you ever feel really desperate?	Apnar kase lage ni apnar shobta sesh?
Do you ever feel life is not worth living?	Apnar kase lage ni apnar jibonar/ lifor kono mullo nai?

## MENTAL STATE EXAMINATION

### Questions about suicidal intent

Do you ever feel it would be better if you were dead?	Apnar kono shomai lagai ni more galai bhalo hoithoi.
Do you ever feel that it wouldn't matter if you didn't wake up in the morning?	Apnar kono shomoi lagai ni gom thaki na uthle bhala hoithoi?
Do you ever wish you were dead?	Apnar kono shomoi mortai icha korai ni?
Do you ever think of killing yourself?	Kono shomoi apnai babsoni nijere marilaithai?
Have you thought seriously about killing yourself?	Apni ki shoti shoti babsoni nijere marilaithai?
Have you thought about how you might kill yourself?	Apni cinta korchonne ki rokom apnar nijeke marilai thai?
Have you done anything about getting ready to kill yourself? (E.g. paying bills, hoarding tablets.)	Apni kichui beboatha nichen ni apnar nijeke mere falbar lagi? (Udaharon: bill dhowa, osudh jugar kora.)
Do you really want to die?	Apni shoti shoti chain ni mori jaite?
Would you say that you were determined to kill yourself?	Apni ek bare mone ane laisoni apnar nijeke marilaite?

### Questions about biological features of affective disorder

English	Sylheti
Is there any pattern to how your mood changes through the day?	Apnar monbab bodlibar kono thoronar नियम mani ya solai ni?
Is there any time of day when you tend to feel better or worse?	Diner mase kono ek shomoi ase ni apnar je somoi bala lage ki kharap lage?
Do you tend to feel worse in the evening?	Bikal balai apnar aro beshi kharap lage ni?
What's your appetite like?	Apnar khanir ruchi kila?
How are you eating?	Apnar khani kila?
Is there any change in your weight?	Apnar shorilar ojon bodliceni?
How are you sleeping?	Apnar gum kila?

Questions about biological features of affective disorder	
What time do you get to sleep and what time do you wake?	Apni gumain kotath ar utoin kotath?
Do you sleep right through or wake in the night?	Apni shara rait gumaite paron ni naki rathrai gum thaki hotoi ?
After you've woken do you get back to sleep?	Apni jaigar utar fore apnar ar gum lage ni?
What time do you eventually wake in the morning?	Tharpor shokalai apni kotath utoin?
Is there any change in your interest in sex?	Apnar agroher bodleseni apnar shatir loge milte?
Are you less interested in sex than usual?	Apnar icha komseni apnar shatir loge milte?
Is there any change in how often you defecate / have your bowels open?	Apnar toilete jaoa bodleseni?
Do you experience constipation?	Paikhanar kono kosto oi ne?
Is there any change in your energy levels?	Apnar shokti koto tuk bodlisai?
Do you have more or less energy than usual?	Agorchai, akon apnar shokti kom na beshi?

### Affect

The psychiatrist will note the objective features which communicate the patient's mood state – whether they smile, laugh, cry, look sad, etc.



### Thought form

This refers to the extent that patient is able to form coherent sentences which follow each other in a logical fashion and refer to

the subject at hand. The psychiatrist will judge the extent to which the patient's answers are to the point, whether they ramble off the subject, whether they jump from one topic to another without any obvious connection and whether they convey the information required. The psychiatrist may ask the interpreter whether the patient uses any odd or made-up words or uses real words but in an idiosyncratic fashion. If the patient does jump between topics, the psychiatrist will want to know whether the patient sometimes forms links between them based on the sounds of words through using puns or words which have a similar sound. The psychiatrist may want to know from the patient whether his thoughts seem to run at a normal pace or whether they seem fast, slow or stop suddenly.

## **Examples of formal thought disorder**

*Jumping between topics, knight's move thinking:*

Those men coming over the hill, with a green moon you'd expect nothing different. I've been telling everyone for a while now that soul-washing is for mothers and babies but stars shine brightest where the whole thing follows through.

*Made-up words, neologisms:*

Whenever I go out I'm always lanward to the environment.

My mother was a copblender.

*Punning, clang associations:*

Hi bright. White light. No night there you'll not be seeing. Seeing you say? That would be a fine thing. All bling. Sing, sing why don't you?

