

One of the most widely used formats for evaluation in psychology, psychiatry, and related domains is the mental status examination (MSE). Conducting a mental status examination provides a thoughtful lens into an individual's presentation at a specific time, illuminating strengths as well as struggles. Let Mentalyc AI Write Your Progress Notes Fast HIPAA Compliant Insurance Compliant SOAP, DAP, EMDR, Intake notes and more Individual, Couple, Child, Family therapy types Template Builder Recording, Dictation, Text & Upload Inputs Try It Out For FREE In this blog, we aim at Mentalyc to describe the standard components of the mental status examination process while offering suggestions for carrying it out respectfully and insightfully. Several templates, checklists and descriptors are also included to support comprehensive examinations. Setting the Stage: What is a Mental Status Exam? In mental health, professionals do not rely on intrusive physical examination techniques like palpation or auscultation. Instead, they focus on being expert observers, keenly noting both positive and negative findings to gain insights into an individual's cognitive, emotional, and behavioral functioning. One way to achieve that is the Mental Status Examination (MSE). Originally developed for use in psychiatry and clinical psychology, the MSE has also found its application in other helping professions like social work and coaching. It serves as a valuable tool to document and evaluate an individual's mental state at a specific point in time. The MSE typically involves a structured interview and systematic behavioral observations. While there may be variations in the specific forms used by different practitioners, there are core domains that should be covered in every MSE, which we aim to tackle in this blog. MSEs are an integral part of mental health assessments and clinical contacts. They offer a holistic assessment of a patient's cognitive and behavioral functioning, based on both the clinician's observations and the client's subjective descriptions. Take your time back! Get your progress notes done automatically. Try It Out For FREE Think of the MSE as a psychiatrist's version of a physical exam, but focused on mental health. It allows behavioral health professionals to create a comprehensive picture of an individual's present moment, capturing their mental state at that specific time, identifying any areas of concern, and recognizing any potential for interventions. Key Principles in the Approach to the Mental Status Exam (MSE) When conducting a Mental Status Examination (MSE), it is essential to adhere to certain key principles to ensure a comprehensive and accurate assessment of an individual's mental state. These principles help create a conducive environment for the patient, promote open communication, and consider various factors that may influence the assessment process. Here's the secret recipe from Mentalyc! Welcome and Establish Comfort: Begin the MSE by warmly welcoming the patient and clearly stating the purpose of the meeting. Make them feel comfortable and at ease, as this can contribute to their willingness to share openly. Acknowledge any concerns or distress they may have and assure them that their privacy will be maintained throughout the assessment. Maintain Privacy and Respect: Privacy is crucial during the MSE. Ensure that the assessment takes place in a private and confidential setting. Encourage open conversation by actively listening and showing respect for the patient's thoughts, feelings, and experiences. Validate their concerns and distress, creating a safe space for them to express themselves. Documentation: When documenting the MSE, it is important to write down the patient's words exactly as they are expressed. This helps prevent misinterpretation and ensures accuracy in capturing the patient's thoughts and experiences. Pay attention to the order in which the patient expresses their words, as this can provide valuable insights into their mental state. Increase your practice's revenue and reduce therapist burnout Book a demo Consider Individual Factors: Take into account the patient's age, culture, ethnicity, language, and level of premorbid functioning. These factors can influence the way individuals express themselves and may require additional considerations during the assessment process. For example, if the patient speaks a different language, it may be necessary to involve an interpreter to ensure fairness and accuracy in the assessment. Consider Physical Health: Recognize that physical health problems can impact an individual's mental state. Be mindful of any physical health conditions or medications that may

influence the patient's cognitive, emotional, or behavioral functioning. Consider how these factors may contribute to their overall mental well-being.

Distinguish MSE from the MMSE: It is important not to confuse the Mental Status Examination (MSE) with the Mini-Mental State Examination (MMSE). While the MMSE is a brief neuropsychological screening test for cognitive impairment and suspected dementia, the MSE encompasses a broader assessment of various aspects of mental functioning. However, the MMSE can be used as a more detailed cognitive assessment within the MSE.

Now, Let's Delve into the Content of the MSE

The MSE includes ten key aspects that should be evaluated: appearance, behavior, speech, mood, affect, thoughts, perception, cognition, insight, and judgment. These domains provide a comprehensive understanding of an individual's mental state and contribute to the formulation of a working diagnosis.

