Condensed Clinical Practice Guideline for the Psychiatric Evaluation of Adults

I. Purpose of Evaluation
   a. General psychiatric evaluation
      i. Establish whether a mental disorder or other condition requiring the attention of a psychiatrist is present
      ii. Collect data sufficient to support diagnosis and clinical formulation
      iii. Collaborate with Patient to develop an initial treatment plan that will foster adherence and address safety concerns
      iv. Identify longer-term issues that need to be considered in follow-up care
   b. Emergency evaluation
      i. Assess and enhance safety of Patient and others
      ii. Establish a provisional diagnosis
      iii. Identify family or other involved persons who can give information that will assist in determining accuracy of reported history
      iv. Identify current treatment providers who can give relevant information
      v. Identify social, environmental, and cultural factors relevant to treatment decisions
      vi. Determine whether the Patient is able and willing to form an alliance that will support further assessment and treatment
      vii. Develop a specific plan for follow-up
   c. Clinical consultation
      i. Evaluations requested by other physicians, health care professionals, or families
      ii. Assist in the diagnosis, treatment, and management of an individual with a suspected mental health disorder
      iii. May be comprehensive or narrowly focused
      iv. Provide clear and specific answers to the questions posed by the party requesting the consultation

II. Site of the Clinical Evaluation
   a. Inpatient settings
      i. Provide enhanced opportunity to corroborate clinical judgement and decision making, including discharge planning
   b. Outpatient settings
      i. Important for psychiatrist to reassess whether the patient requires hospitalization or more intensive outpatient care
      ii. Advantage of greater patient autonomy and the potential for a more longitudinal perspective on the patient’s symptoms
   c. General medical settings
i. Developing an ongoing relationship with staff on the medical inpatient units will increase the likelihood of obtaining accurate behavioral data

III. Domains of the Clinical Evaluations (See Table 1 in the Clinical Practice Guideline Document pages 15-18)
   a. Reason for the evaluation
   b. History of the present illness
   c. Past psychiatric history
   d. History of substance use
   e. General medical history
   f. Developmental, psychosocial, and sociocultural history
   g. Occupational and military history
   h. Legal history
   i. Family history
   j. Review of systems
   k. Physical examination
   l. Mental status examination

IV. Evaluation Process
   a. Methods of obtaining information
      i. Patient interview
      ii. Use of collateral resources
      iii. Use of structural interviews and rating scales (See Table 3)
      iv. Use of diagnostic tests, including psychological and neuropsychological tests
      v. Physical examination
      vi. Work with multidisciplinary teams

V. The Process of Assessment
   a. Clinical formulation
      i. Components
         1. Phenomenological, neurobiological, psychological, and sociocultural issues involved in diagnosis and management
         2. A concise synthesis of what is known about the Patient
      ii. Cultural formulation
         1. Review of the individuals cultural identity
         2. Explores the role of the cultural context in the expression and evaluation of symptoms and dysfunction
         3. Specific consideration of cultural elements influencing the relationship between the individual and the clinician
      iii. Risk assessment
         1. Assessment of the Patient’s risk of harm to self or others
         2. Intended to identify specific factors that may increase the a Patient’s degree of risk
         3. For individual’s with dependent children, it also includes an evaluation of the Patient’s capacity to parent
b. Diagnosis

c. Initial treatment plan
   i. Addresses specific diagnoses and psychiatric needs
   ii. Begins with a determination of the appropriate treatment setting
   iii. Encourage recovery from illness through community integration and empower Patients to make choices that improve quality of life
   iv. Collaboration between the Patient, the psychiatrist, and other members of the treatment team as well as primary care practitioners when relevant

d. Decisions regarding treatment-related legal and administrative issues
   i. Deciding between voluntary and involuntary admissions
   ii. Determining whether there is a duty to protect
   iii. Deciding on the level of observation needed to address the Patient’s safety

e. Systems issues
   i. Assess family, peer networks, and other support systems
   ii. Goals may be developed around these systems

VI. Special Considerations

a. Privacy and confidentiality
   i. Maintain confidentiality unless the Patient gives consent to a specific intervention or communication
   ii. Consider need to attenuate confidentiality to address the safety of the Patient and others

b. Interactions with third-party payers and their agents
   i. With valid consent the psychiatrist may release information to third-party reviewers

c. Legal and administrative issues in institutions
   i. Factors of involuntary hospitalization
      1. Level of risk to the Patient and others
      2. Level of insight and willingness to seek care
      3. Legal criteria in that jurisdiction

d. Special populations
   i. Older adults
      1. General medical history, cognitive mental status examination, and functional assessment may need to be especially detailed
   ii. Incarcerated persons
      1. Place emphasis on aspects of individual’s alcohol and substance abuse history and legal history
   iii. Homeless persons
      1. Place emphasis on engagement when completing the evaluation
   iv. Persons with intellectual disabilities
      1. Pay attention to how questions are phrased
2. Behavioral observations and functional measures may carry a greater weight in the assessment process.
References