*Poverty of content, failing to convey any useful information:*

I'm glad you asked me that, it's been on my mind for some time now, thinking about it. The first thing I'd say is, starting at the beginning because really there's no better place, and it is an important thing to know. People might not think so but I think you and I can safely be sure in this respect. If there's one thing one really has to be clear about, and one certainly must be, if it's all to be for the best, and that is what one would want, at least I would and I expect you would too because I do try to think the best of people..... (and so on) .

## Questions about thought form

English	Sylheti
Do your thoughts seem faster than normal?	Shababik chai apnar cinta babna ag taki rushai rushai aeni?
Do you find you have lots and lots of different thoughts?	Apnar kase lage ni apnar gese onak rokomer chinta babna?
Does your mind seem to be slowed down?	Apnar mon manushigita dhirai dhirai hoi ni?

## Questions about thought form

*Do you ever have the experience when your thoughts suddenly stop?	Apnar chinta babna kono shomoe akta thame jaini?
Do you ever feel that your mind is suddenly wiped blank and you have no thoughts at all?	Apnar kita mono hoi ni je hotatat korla apnar mon khali hoi jae ebong apnar mono kono chinta bhabna nai?

### Thought content

The psychiatrist will want to ascertain the extent to which the patient believes things which are not true and for which there is no evidence. They will want to find out if the patient experiences some specific abnormalities about their possession of their own thoughts and the extent to which the thoughts in their mind are their own. They will ask about the patient's evaluation of themselves and their view of the future. They will ask about anxieties, preoccupations. They may at this point ask

about panic attacks and compulsive behaviour.

With regard to false beliefs, or delusions, it will be important for the psychiatrist to try to establish how the patient has come to hold these beliefs. For example, if the patient believes people talk about them is this because they hear people talking about them or do they "just know"? The psychiatrist will also assess how firmly the patient holds these beliefs.

## Questions about delusions

English	Sylheti
Do you ever feel that people are following you?	Kono somoe apnar gese lage ni kono manus apnar fisone asoin?
Do you ever feel that people are seeking to harm you in some way?	Kono somoe apnar gese lage ni keu apnar khoti korte chae?
Do people spy on you?	Manuse apnare lukai lukaya dekhoni?
Has anything strange or unusual been going on?	Kono odbhud o oshadharon kichu oisai ni?
Is there anything special about yourself which makes you different from other people?	Apnar bises kichu aseni je apni onno manus thake alada monai koroin?
Is there anything you can do which other people can't?	Amon kichu aseni jen apni korte faroin kintu onno manuse farena?

## Questions about delusions

Is there anything which particularly bothers you?	Beshesh amon kichu asai ni je apnar biroкто kore?
How did you find out this was happening?	Iktar kotchai kila jante fielai?
When did you realise this?	Apni kokon boud fielai iktar kotha?
How do you know about this?	Ikta ki babai janlai?
Are you sure this is happening or might you be imagining it?	Apni shoti bujoini ikta oise na ikta mono koroin apnar matar maje?
Are you absolutely certain this is what's going on?	Apni kitha nischito ni iktar kotha?
Do you think that somebody has put a spell on you?	Apni monai koroin ni keu apnar jadhoo korse?
Is a spirit/djinn/demon causing problems for you?	Apnar kono jin ba shaitan osubida dironi?

Sometime patients experience very specific abnormalities regarding the possession of their thoughts and if these seem that they might be present the psychiatrist will need to question the patient very carefully about them.

Thought insertion is the experience that there are thoughts which are alien and which do not belong to the patient. This is different from somebody else just influencing what the patient thinks or planting a notion in their mind by saying something.

## Questions about thought insertion

English	Sylheti
Do you ever have thoughts in your mind which are not your own?	Apnar matar maje kono cinta babna aieni je nijer nai?
Does anything else use your mind to think with?	Apnar monai onnyo kichu bebohar koreni tar babna lage?
Does anything put thoughts into your mind from outside?	Keu bar thake apnar mone cinta babna hareya deini?
Where do those thoughts come from?	Kan thake emon cinta babna aie?

## MENTAL STATE EXAMINATION

Thought withdrawal is the experience of having an external agency remove the thoughts from one's mind, perhaps leaving the mind empty. It is different from just forgetting things, losing track or having one's mind go blank. There must be a

strong sense that something outside the patient is actively taking the thoughts away.