I. Appearance

Observing a patient's appearance and clothing can provide initial clues about their mental state. However, it is essential to recognize that a well-groomed appearance does not always indicate good mental health. Here are some key points to consider:

- Grooming:** While a patient may appear well-groomed, it is important to inquire further about their personal care. Ask if they find attending to their personal hygiene difficult, if they need prompting, or if they require physical assistance. This helps uncover any potential challenges they may be facing in maintaining their personal care.
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- Clothing Choice:** Assess whether the patient has dressed appropriately for the season, setting, and occasion. Additionally, consider if their clothing reflects their mood. Bright, dark, or dull clothing choices may provide insights into their emotional state.
- Cleanliness and Hygiene:** Note whether the patient's clothes are clean and in wearable condition. This can indicate their ability to maintain basic hygiene and take care of their belongings. Assess whether the patient has recently stopped looking after themselves or if there has been a decline in their self-care routines. This may indicate a deterioration in their mental health or the presence of other underlying issues. Also inquire if the patient needs help or prompting with personal hygiene tasks. This can shed light on their ability to independently manage their self-care.
- Posture and Gait:** Observing a patient's posture and gait can provide additional information about their mental and physical well-being. Assess whether the patient's posture is closed, slouched, or open. Closed or slouched postures may indicate a lack of confidence or emotional distress. Additionally, look for any signs of postural instability, which may suggest neurological or physical issues. Furthermore, observe the patient's gait and note any abnormalities. Their gait may be brisk, slow, hesitant, propulsive, shuffling, ataxic, or uncoordinated. These observations can provide insights into potential motor or neurological impairments. Additionally, be vigilant for signs of alcohol abuse and withdrawal symptoms such as tremors, tachycardia, pallor, perspiration, and neurological signs like ataxia, nystagmus, ophthalmoplegia, dysarthria, or peripheral neuropathy.

Common Descriptors: Clean, Shaven, Neat, Unshaven, Disheveled, Hair Brushed, Fashionable, Dirty, Body odor, Bizarre, Inappropriate, etc.

II. Behavior

By carefully observing a patient's non-verbal communication, clinicians can gain valuable insights into their current mental state. These observations, along with other components of the assessment, contribute to a comprehensive understanding of the patient's mental health.

Attitude: Observe the patient's attitude, which can range from cooperative to hostile, open to secretive, evasive to suspicious, apathetic to distracted, and defensive. This provides insights into their current mental state and level of engagement.

Gestures: Gestures play a crucial role in non-verbal communication. They can indicate language comprehension, sensory integration, and motor behavior. Pay attention to gestures as they can provide clues about semantic retrieval, learning, and communicative ability.

Mannerisms: Mannerisms, such as unusual repetitions, compulsions, or rituals, can be symptomatic of various psychiatric disorders. Take note of any repetitive behaviors or actions that may be indicative of an underlying condition.

Eye Contact and Body Language: Assess the patient's ability to maintain eye contact. Additionally, observe their posture, which can be open, closed, engaged, poor, or distracted. Eye contact and body language offer insights into their level of

comfort, engagement, and emotional state.

Facial Expressions: Facial expressions can reveal a wide range of emotions, including happiness, anxiety, sadness, alertness, anger, distrust, suspicion, and tearfulness. Pay attention to the patient's facial expressions as they provide valuable information about their emotional state.

Psychomotor Activity: Observe the patient's level of psychomotor activity. This includes assessing for rapid talking, pacing around the room, tremors, foot tapping, psychomotor slowing (which may indicate depression), or elation. These observations can indicate underlying psychological or neurological conditions.

Disinhibited Behavior: Disinhibited behavior refers to a disregard for social conventions, affecting motor, instinctual, emotional, cognitive, and perceptual aspects. Look for signs of disinhibition or impulsivity, as they can be indicative of certain mental health conditions.

Abnormal Movements: Abnormal movements may indicate underlying organic conditions or medication-related side effects. If the patient is on antipsychotic medications, a thorough examination for extrapyramidal side effects should be conducted. These movements can include orobuccal dyskinesic movements, tics, akathisia, Parkinsonian tremor, choreiform movements, dystonia, or catatonic features.

