THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

2014

PAPER I

Model Answers

Note that these Mock Writtens papers are produced by local psychiatrists with no connection to the Examination Committee and are not vetted, test driven and perfected by committee in the way that the real papers are. The main point is not to get fixated about whether the question writers were “right” and you were “wrong” in the model answers, but to practice the marathon of doing 2 full 3-hour papers and practising the technique of the various question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself.

Critical Essay Question (40 marks)

In essay form, critically discuss this statement from different points of view and provide your conclusion.

"In a world where men and women were seen as equal, where women were valued and seen as being as worthy as men, would the diagnosis of Borderline Personality Disorder exist at all?"
- Dr Olivia Hamell (2005)

Reminder about marking process:
There are 5 dimensions. Each dimension scores up to 8 marks. A total of 40 marks is possible.

Marking Guide:
Dimension 1. Capacity to produce a logical argument (critical reasoning)

<table>
<tr><td>There is no evidence of logical argument or critical reasoning.</td><td>0</td><td rowspan="3">Comments: A logical structure needs to be demonstrated, rather than the writer seeming to have launched into the topic with no forethought, in a random or impulsive manner. Look for:
• Reasonable and brief opening statement regarding the main contrent of the quote (ideally not just parroting it)
• Useful to briefly define what Borderline Personality disorder is initially – but care re not boxing yourself in with a very narrow DSM-IV definition, as part of the essay will be discussing diagnostic systems as such and how these concepts are changeable. .
• A mid-section to essay with discussion addressing:
– The quote from different points of view.
– This quote is a question, not a statement, but it still lends itself to discussing both sides of the question (in such a world, yes, Borderline PD would still exist, vs no it wouldn't).
• Closing statement summarising, and providing the writer's overall "conclusions"

Ideally we want relevant examples and (if possible) references, and a good overall coherence and flow in the arguments and discussion.

Examples of points that might be included:
• Arguing that No, BPD would not exist in such a world – issues to be addressed:
➢ Argue that a higher % of patients diagnosed with BPD are women vs men (75% in women - DSM-IV)
➢ Argue that Diagnostic concepts are driven by societal and cultural issues – e.g. coloured by gender-roles and by political standpoints. Example of a past category that has been altered due to societal pressure: Homosexuality. DSM is descriptive and not all that evidence-based – are some politically-driven categories – e.g. due to the USA need for diagnostic categories for healthcare funders.
➢ Use the criteria to argue that clinicians are more likely to see emotional</td></tr>
<tr><td>Points are random or unconnected or listed or Assertions are unsupported or false or There is no conclusion</td><td>1-2</td></tr>
<tr><td>Points in essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.

The points in this essay follow logically to demonstrate the argument; and assertions are supported by correct and relevant knowledge.</td><td>3-4

5-6</td></tr>
</table>

The candidate demonstrates a highly sophisticated level of reasoning and logical argument. (and extra points for good references)	7-8	dysregulation as a "female" trait thus diagnose BPD more in females. ➢ Also societal expectations about female behaviour – society expects women to be more emotional and encourages this (the reverse for men). ➢ Argue that society devalues women thus adding to their stress and causing lower self-esteem (vulnerability to developing a PD). Examples – differential pay-rates male:female; largely female jobs (e.g. kindergarten teachers routinely low paid, fewer women in leadership posts world-wide, legacy of centuries of discrimination, etc. if that were redressed, rates BPD would fall. ➢ Finally argue that, partly because of the above, females are far more often the victims of childhood sexual abuse, rape and domestic violence – all risk factors for BPD. Argue that if that were to cease, rates of BPD would fall. • Opposite side of the argument: ➢ Argue against BPD being caused largely by trauma and adversity. Use Linehan's model of inbuilt lability (a genetically inherited trait) and external stressors, both causing BPD. So yes, the world might be less adverse to women, but the rates could still be as high if it's as much caused by inherited character traits. ➢ Alternatively, could argue that even in an (unrealistically) ideal world, there will still be sources of trauma causing vulnerability, so still BPD diagnosed. ➢ Politically, not likely to be removed from DSM as the diagnosis is essential for funding treatment programmes in USA – so yes, would exist.