### Questions about thought withdrawal

English	Sylheti
Does anything ever take your thoughts away?	Kono somoe keu apnar cinta babna horeya nai ni?
Do you ever have your mind wiped blank?	Kono shomoe apnar mon babna khali oiya jai geini?
Does anything take thoughts out of your mind so that they're not there any more?	Kono somoe keu apnar cinta babna horeya neigini emong apar mon khali hoi zai?

Thought broadcast is the experience that thoughts go out of the patient's mind so that they can be heard or seen by other people. It is different from the idea that

somebody else can tell what the patient is thinking or can read their mind, in which case the thoughts remain in the patient's own mind.

### Questions about thought broadcast

English	Sylheti
Can other people tell what you are thinking?	Apnai kita cinta koroin onno manuse ikta fdorta faroin ni?
Do your thoughts ever go out of your own mind?	Apnar cinta mon thake kono somoe baroia jae ni?
Do your thoughts go out of your mind to other people?	Apnar cinta mon thake baroia onno manchur kase jae ni?
Are your thoughts ever put on the television or radio?	Apnar cinta kono somoe TV ki radio maje utheni?
Do your thoughts go out of your mind to somewhere else?	Apnar cinta mon thake baroie onno kono khano jae ni?



## MENTAL STATE EXAMINATION

Passivity experiences occur when the patient believes or experiences that an external agency directly controls his bodily movements or functions. This is different from being simply influenced or coerced to do something – the experience must be of

something else actually taking over control. Related are somatic hallucinations and delusions, the experience or belief that something inside the body has been changed.

### Questions about passivity

English	Sylheti
Do you ever feel that somebody else controls your body?	Kono somoe apnar gese lage ni keu afnar body (shoril) control (neontron) kore?
Do you ever have something else moving your arms or legs?	Apnar gasai lagai ni onno kichu apnar hat-fau narai roi?
Can anybody else move your body without you being able to stop them?	Keu apnar body (shoril) narai ni ar lagai afnai ikta bondo korta faroin na?
Do you ever find that a spirit/djinn/demon controls your body?	Apnai kita buzta faroin ni je jinn/soetan afnar body (shoril) control (neontron) korai?
Has anything inside your body or brain been changed?	Apnar shoril othba brainor betore kichui poriborton oisai ni?
Is there anything strange inside your body?	Apnar body (shoril) bittore kichu odbud / ashchorjo ache ni?

Depressive cognitions are negative views which the patient has about themselves or

the future, encompassing low self-esteem, guilt and hopelessness.

### Questions about depressive cognitions

English	Sylheti
What's your opinion of yourself?	Apnar nijore shompokai dharona kita?
Do you think you're better than most people, worse, or about the same?	Apni bujeni apni onno manuser theke aro bhala na aro kharaf ottobar shoman shoman?

## MENTAL STATE EXAMINATION

### Questions about depressive cognitions

Are you a good or bad person?	Apni ki bhalo na bad (kharaf) manus?
Are there things you feel guilty about?	Aemon kichu thaki apnai nijeke doshi monai koroin ni?
Do you feel more guilty about things than most people?	Onoi manushair thulonai apnai nijeke aroi doshi monai koroin ni?
Do you feel guilty about things which other people wouldn't feel guilty about?	Kono jinish shomporkai apnai nijeke doshi monai korain ni, jaiktu onai manush mona korai na?
What's your view of the future?	Bobishott niya apnar mota moth kita?
Do you think things will get better or worse?	Apni bujeni shobta aro bhalo oibo na aro kharaf oibo?
Do you hope things might get better?	Apni asha koreni shobta aro bhalo oitho?
Is there any possibility that things might get better?	Kono sombabona ase ni jen shobta aro bala hoiboi?
Do you see any possibility at all that things might get better, even a little bit?	Kono sombabona ase ni jen ektu ektu bala hoitho farai?

Panic attacks are episodes of intense anxiety which may feature fearful mood,

physical symptoms of anxiety and frightening thoughts.