Common Descriptors: Avoidant, Tension, Decreased activity, Limp, Agitation, Restless, TICS, Grimacing, Lip pursing, Tongue writhing, Chewing, Lip smacking, Evasive, Guarded, Passive, Sullen, Withdrawn, Demanding, Hostile, Overly friendly, Relaxed, Open, Shy, Playful, Candid, etc.

III. Speech Here are some key aspects to consider:

Paralinguistic Features: Pay attention to paralinguistic features such as volume, rhythm, prosody, intonation, pitch, phonation, articulation, quantity, rate, and latency of speech. These features provide insights into the patient's emotional state and overall communication style.

Rate and Flow: Assess the rate and flow of the patient's speech. Is it within the normal range, rapid (which may indicate mania), or slow (which may indicate depression)? Note if there is a paucity of content, characterized by a lack of meaningful information, which can be seen in depression or as a negative symptom of schizophrenia. Additionally, observe if the patient provides short monosyllabic answers to questions or exhibits pressure of speech, which is characterized by a rapid and pressured speech pattern often seen in mania.

Quantity: Evaluate the quantity of speech. Is the patient talkative, spontaneous, and expansive in their speech? Or do they exhibit paucity or poverty of speech, with limited verbal output? These observations can provide insights into the patient's thought processes and overall mental state.

Tone: Dull and monotonous speech may be indicative of depression, while normal prosody refers to the usual intonation and lilt in speech. Note if the patient's speech is loud, whispered, or tremulous, as these variations can provide additional information about their emotional state.

Fluency and Rhythm: Assess the fluency and rhythm of the patient's speech. Is their speech slurred, clear, hesitant, or articulate? Note if there are any signs of aphasia, which is a language disorder that affects the ability to articulate and comprehend speech.

Route: Pay attention to the route of the patient's speech. Circumstantial speech, characterized by excessive and unnecessary detail, may indicate obsessive traits or anxiety. Tangential speech, on the other hand, involves veering off-topic and may be seen in individuals experiencing mania.

Other Common Descriptors: Dysarthric, Slurred, Monotone, Soft, Loud, etc.

IV. Mood Observe and describe the patient's pervasive emotional state. Is their mood elated, dysthymic (chronically low mood), euthymic (within the normal range), apathetic, blunted (reduced emotional expression), or irritable? Note any signs of depression.

Mood Changes: Assess if the patient's mood changes throughout the meeting or evaluation. Do they experience fluctuations in their emotional state? Note any triggers or patterns that may contribute to these mood changes. Encourage the patient to describe how they have been feeling recently. Ask open-ended questions to allow them to express their emotions in their own words. Note their exact words and verbatim to accurately capture their subjective experience. Ask the patient if they have been feeling irritable, angry, depressed, discouraged, or unmotivated recently. Encourage them to elaborate on these emotions and their intensity. This helps to gain a deeper understanding of their emotional state and any associated distress.

Other Common

Descriptors: Depressed, Irritable, Sad, Angry, Fantastic, etc.

V. Affect Affect refers to a patient's moment-to-moment expression of emotions, which can be observed through their posture, movements, body language, facial expressions, and tone of voice. It is important to note that in this section, no questions are asked, and the assessment is purely observational. Here are some descriptors to consider when assessing a patient's affect:

- Intensity:** Evaluate the intensity of the patient's affect. Is it within the normal range, blunted (reduced emotional expression), or flat (absence of emotional expression)? This observation provides insights into the patient's emotional responsiveness.
- Quality:** Assess the quality of the patient's affect. Does their affect appear sad, agitated, hostile, or any other specific emotional quality?
- Fluctuation:** Observe if the patient's affect is labile, meaning it easily fluctuates or changes in response to stimuli. Labile affect may indicate emotional instability or difficulty regulating emotions.
- Range:** Evaluate the range of the patient's affect. Is it restricted, meaning limited in the variety and intensity of emotions expressed? Or is it expansive, with a wide range of emotions displayed? A normal range of affect indicates a healthy emotional expression.
- Congruence:** Determine if the patient's affect is congruent or incongruent with their verbal content or the situation at hand. Congruent affect means that the patient's emotional expression aligns with their words and the context. Incongruent affect refers to a mismatch between the patient's emotional expression and their verbal or situational cues.