Dimension 2. Flexibility

The candidate restricts essay to an extremely narrow and very rigid line of argument.	0	Need some arguments on both sides for this, as above. <u>Comments:</u> Note that candidates can't score higher marks unless they briefly discuss *the strengths and weaknesses of each viewpoint* and weigh these up. So presenting very weak arguments with little or no evidence to back them, and not acknowledging that, gets <4 points. Ideally we want statements such as "there is level 1 evidence that…" and "Numerous RCTs have shown that…" etc. But can still score 3 even if the evidence/examples are not evaluated re their strength.
The candidate considers only one point of view.	1-2	
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated. The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	3-4 5-6	
The candidate demonstrates highly sophisticated ability to set out and evaluate >1 point of view	7-8	

Dimension 3. Ability to Communicate

The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0	NB: Also mark down if writing's illegible or if there are multiple deletions and insertions that make essay hard to read.
The spelling, grammar or vocabulary significantly impedes communication.	1-2	
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates limited capacity for written expression.	3-4	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5-6	
The candidate displays a highly sophisticated level of written expression.	7-8	

Dimension 4. Humanity/Experience/Maturity/Judgment

The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0	<u>Comments:</u> Awareness of the human rights struggle of women and of ongoing inequalities is needed. Candidate needs to use language carefully and not appear to be prejudiced or stigmatising women or patients with BPD, in the essay. Awareness of ethical issues around the treatment of women and girls and regarding diagnostic systems.
Judgments are naïve; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1-2	
The candidate demonstrates some reasoned judgment, maturity of thinking, clinical experience and displays some awareness of the ethical issues raised by the quote. The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	3-4 5-6	
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7-8	

Dimension 5. Breadth - ability to set psychiatry in a broader context.

Candidate shows no awareness of the broader scientific, social, cultural or historical context.	0	Comments: Obvious "breadth" areas that may be covered are: History – of the DSM, esp. re social and cultural pressures altering diagnoses. History of the women's rights movement. Cultural and Social issues – these are numerous. e.g. the subculture of gender. The politics of the DSM. But also useful to look at how culture affects the making of this diagnosis and the plight of women. BPD diagnosis might not be made in Iran or Pakistan, for example, as women might not have much access to mental health services there and the doctors in those services might be prejudiced. Or, it might be made in a perjorative manner, as used to be frequent here as well before treatment programmes improved. Etc. etc.
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1-2	
The candidate demonstrates an ability to understand psychiatry or mental illness in only one of the following contexts: broader scientific, socio-cultural, historical context. The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	3-4 5-6	
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7-8	

Reminder of actual CEQ Dimensional Scoring:

Dimension 1. Capacity to produce a logical argument and critical reasoning	
There is no evidence of logical argument or critical reasoning.	0
Points are random or unconnected or listed; **or** assertions are unsupported or false; **or** there is no conclusion.	1 2
The points in this essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.	3 4
The points in this essay follow logically to demonstrate the argument; **and** assertions are supported by correct and relevant knowledge.	5 6
The candidate demonstrates a highly sophisticated level of reasoning and logical argument.	7 8

Dimension 2. Flexibility	
The candidate restricts him or herself to an extremely narrow and very rigid line of argument.	0
The candidate considers only one point of view.	1 2
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated.	3 4
The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	5 6
The candidate demonstrates a highly sophisticated capacity to set out and evaluate more than one point of view.	7 8

Dimension 3. Ability to communicate	
The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0
The spelling, grammar or vocabulary significantly impedes communication.	1 2
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates poor capacity for written expression.	3 4
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5 6
The candidate displays a highly sophisticated level of written expression.	7 8

Dimension 4. Judgment, experience and maturity, ethical awareness	
The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0
Judgments are naive; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1 2
The candidate demonstrates some reasoned judgment or maturity of thinking or clinical experience or awareness of the ethical issues raised by the quote.	3 4
The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	5 6
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7 8

Dimension 5. Breadth: ability to set psychiatry in a broader context	
The candidate shows no awareness whatever of the broader scientific, social, cultural or historical context.	0
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1 2
The candidate demonstrates an ability to understand psychiatry or mental illness in a broader scientific or socio-cultural or historical context.	3 4
The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	5 6
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7 8

MODIFIED ESSAY QUESTION 1

Modified Essay Question 1: (28 marks)

You are working as a registrar in the consultation liaison psychiatry service of a general hospital. You are contacted by the Senior House Officer (SHO) on the neurosurgical ward with the message that the neurosurgical team has admitted "one of yours". This is apparently Billy, a 27 year old man with chronic schizophrenia who has self-injured by hammering a screwdriver into his forehead and who had an operation to remove this the previous night.
The SHO says that the neurosurgeon wants him transferred to the psychiatric unit "as soon as possible as we need the bed".