### Questions about panic attacks

English	Sylheti
Do you get panic attacks?	Apnar panic atak/ hai othash hoe ni?
Do you get times when you feel very frightened?	Kono somoe apnar beshi dor lage ni?
Do you feel anxious?	Apnar oshanti lage ni?
Do you feel afraid?	Apnar dor lage ni?
Does your heart beat fast?	Apnar heart rushe rushe bariai ni?
Do you feel your heart beating hard?	Apnar gese lage ni apnar heart zorai zorai

## Questions about panic attacks

	bariai?
Do you feel dizzy?	Apnar matha gorai ni?
Do you feel faint?	Apnar gese lage ni apni oggian oi jaibai?
Do you feel sick?	Apnar gese bomi bomi bhab lage ni?
Do you feel shaky?	Apnai capa capi unobob koroin ni?
Do you have an uncomfortable feeling in your stomach?	Apnar fetor bittore kono oshubida lage ni?
Do you feel breathless?	Apnar dhom bondh hoi jai ni?
What do you think is going to happen?	Apni monai koroin kita oibo?
Do you think you're going to die?	Apni bujoin ni apni more zairai?
Do you think you're going to faint?	Apni bujoin ni apni oggan oi zairai?
Does this happen in particular places?	Ekta kono ekh jegath oini?
Can this happen when you're at home?	Ekta apnar goro oite fare ni?

Compulsions are behaviours which the patient feels that they have to carry out,

often in particular ways, typically comprising washing or checking.

## Questions about compulsions

English	Sylheti
How often do you wash?	Apnai khoto bar wash koroin?
Do you wash your hands a lot?	Apnar hat prai wash koroin ni?
Do you always do it in a particular way?	Apni kono ekh rokom babe ekta koroin ni?
Do you feel that you have to do it?	Apni bujoin ni apni illa kora lagbo?
Do you try to resist but find that you can't?	Apni chesta koroin ni ekta na korta kinto na korai faroin na?
What would happen if you didn't do it?	Kita oibo jodi apni ekta na koroin?
Do you have to check you've locked the door properly?	Dorja thala marar for apnai dhkalaga ni jen apnai oboshoi dorja thala marsan.
Do you check locks, windows, switches,	Apnai thala,janala, switch, abog electrical

## Questions about compulsions

electrical appliances?	jinish fothro shobtha tik asai ekta check/dhakoin ni?
How many times would you check?	Khobar apni check/dhaka lagai?
Do you do the checking in a particular order?	Apni ki kono beshesh niyum a check/dhakalagai ?
How much time does it take you?	Khoto somoe lage ekta korte?

## Perceptions

Perceptual abnormalities consist of hallucinations, when one perceives something which does not exist, and illusions, when a perception is distorted. The patient may hear voices. Often these voices appear to come from outside so it is

important not to ask the patient if they hear voices “in their head”. To the patient, the voices are not in their head but sound like somebody else speaking to them from nearby. It is also important to distinguish hearing voices from reporting an internal conversation just consisting of thoughts.

## Questions about perceptual abnormalities

English	Sylheti
Do you hear voices?	Apni kotha/math sunoin ni?
Do you see visions?	Apni soke soke kichu dekhoin ni?
Do you hear people talking when there's nobody there?	Apni kono mat/kotha sunoin ni zekanai kono keu nai?
Do you hear things other people don't hear?	Apni kichu sunoin ni je onno manche sunoin na?
Do you ever hear anything strange?	Kono somoe apni kichu odbud/ashchorjoi jinnish sunoin ni?
Where do the voices come from?	E golar awaz kon thaki ai?
Are the voices in your head or outside?	E golar awaz apnar matar bittor na bara thaki ai?
Are these thoughts in your mind or sounds	E cinta babna apnar moner maze na ekta

Questions about perceptual abnormalities	
that you would hear with your ears?	apnar khan thaki sunoin?
How many voices are there?	Kotogulo golar awaz thakai?
Do they talk to you or do they talk to each other about you?	Tara apnar loge mato in ni na thara thara mato in apnar shomondha.
Do they ever talk about about what you are doing?	Kono somoe apne kita korai ekta loia tara mato in ni?
Do they repeat your thoughts or comment on your thoughts?	Tara apnar cinta babna barbar koin ni othobar ekta niya kotha koin?
Do your thoughts ever sound loud, as if somebody next to you could hear them?	Kokhono apnar cintagulo boro awazai hoi ni jaimon lagai kasar keu shontai faroin?
Do the voices tell you to do things?	E golar awaz apnarai koin ni kichu korbar dai?
Do you ever hear angels talking?	Kokhono apni feristar mat sunoin ni?
Do you ever hear spirits/djinns/demons talking?	Kokhono apni djinn/soetan guelar math sunoin ni?
Do you see strange things?	Apni kichu odbud dekoin ni?
Do you see things other people don't see?	Apni kichu dekoin ni je onno manche dekoin na?
Do things ever smell strange or taste strange?	Apnar gasai jinisher fothrar geran odbud lage ni othobar khaite odbud lage?
Do you feel things touching you?	Apnar gaese lage ni kono jinnish fothrar apnar soise?
Do you feel things changing inside your body?	Apnai onobab koroin ni apnar shorilor bittore kicheu poriborton hoisai?