VI. Thoughts

Content of Thought: Ask the patient what has been on their mind recently. Inquire if they have any worries or concerns. Explore if they have ever felt that life isn't worth living. Ask if things seem unreal or distorted to them. Assess if they have any thoughts that they can't get out of their head. Assess for suicidal and homicidal ideation, conducting a thorough risk assessment. Observe for the presence of delusions, which are false beliefs that are firmly sustained despite evidence to the contrary. Look for ideas of reference and delusions of reference, where the patient believes that events, objects, or other people have a particular and unusual significance.

Stream of Thought: Observe the quantity and speed of the patient's thoughts. Are their thoughts blocked or pressured? Do they experience poverty of thought? Note if the patient's thoughts are logical and linked together, or if they are tangential, replying to questions in an oblique or irrelevant way. Look for signs of thought possession, such as thought insertion, thought withdrawal, or thought broadcasting.

Form of Thought: Note if their thoughts are organized and linked together, or if they exhibit word salad, where speech or thinking is incomprehensible due to a lack of logical or meaningful connection. Look for signs of derailment, where their ideas slip off one track onto another unrelated or obliquely related track. Pay attention to clang associations, where the sound of a word, rather than its meaning, guides subsequent associations. Observe if the patient's speech is pressured, increased in amount, accelerated, and difficult to interrupt. Note if there is a reduction in the quantity of thought, known as poverty of thought. Look for signs of blocking, which is a sudden interruption of thought or speech. Observe if the patient refuses to speak, known as mutism. Note if the patient engages in echolalia, which is the meaningless repetition of the examiner's words. Pay attention to the use of neologisms, which are new words formed by the patient to express their ideas.

Common Descriptors: Blocking, Tangential, Word salad, Impoverished, Incoherent, Circumstantial, Loose, Rapid, Distractible, Perseverative, Flight of ideas, etc.

VII. Perception Perception is the process by which we become aware of the stimuli presented to our body through the sensory organs. It involves the interpretation and processing of sensory information to make sense of the world around us. However, in certain cases, perception can be altered, leading to the presence of hallucinations and illusions. Hallucinations can be defined as perceptions that occur in the absence of any external stimulus. They are sensory experiences that are not based on real sensory input. Hallucinations can affect any of the senses, including sight, hearing, taste, smell, and touch. Common types of hallucinations include seeing things that are not there (visual hallucinations), hearing voices (auditory hallucinations), or feeling sensations that are not present (tactile hallucinations).

Hallucinations can be a symptom of various medical and psychiatric conditions, such as schizophrenia, substance abuse, or certain neurological disorders. Illusions, on the other hand, are misinterpretations of real sensory stimuli. They occur when the brain incorrectly perceives or interprets sensory information. Illusions can occur in any of the senses and can be influenced by various factors, such as lighting conditions, cognitive biases, or prior experiences. For example, an optical illusion may cause us to perceive an image differently than it actually is, or a misinterpretation of a sound may lead to a false perception of its source. When assessing a patient's perception, it is crucial to inquire about the presence of hallucinations and illusions. Questions to consider may include: Have you experienced any sensory perceptions that others around you do not seem to perceive? Do you ever see, hear, smell, taste, or feel things that are not actually present? Have you noticed any misinterpretations of sensory stimuli, where you perceive something differently than it actually is?

Common Descriptors: Tactile hallucinations, Derealization, Auditory hallucinations, Olfactory hallucinations, Depersonalization, Visual hallucinations, Illusions, etc.

VIII. Cognition The cognition section focuses on assessing various aspects of cognitive functioning, including orientation, attention, memory, alertness, and visuospatial functioning. It provides valuable insights into the patient's awareness of self, environment, higher cortical functioning, frontal functioning, and language abilities. Orientation refers to the patient's awareness of time, place, and person. It assesses their ability to accurately answer questions such as the current time, date of birth, age, and their current location. Questions like "What is the date today?" or "Can you tell me where we are right now?" help evaluate the patient's orientation to time and place. Awareness of the current setting is another important aspect of cognition. It involves assessing the patient's understanding of the situation they are in. Questions like "What is your full name?" or "How would you describe the situation we're in?" can help determine if the patient has a clear awareness of their current setting. The section may also include the administration of a mini-mental status examination (MMSE). The MMSE is a brief screening tool used to assess cognitive impairment. It evaluates various cognitive domains, including orientation, registration (immediate memory), attention and calculation, recall (short-term memory), etc.