Question 1.1 (7 marks)

Outline how you would approach this referral, up to but not including assessing the patient himself.

		worth	mark (circle)
A.	Discussion with the referring SHO: • Maintain a professional and helpful attitude. • Get as much clinical information as you can from the SHO before visiting the ward • Say that you're happy to assess Billy but that transferring him to a psychiatric ward so soon after surgery may not be feasible.	3	0 1 2 3
B.	Get as much information as possible from the records before assessing Billy: • Read the past psychiatric and medical records • Read the current surgical records and investigation results	2	0 1 2
C.	Get as much information as possible from staff who know him before assessing the patient: • Talk to Billy's community team – especially his key worker and doctor • Talk to the nursing and medical staff on the surgical ward.	2	0 1 2
D.	Get Collateral history: • Get collateral history from his family, including psychiatric and medical history. • Get collateral history from any other key person such as his General Practitioner.	2	0 1 2
	Up to a maximum of 7 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7.
Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7)

Modified Essay Question 1

The information from the neurosurgical ward staff is that Billy is showing no signs of brain injury as he managed to hammer the screwdriver in between his frontal lobes, doing minimal damage. Surgery was only to check this and clean the area. They say he has been calm and cooperative. His community team and GP are shocked and surprised by the self-injury, but say Billy had been quite stressed and is generally impulsive, with poor judgement. He is managed via a long-term community-based Compulsory Treatment Order (Mental Health Act).
You find that Billy's mother is away in Australia, and his girlfriend with whom he lives also has schizophrenia. The community team advise you not to contact her, saying she tends to be very labile emotionally and they will support her and gather any information they can.
You go to the neurosurgical ward to assess Billy. You find him in a 4-bedded room with no special nursing watch. He is awake and his head is thickly bandaged. The screwdriver is lying on the nightstand beside him.

Question 1.2 (9 marks)
Outline how you would approach this situation, including the patient assessment and any immediate interventions.

		worth	mark (circle)
A.	Attitude: Maintain a calm manner and try to engage Billy and develop rapport.	max. 2	0 1 2
B.	Secure the environment: Remove the screwdriver – with Billy's permission as it's his property, even if he says he won't repeat the self-harm. If he objects, say that the hospital rules won't allow it to be left there and take it anyway.	max. 2	0 1 2
C.	Risk Assessment: Assess Billy's mental state and get all relevant history from him to enable a comprehensive risk assessment (history of the self-harm, his thinking, suicidality, psychotic symptoms, mood state, stressors, plans, etc. etc.)	max. 3	0 1 2 3
D.	Assess the consequences of his self-harm: Do as detailed a bedside assessment of Billy's cognition as is possible. Do a basic physical evaluation of any possible sequelae from the self-harm, with reference to the neurological examination in his records. - Take history from Billy to check that he has no neurological sequelae. - Do any additional physical checks that might be relevant, if these were not already assessed.	max. 3	0 1 2 3
	Up to a maximum of 9 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 9. Final Mark is to be set at not more than 9. (i.e. if they score more, final mark is still 9)

Modified Essay Question 1

Question 1.3 (4 marks)
Briefly describe three bedside tests you would do, to assess Billy's frontal lobe functioning, and how you would determine if any deficits were new or longstanding.

		worth	mark (circle)
A.	Three frontal lobe (executive functioning) tests: Examples would be verbal fluency, perseveration, draw a clockface, similarities (or proverbs, but similarities testing is preferred as many people no longer know the proverbs), Luria test, tapping test, etc. Brief detail/description of each test is required, not merely a list of test names, for the full marks.	max. 3	0 1 2
B.	Comparison to determine recency of deficits: Check past records for any cognitive testing. If none recorded, question his community follow-up team in more detail to try to determine the degree of past deficits observed.	max. 2	0 1 2
	Up to a maximum of 4 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 4.
Final Mark is to be set at not more than 4. (i.e. if they score more, final mark is still 4)

Modified Essay Question 1

Your assessment of Billy shows that he has very concrete thinking and a fatuous affect. He appears to be of relatively low IQ as well. There are no signs of acute psychosis, and the community team did not think he had been relapsing.
The SHO repeats the request that Billy be transferred to the psychiatric inpatient unit which is in the same general hospital, saying "we've done our bit – all he needs now is the antibiotics we've prescribed".

Question 1.4 (8 marks)
Outline the key factors you would weigh up and the steps you would take, regarding transferring Billy to the psychiatric unit. Assume there would be enough beds to admit him if need be.

