

Interpreting Guidelines for Psychiatric Assessment

BENGALI



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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>Bengali</i>
How do you generally feel most of the time?	Apnar moner obostha ke rokom?
What's your mood like?	Apnar moner bab kaemon?
How would you say you feel generally – happy, sad, frightened, angry....?	Apnar onobuthi shadaronoto kaemon? shuki, mon kharap, bhoi, rag?

Mood words

<i>English</i>	<i>Bengali</i>
Happy	Shuki
Very happy	Beshi kushi
Fine	Bhalo
OK	Thik ase
Fed up	Okushi
Sad	Mon kharap
Low	Obonoti
Miserable	Kharap
Depressed	Bishon nota
Cross	Rag

Mood words	
Angry	Beshi rag
Worried	Cintito
Afraid	Bhitto
Down	Obonoti
Cheerful	Kushi
Bad	Kharap
Excited	Oti abekh, oti kushi
Bright	Ujol

Questions about mood	
<i>English</i>	<i>Bengali</i>
Do you feel miserable all the time?	Aapnar ki sobsomoe kharap onobuti lage?
Do you ever cheer up, even a little bit?	Apnar ki kokono bhalo onobuti jage? Ektu ki lage?
Do you ever enjoy anything?	Apni ki kokono kono kichu upobog koren?
If something nice happens, do you cheer up a bit?	Jodi kono bhalo kisu gote tokon apnar mone ki kichu bhalo lage?
Do you cry?	Apni ki kaden?
Would you say that you're more cheerful than usual?	Apni ki sadharon somoer chae beshi kushi taken?

Questions about suicidal intent	
<i>English</i>	<i>Bengali</i>
Do you ever feel really desperate?	Apnar ki kokono mone hoe je apni shesh hoe jachen?
Do you ever feel life is not worth living?	Apnar ki mone hoe je becha theke kono lab nei?

MENTAL STATE EXAMINATION

Questions about suicidal intent	
Do you ever feel it would be better if you were dead?	Apnar ki mone hoe je more gaele bhalo hoe?
Do you ever feel that it wouldn't matter if you didn't wake up in the morning?	Apnar ki mone hoe je shokale ghum theke na uthle kono oshubida nai?
Do you ever wish you were dead?	Apni ki kokono more jete icha kore?
Do you ever think of killing yourself?	Apni ki kokono nijeke mere faelte cinta hoe?
Have you thought seriously about killing yourself?	Apni ki shoti shoti nijeke mere faelte cinta korechilen?
Have you thought about how you might kill yourself?	Apni ki nijeke kibabe mere faelben ta niye cinta korechilen?
Have you done anything about getting ready to kill yourself? (E.g. paying bills, hoarding tablets.)	Nijeke mere faelte apni ki kono prostuti niechen? (Udharon: bill prodan, tablet shongroho.)
Do you really want to die?	Apni ki shoti shoti more jete chan?
Would you say that you were determined to kill yourself?	Apni ki shotika othe nijeke mere faelben?

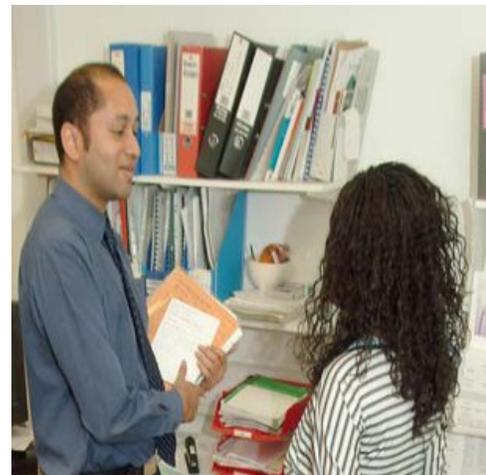
Questions about biological features of affective disorder	
English	Bengali
Is there any pattern to how your mood changes through the day?	Shara dine apnar moner bab shadaronoto ki rokom porriborton hoe?
Is there any time of day when you tend to feel better or worse?	Diner aemon ki kono somoe ase jokon apnar bhalo ba kharap lage?
Do you tend to feel worse in the evening?	Shonda balai apnar ki shadaronoto kharap lage?
What's your appetite like?	Apnar ruchi kaemon?
How are you eating?	Apni ke rokom khaoa dhaoa koren?
Is there any change in your weight?	Apnar shorirer ojon ki poriborton hoeche?
How are you sleeping?	Apni ke rokom guman?
What time do you get to sleep and what time	Kon somoe apni guman ebong kon somoe