IX. Insight and Judgment To gain insight into the patient's understanding of their mental health problem, it is essential to gather information directly from their perspective. This can be achieved through open and empathetic communication, allowing the patient to express their thoughts, feelings, and beliefs about their mental health condition. Insight and judgment are closely related, as insight refers to the patient's awareness and understanding of their mental health condition, while judgment pertains to their ability to make sound decisions and solve problems effectively. Both aspects provide valuable information for treatment planning and intervention strategies.

Common Descriptors: Good, Fair, Poor, etc.

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References: Kaplan and Saddocks Synopsis of Psychiatry 10th Ed. Chapt. 7 Clinical Examination of the Psychiatric Patient

Disclaimer All examples of mental health documentation are fictional and for informational purposes only. Have your progress notes written for you automatically. Emotional well-being is an important part of holistic wellness, as it can impact your outlook on life, your relationships, and your health. This post will share a definition of emotional well-being, why it's important, and practical ways to achieve it. Taking care of your emotional well-being matters. When you're emotionally healthy you manage the various elements of your life and work with a range of emotions, without losing control. You bounce back. We're all more

aware of it right now, coming off of a year that triggered more intense emotions for many people. But attending to your emotional well-being is always a good investment, in good times or bad. Life presents events that challenge you, but when you know how to face these obstacles with a resilient mindset, your confidence in your ability to get through any circumstance is strengthened. What is emotional well-being? Emotional well-being is the ability to produce positive emotions, moods, thoughts, and feelings, and adapt when confronted with adversity and stressful situations. One of its foundations is resilience, which allows you to navigate challenging life events. Think of resilience like a muscle. It flexes and develops the more you use it. Resilience impacts how you face challenges and how you think about the challenges you face. For example, when you're passed up for a promotion at work, do you feel motivated to jump into a new professional development program, or do you feel resentful? Are you optimistic that another strong opportunity will come along when the time is right, or do you feel overwhelming disappointment that you missed this particular opportunity? Emotional well-being allows you to focus on the positive, and manage the negative emotions and feelings you may have in a given situation. This can help you forge stronger relationships with those around you and develop a strong sense of emotional permanence. For instance, the person promoted into the role you had wanted, or the company leader who may have inadvertently overlooked you. According to the Mental Health Foundation and the CDC: A positive sense of well-being enables an individual to be able to function in society and meet the demands of everyday life. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy. How you deal with your range of emotions is critical. Personalized support helps build mental and emotional well-being. Find out more

Why is emotional well-being important? Your resilience grows when you recognize the emotions that trigger you and express them in a constructive manner to yourself and others. If we do not transform our pain, we will most assuredly transmit it usually to those closest to us: our family, our neighbors, our co-workers, and invariably, the most vulnerable, our children. - Fr. Richard Rohr To transform that adversity, begin by observing and managing your thoughts, feelings, and behaviors. That helps determine the actions you take and completely changes the way you handle stressful situations and make decisions. As you place more emphasis on your emotional well-being, you're able to: Receive and offer feedback with a healthy perspective. Have discussions and difficult conversations with anyone. Establish stronger relationships. That's because your level of understanding, empathy, humor, and compassion increases. You view yourself and others with less judgment. What's the relationship between emotional well-being and health? Everything in your life emotional, social, spiritual, physical, and intellectual connects in a state of well-being. For example, walking just 10-15 minutes a day gives your brain a boost. That means more energy, awareness, and a healthier outlook on life. Because exercise of any sort balances your dopamine and serotonin levels, it also improves your sleep and reduces stress and anxiety. All of this can make you better equipped to manage your feelings and emotions. Each area of your well-being has the potential to impact other areas. Many research studies focus on how poor mental well-being negatively impacts physical health leading to an increased risk in cancer, heart disease, and respiratory disease. And there is an emerging set of data that is focusing on the effects of positive well-being. For example, in a PhD project involving mental health and life stories, Rikke Jensen found a compelling connection between what you say about yourself and your experience of well-being. She asked 259 adults to describe up to ten specific memories in their life stories and answer questions about whether the events were related to positive or negative aspects of who they were. She found that life stories dominated by positive events and connections were related to higher subjective well-being, while life stories dominated by negative events and connections were related to lower subjective well-being. It makes sense that your stories reflect what you're feeling about yourself, your health, and how you relate to others. Consider that the next time you share what happened in your day. Take control of your emotional well-being by focusing on the positive