## Cognitive function

The psychiatrist will need to test the patient's ability to remember information and perform simple tasks.

The psychiatrist will want to find out if the patient is orientated with respect to time

and place by asking them if they know the date, day of the week, season, etc. and whether they know where they are or at least what kind of place they are in.

The digit span is the number of digits, like a phone number, that the patient can repeat

## MENTAL STATE EXAMINATION

back. The digits should be spoken to the patient one at a time, at half second intervals, rather than being grouped.

The psychiatrist might want the patient to carry out a simple task measuring concentration such as spelling WORLD backwards or saying the months of the year backwards. They may need to discuss with the interpreter a suitable task in the patient's native language.

The psychiatrist may want to test the patient's ability to repeatedly subtract 7s from 100, or alternatively add 3s to 5. Here, what counts is not the patient's ability to do the arithmetic accurately but to persist with the task. If they stop too soon they may be gently encouraged to continue.

To test short term memory the patient needs to learn some information and then recall it a few minutes later. The psychiatrist may ask the patient to remember three objects and then later say what they were. Or they may try to get the patient to learn a name and address and later repeat it. Here, the important task is to recall it later. So the psychiatrist may try to get the patient to learn the name and address by repeating it several times in the first instance until they get it right, and then see how much they remember of it a couple of minutes later.

To test naming ability, the patient may be asked to give the words for objects, perhaps of increasing difficulty, such as "Watch, strap, buckle" or "Pen, nib/point, clip". The psychiatrist will want to know what words the patient comes up with and

how close these would be to an acceptable answer in the patient's own language.

To test verbal fluency the patient might be asked to say as many different words as they can all beginning with the same letter but probably a task which works better across different languages is to ask the patient to say the names of as many different animals as possible. If they stop too soon they may be gently encouraged to continue. The psychiatrist will want to know how many different animals they come up with, whether they repeat any and how wide a range of different types of animal they name.

The psychiatrist may ask the patient to copy a drawing to test for constructional apraxia.

The psychiatrist may test left-right orientation by asking the patient to raise their left hand, to touch their left ear with their right hand and to name the coin held in the psychiatrist's right hand.

The psychiatrist may ask the patient to write a sentence.

The psychiatrist may ask the patient to perform a three stage task such as, "Pick up that piece of paper, fold it in half and put it on the desk."

The psychiatrist may ask the patient to guess the size or weight of different objects.

### Insight

The psychiatrist will want to find out the patient's view of their condition. Do they think they have a mental illness? What do

they think of it's nature? What kind of treatment do they think would be helpful? What kind of treatment are they willing to accept?

In this section are some questions and words the psychiatrist may want to use when asking about medication.

Questions about medication	
English	Sylheti
How is the medication suiting you?	Apnar oshud kila lage?
Do you notice any difference since changing the medication?	Apnar gaese lageni kichu poriborton hoi sai oshud bodlar for?
In what way do you feel different?	Apnar gese lage apni kila poriborton hoi san?
Is there any change in your mood?	Apnar mon-mizaz kono lakan poriborton oysai ni?
Have you noticed any side effects?	Apnai ki kono oshubida/side effect dekhte farsoin?
Do you have difficulty waking up in the morning?	Apnar shokhale gum thake uthe oshubida lageni?
Are you tired during the day or just in the morning when you wake up?	Apnar dinor bela tired /klanti lageni na kali shokhale utbar fore?
Do you feel stiff?	Apnar shokto lageni?
Tired?	Apnar tired/klanti lageni?
Weak?	Apnar durbol lageni?
Sleepy?	Apnar gumgum lageni?
Shakey?	Apnai capoin ni?
Sick?	Apnar bomir bab korai ni?
Dizzy?	Apnar matha gureni?
Do you have any sexual difficulties?	Apnar milte oshubida koraini?
Do you have difficulty getting an erection?	Uttejana pete apnar ki kono oshubida hoe?
Do you ejaculate early or late?	Apnar ki khub shigroe birjapath hoe naki khub derite hoe?



## Questions about medication

(For women) Do you come to orgasm early or late?

Apnar ki jauno tripti khub shigroe birjapath hoe naki khub derrite hoe?

Do you always remember to take the medication every day?

Apni sobdin mono koriya oshud nain ni?



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