MENTAL STATE EXAMINATION

Questions about biological features of affective disorder	
do you wake?	gum theke uthen?
Do you sleep right through or wake in the night?	Apni ki shara rath guman naki rathe jege uthen?
After you've woken do you get back to sleep?	Apni jege uthle abar ki gumate paren?
What time do you eventually wake in the morning?	Apni shokale kokhon gum theke uthen?
Is there any change in your interest in sex?	Jono kajer proti apnar agroher kono poriborton hoeche ki?
Are you less interested in sex than usual?	Apni ki shadaron shomoe chae jono kaje kom agrohi?
Is there any change in how often you defecate / have your bowels open?	Apni ki ager chae kom ba beshi paekhannar unoboti hoe?
Do you experience constipation?	Apnar ki kokono kostokatinno bab hoe?
Is there any change in your energy levels?	Apnar shoktir kono poriborton hoeche ki?
Do you have more or less energy than usual?	Shadaron somoer chae kom ba beshi shokti unobob korechen?

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

Bengali

Do your thoughts seem faster than normal?

Apnar ki mone hoe apnar cinta shababiker chae drutto hoche?

Do you find you have lots and lots of different thoughts?

Apnar ki mone hoe apnar beshi beshi onek doroner cinta hoche?

Does your mind seem to be slowed down?

Apnar ki mone hoe apnar cinta ager chae thir

Questions about thought form	
	gotite hoe?
*Do you ever have the experience when your thoughts suddenly stop?	Apnar ki mone hoe apnar cinta hotat kore bondo hoe jae?
Do you ever feel that your mind is suddenly wiped blank and you have no thoughts at all?	Apnar ki mone hoe je hotat kore apnar mon shuno hoe gaeche ebong apnar mone kono cinta 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	Bengali
Do you ever feel that people are following you?	Apnar ki mone hoe je lokjon apnake onushoron kore?
Do you ever feel that people are seeking to harm you in some way?	Apnar ki kokono mone hoe je lokjon konobabe apnar khoti korte chache?
Do people spy on you?	Lokjon ki apnar upor goenda giri korche?
Has anything strange or unusual been going on?	Oshadaron ba odbhud rokomer kono kichu hoche ki?
Is there anything special about yourself which makes you different from other people?	Apnar modhe aemon ki bishesh kichu ase ja onno loker theke apnake alada kore?
Is there anything you can do which other	Aemon ki kichu ase ja apni korte paren kinto

Questions about delusions	
people can't?	onnora korte parena?
Is there anything which particularly bothers you?	Aemon ki kichu ase ja apnake biroкто kore?
How did you find out this was happening?	Apni ki babe bujte paren je ta gorche?
When did you realise this?	Apni kokon ta bujte paren?
How do you know about this?	Apni ki babe ta bujte paren?
Are you sure this is happening or might you be imagining it?	Apni ki nisshit je ta gorche naki apnar kolpona hoe je ta gorte jache?
Are you absolutely certain this is what's going on?	Apni ki nisshit je ta shoti shoti gorte jache?
Do you think that somebody has put a spell on you?	Apni ki cinta koren je kono lok apnar upor kono kichu chapie diche?
Is a spirit/djinn/demon causing problems for you?	Kono jin (deo) ki apnar khoti korche?

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	
<i>English</i>	<i>Bengali</i>
Do you ever have thoughts in your mind which are not your own?	Apnar mone kokhono cinta ase kina ja apnar nijer noe?
Does anything else use your mind to think with?	Cintar jonno apnar mon onnyo kichu babohar kore kina?
Does anything put thoughts into your mind from outside?	Bairer theke apnar mone kono kichu cinta dukiye dae kina?
Where do those thoughts come from?	Ei cintagulo kota theke ase?

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

<i>English</i>	<i>Bengali</i>
Does anything ever take your thoughts away?	Kokono kono kichu apnar cinta tene niye jai kina?
Do you ever have your mind wiped blank?	Kokono apnar mon cinta shunno hoeche kina?
Does anything take thoughts out of your mind so that they're not there any more?	Kokono kono kichu apnar mon theke cinta niye geche kina jate kore apnar mone kono rokom cinta nai?

