The MSE covers the current presentation of the patient. In addition, it is important to think about:

- Presenting complaint and history of the presenting complaint
- Psychiatric history
- Medical history and current medication/drug/alcohol abuse
- Family history
- Personal history
- Forensic history
- Social history
- Risk
- Culture, intellect – what is normal to one culture may be abnormal in another so it is important to consider these variables.
- Age – age can impact how a person responds cognitively, with older individual typically performing less well.

**Difference between formulation and a diagnosis**

- Formulation is person centred while diagnosis is focused on the criteria. Clinical diagnoses looks at how the individual fits into the pre-arranged boxes of the DSM/ICD while formulation looks at the individual without trying to put them into a correctly shaped box.
- Diagnosis is static whereas formulation is fluid. Unlike diagnosis, formulation is not about making an expert judgement, but about working closely with the individual to develop a shared understanding which will evolve over time.
- Diagnosis draws on the negative experiences of the individual while formulation also considers protective factors.
- Diagnosis allows for communication between professionals and acts as a stepping-stone to receiving professional help through evidence-based practice while formulation obtains a picture of the individual not necessarily being able to direct them in terms of treatment.
- Formulation is holism.

### Formulation vs diagnosis:

- Collaborative
- Narrative
- Personal meaning
- Impact of symptoms
- Interpersonal & environmental context
- Culture sensitive

Formulation is individualised.

- Expert judgment
- Snapshot
- Problem
- Biological dysfunction
- Culture/ environmental/ interpersonal insensitive

Diagnosis is a label.

Formulation allows funding for treatment.

**Strengths and weaknesses of the MSE**

**Strengths**

- It is a systematic approach to looking at the current state of the individual