emotions you felt, processing information, and learning from any negative experiences. the popular Sesame Street character Elmo was nice enough to ask everyone how they were doing. Elmo and his friends from Sesame Street probably did not realize what would happen next. Thousands of people replied to his tweet with an outpouring of concern and despair. The replies covered everything from personal woes, such as broken relationships and lost jobs, to deep despair about climate change. In response to the outpouring, Elmo kindly offered a link to a mental health helpline and some compassion for his followers. #EmotionalWellBeing was important, Elmo stated, and that is his hope for everyone. So, lets talk about what exactly emotional well-being is, what it looks like, and how to achieve it. Emotional well-being can be defined as the emotional quality of an individuals everyday experience, including the frequency and intensity of the experience of joy, stress, sadness, anger, and affection that make ones life pleasant or unpleasant. While this definition doesnt distinguish positive emotional well-being from negative emotional well-being, lets assume that Elmos desire for us all is to have positive emotional well-being, and we can focus our discussion on that. Here are five questions to ask yourself to figure out if your emotional well-being could use some improvement, as well as some tips for how to achieve that.

1. Monitor how much you complain. We all have our moments, our bad days, and our bad seasons of life. Our circumstances are not always within our control, but the ways in which we respond to them can make a big difference. If you notice that you are making many more negative statements about your circumstances, your relationships, or just anything that you find unpleasant, your tendency to focus on the negative is going to affect your emotional well-being. If your friends and loved ones have told you that you complain a lot, listen to them before you become defensive. If you only view the world through a negative lens, you wont have a very nice view. It becomes harder to identify positive experiences when people profoundly focus on what is wrong with their lives.
2. Intentionally acknowledge what is positive in your life. Feeling good and maintaining emotional well-being involves more than just the absence of complaining and negative thinking. It also involves the awareness of what is going well in your life or the things that you consider to be good. This doesnt always have to be major achievements or life events. Positive aspects of your life might include your pets, your friends, your steady income, your hobbies, basically anything that gives you joy. Sometimes, when life seems harder, we forget to acknowledge what is positive. But its important to do so, to speak it out loud, and to reflect on being grateful for what we have. This act reminds your brain that life is not all bad all the time.
3. Surround yourself with loving, kind people. Some of us are born into big, happy families who consistently care about each other. Many of us are not so fortunate. But as we become adults, we can choose who we spend time with and who we prefer to keep around for companionship and support. Spend some time noticing how others around you behave. When you are with them, notice how you feel. Do you leave their presence feeling uplifted, hopeful, and supported? If so, you definitely want to keep that person as a part of your life. But if you notice youre starting to feel more pessimistic, your thoughts and emotions are more negative, or you feel really stressed, you want to consider whether this relationship should be permanent. Everyone has bad days, so you dont want to abandon people who are going through a hard time. But if you notice yourself regularly feeling discouraged or burdened after spending time with them, perhaps consider if you should do anything about it. This is especially true if most of your friends or the people who are in your life are unable to support you or make you feel good about yourself. We want people who are rooting for us and who can bear our pain as well as expecting us to endure theirs.
4. Refrain from comparing your circumstances to those of others. Social comparison can destroy emotional well-being. Scrolling through social media postswondering why some people lead such great lives, why some people are so beautiful and put together, and how some people never seem to strugglecreates a distorted reality about how well other people are doing. Remember that some people prefer to put their best images out on social media while keeping the rest of their lives private. Emotions Essential Reads Emotions Are Key to

Understanding Consciousness The New Psychology of Hope Also, remember that you do not know what goes on in other peoples lives unless they tell you. When you find yourself wishing you had someone elses life because you saw their Instagram posts, catch yourself and say something like, Good for them. I hope theyre happy. Then, keep scrolling. 5. Evaluate when you need to make changes. People who do not reflect on how their life is going often end up lacking emotional well-being. They find themselves stuck in a rut, and they are not aware of how it happened or what to do about it. It is important to consistently reflect on how your life is going. For instance, whether or not your job or career is satisfactory, whether you like where youre living, whether you have enough emotional support through friends and family, and how much you are enjoying your life. Reflecting on your circumstances allows you to identify what is going well in your life so you can be grateful and also what needs to change. Identifying the problems is the first step in making changes that result in good mental health and emotional well-being. Emotional well-being wont just happen on its own. You have to be proactive to cultivate and maintain your positive emotional well-being.