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

<i>English</i>	<i>Bengali</i>
Can other people tell what you are thinking?	Apni ja cinta koren ta ki onnyo lok jante pare?
Do your thoughts ever go out of your own mind?	Kokono apnar nijer mon theke apnar cinta baire chole jae kina?
Do your thoughts go out of your mind to other people?	Apnar mon theke apnar cinta ki onnyo loker kase chole jae kina?
Are your thoughts ever put on the television or radio?	Kokono apnar moner cinta televishon othoba radiote prochar hoe kina?
Do your thoughts go out of your mind to somewhere else?	Apnar mon theke apnar cinta ki onno kothao chole jae kina?

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

<i>English</i>	<i>Bengali</i>
Do you ever feel that somebody else controls your body?	Kokono apnar onubuti hoeche kina je onnyo lok apnar shorir neontron koren?
Do you ever have something else moving your arms or legs?	Kokono onnyo kichu apnar bahu ebong pa norachora kore kina?
Can anybody else move your body without you being able to stop them?	Apnar neontron sara onnyo keu apnar shorir norachora korate pare kina?
Do you ever find that a spirit/djinn/demon controls your body?	Kokono apni bujte paren kina je kono jinn apnar shorir neontron korche?
Has anything inside your body or brain been changed?	Apnar mostishker betore othoba shorirer betore kono kichu poriborton koreche kina?
Is there anything strange inside your body?	Apnar shorirer betore odbus kono kichu hoeche kina?

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

<i>English</i>	<i>Bengali</i>
What's your opinion of yourself?	Apni apnake niye ki cinta koren?

Questions about depressive cognitions	
Do you think you're better than most people, worse, or about the same?	Onnyo loker chae apni ki bhalo, kharap othoba shoman achen?
Are you a good or bad person?	Apni ki akjon bhalo ba kharap manus?
Are there things you feel guilty about?	Aemon kichu ache kina je apni nijeke oporadi mone koren?
Do you feel more guilty about things than most people?	Beshir bag loker chae apni ki nijeke beshi oporadi mone koren?
Do you feel guilty about things which other people wouldn't feel guilty about?	Aemon kichu ache kina jate kore apni nijeke oporadi mone koren kintu onnyora oporadi mone kore na?
What's your view of the future?	Bobishot niye apni ki cinta koren?
Do you think things will get better or worse?	Apni ki mone koren je bobishote apnara obosta bhalo ba kharap hobe?
Do you hope things might get better?	Apni ki asa koren je apnara obosta bhalo hote pare?
Is there any possibility that things might get better?	Aemon kono sombabona ache kina je apnar obostar unotti hote pare?
Do you see any possibility at all that things might get better, even a little bit?	Apni ki mone koren kina je kono sombabona ache je apnar obosta kichu matro unotti hote pare?

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

physical symptoms of anxiety and frightening thoughts.

Questions about panic attacks	
<i>English</i>	<i>Bengali</i>
Do you get panic attacks?	Apnar ki panic attak hoe kina?
Do you get times when you feel very frightened?	Kono somoe ache kina jokhon apni khub beshi bhito hon?
Do you feel anxious?	Apnar mon udbigno hoe kina?

Questions about panic attacks

Do you feel afraid?	Apnar ki mone bhoer jage kina?
Does your heart beat fast?	Apnar hart beshi beshi cape kina?
Do you feel your heart beating hard?	Apnar ki mone hoe je apnar hart kothin babe cape?
Do you feel dizzy?	Apnar ki matha gore?
Do you feel faint?	Apni ki unobob koren je apni murcha jachen?
Do you feel sick?	Apnar bomi bomi bhab hoe kina?
Do you feel shaky?	Apni ki capa capi unobob koren kina?
Do you have an uncomfortable feeling in your stomach?	Apni ki apnar pakostolite kharap unobob koren kina?
Do you feel breathless?	Apni ki sas kosto unobob koren kina?
What do you think is going to happen?	Ki hobe bole apnar mone hoe?
Do you think you're going to die?	Apnar ki mone hoe je apni morte jaben?
Do you think you're going to faint?	Apnar ki mone hoe je apni murcha jaben?
Does this happen in particular places?	Kono nirdisto jaegae ki erokom kichu hoe?
Can this happen when you're at home?	Apnar bashae ki erokom hote pare?

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

<i>English</i>	<i>Bengali</i>
How often do you wash?	Dhoa mochar kaj apni kotobar koren?
Do you wash your hands a lot?	Apni ki apnar hat oneg bar dhon?
Do you always do it in a particular way?	Apni ki sobsomoe eti aki babe koren?
Do you feel that you have to do it?	Apni ki mone koren je apnake ekaj korte hobe?
Do you try to resist but find that you can't?	Apni ki ekaj na korte chan kintu apni ta korte badho hon?

Questions about compulsions	
What would happen if you didn't do it?	Apni jodi ta na koren tahole ki hobe?
Do you have to check you've locked the door properly?	Doroja bhondo korechen kina ta nischit hoar jonno apni bar bar dekhte badho hon kina?
Do you check locks, windows, switches, electrical appliances?	Apni ki tala, janala, switch ebong boedhutig jontropati bar bar dekhen?
How many times would you check?	Apni ta koto bar dekhen?
Do you do the checking in a particular order?	Bar bar dekhar somoe apni ki sunirdisto kono upaye babohar koren?
How much time does it take you?	Ebabe dekhte apni koto somoe nen?

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	
<i>English</i>	<i>Bengali</i>
Do you hear voices?	Apni ki shobdo sunen?
Do you see visions?	Apni ki kono obastob kichu dekhen?
Do you hear people talking when there's nobody there?	Lokjon na thakleo apni ki lokjoner alap sunun?
Do you hear things other people don't hear?	Apni ki aemon kichu sunen ja onnyo lok sune na?
Do you ever hear anything strange?	Apni ki kokhono odbudh kichu sunen?
Where do the voices come from?	Shobdo kotha theke ase?

Questions about perceptual abnormalities	
Are the voices in your head or outside?	Shobdo ki apnar mathar bitor theke ase naki bairer theke ase?
Are these thoughts in your mind or sounds that you would hear with your ears?	E kothagulo ki cinta apnar mon theke ase naki egulo apni apnar kane sunen?
How many voices are there?	Kotojon lok kotha bole?
Do they talk to you or do they talk to each other about you?	Lokgulo ki apnar sathe kotha bole naki tara nijera apnake niye kotha bole?
Do they ever talk about about what you are doing?	Tara ki kokhono apni ja koren tai bole?
Do they repeat your thoughts or comment on your thoughts?	Tara ki apnar cinta barbar bole naki apnar cinta niye kotha bole?
Do your thoughts ever sound loud, as if somebody next to you could hear them?	Apnar cintagulo ki kokhono shobdor moto hoe je apnar asepasser lok ta sunte pae?
Do the voices tell you to do things?	Shobdogulo ki apnake kono kichu korte bole?
Do you ever hear angels talking?	Apni ki kokhono bhalo djinner kotha sunen?
Do you ever hear spirits/djinns/demons talking?	Apni ki kokhono djinner kotha sunen?
Do you see strange things?	Apni ki kono odbudh kichu dekhen?
Do you see things other people don't see?	Apni ki aemon kichu dekhen ja onnyo lok dekhe na?
Do things ever smell strange or taste strange?	Aemon kichu ki ache ja kokhono odbudh gran ba shad hoe?
Do you feel things touching you?	Apni ki onubob koren je kono kichu apnake sporsho kore?
Do you feel things changing inside your body?	Apni ki onubob koren je apnar shorir bittor kono kichu poriborton hoche?

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

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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 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	Bengali
How is the medication suiting you?	Oshud apnar kerokom lage?
Do you notice any difference since changing the medication?	Oshud poriborton korar por theke apni ki kono parthoko dekhte pan?
In what way do you feel different?	Kerokom poriborton apni dekhte pan?
Is there any change in your mood?	Apnar moner baber ki kono poriborton hoeche?
Have you noticed any side effects?	Apni ki kono oshubida dekhte pan?
Do you have difficulty waking up in the morning?	Sokhale gum theke uthe apnar ki oshubida hoe?
Are you tired during the day or just in the morning when you wake up?	Apnar ki diner bhalae klanti lage naki shudumatro sokhale jokhon apni gum theke uthen?
Do you feel stiff?	Apnar ki jorota lage?
Tired?	Apnar ki klanti lage?
Weak?	Apnar ki durbol lage?
Sleepy?	Apnar ki gumgum bab hoe?
Shakey?	Apnar ki cacacapi lage?
Sick?	Apnar ki bomibomi bab lage?
Dizzy?	Apnar ki matha gure?
Do you have any sexual difficulties?	Apnar ki kono jauno somosha ache?
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 derrite hoe?

Questions about medication

<p>(For women) Do you come to orgasm early or late?</p>	<p>Apnar ki jauno tripti khub shigroe birjapath hoe naki khub derrite hoe?</p>
<p>Do you always remember to take the medication every day?</p>	<p>Apnar ki sobshomoe protidin oshud nite mone thake?</p>



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