		worth	mark (circle)
A.	Pros and cons for patient: Determine whether it would be in his best interests to remain on the neurosurgical ward: - any medical or surgical reasons to keep him there; - vs any disadvantages to him remaining there, such as the staff being anxious, and less able to appropriately manage a patient with schizophrenia.	max. 2	0 1 2
B.	Liaison and advocacy: Determine whether the psychiatric unit can be persuaded to accept him this soon post-surgery. This would require information, reassurance and advocacy, via liaison with the senior/charge nurse and/or admissions manager (etc.) The situation needs discussion with registrar's supervisor before a decision, and with the responsible psychiatrist at the psychiatric unit. It would be helpful to have the neurosurgical nurse liaise directly with psychiatric unit nursing staff, possibly with additional nursing liaison if there were nursing staff on the C-L team.	max. 3	0 1 2 3
C.	Medico-legal status and Consent: Need to determine what Billy's status should be: can he be managed essentially "voluntarily" with the Community Treatment Order continuing in the background ready for his discharge home, or does his status need changing to formal inpatient status (the details of this will vary depending on local mental health act provisions)? This should also be discussed with supervisor and the relevant psychiatric staff. Unless his Mental Health Act status is altered, Billy needs to consent to the plan if he is to be moved. Ideally he needs to be provided with information and be part of the decision. If he were uncooperative and had higher-risk plans, his Mental Health Act status would need review.	max. 3	0 1 2 3
D.	Pragmatics: Arrange his medication. Inform the community team and his family (directly or via that team). Relevant documentation depending on decisions as above.	max. 2	0 1 2
	Up to a maximum of 8 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8. Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8)

MODIFIED ESSAY QUESTION 2

Modified Essay Question 2 (26 marks)

You are working on a Community Mental Health Centre (CMHC). Danny is a 22 year old indigenous man who has been treated voluntarily for a first episode of psychosis. He presented to mental health services for the first time three months ago after acting bizarrely at his local church. Before this incident Danny had been smoking cannabis with his cousin. His grandmother (who raised him, with his grandfather) says that he had no previous mental health problems but had a difficult childhood as he was physically abused by his father, and his mother died from rheumatic fever when he was 12.
The Crisis Team assessed him and considered him psychotic. He was commenced on olanzapine 10mg daily which appeared to reduce his symptoms, and referred to the CMHC team for follow up.
Before your first scheduled meeting you are contacted urgently by phone, by Danny's grandfather. Danny has been at the church again threatening churchgoers, saying they were not following the 'true path'. He said he was hearing God's voice directing him. Since starting olanzapine he has been spending more time alone. His grandfather says that he was heard muttering to himself in his room and he has been praying more, and clutching a Bible. You get as much detail as you can from Danny's grandfather and from the psychiatric records.

Question 2.1 (11 marks)

Outline how you would now go about arranging to do an urgent home-based Risk Assessment with Danny, and the key issues you would want to address at this assessment. Do not cover ongoing management.

		worth	Mark
A.	General Pre-Visit planning: With the Crisis team, decide who is to be at the assessesment • Ideally take a Crisis team worker who knows him and the family; • Ideally take a cultural worker if possible, (or team member of that culture); • Be sensible about not taking too many people with you; • Plan to see Danny alone and with his family.	max. 3	0 1 2 3
B.	Plan for Risks during the Assessment: • Info.from his grandparents should have clarified whether any risk to others • Also clarify that from Crisis team records • Even if no clear risk, he sounds to be psychotic and could be unpredictable – make sure police back-up can be speedily arranged.	max. 2	0 1 2
C.	On Arrival / Attitudes: • Be respectful and sensitive about any cultural issues in how the assessment is conducted (e.g. in NZ there may be issues such as removal of shoes at the door) • if a cultural worker is present they may start and end the assessment with a brief prayer or ritual	max. 2	0 1 2
D.	Assess Danny: • MSE with particular reference to evidence of psychosis or mood disorder: e.g. behaviour during assessment, affect, thought disorder, delusions, hallucinations, confusion & disorientation, judgement & insight, etc. • His and family's perspective of events at the church • His and family's perspective of past risks – aggression, self-harm • Are any risks psychotically driven? Exacerbated by? Protective factors? • Recent drug and alcohol use – details of this (type, amount, etc.)	max. 4	0 1 2 3 4
E.	Assess his treatment to date: • Attitudes to diagnosis and medication (his and family's) • Response to medication and check for side effects • Do his family supervise medications or not – assess adherence	max. 2	0 1 2
		Up to a maximum of 11 marks in total **TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 11.
Final Mark is to be set at not more than 11. (i.e. if they score more, final mark is still 11)

Modified Essay Question 2

During the assessment you see Danny at his home with his grandparents. Danny says that that you cannot understand, as this is a spiritual problem and there is no need for medication.
His grandfather afterwards tells you privately that Danny has been very difficult to live with lately – disruptive, not making sense and disrespectful to his grandmother. He says they have been shouting a lot, and asks if the medicine comes as a syrup as then they could "put it in his food".

Question 2.2 (10 marks)
Outline the most important management issues to address with his grandparents.

		worth	Mark
A.	Urgent need for psychoeducation: • About what psychosis is and psychosis vs spirituality • education about his medication - its benefits and side-effects • about the importance of engaging Danny in follow-up	max. 3	0 1 2 3
B.	Discuss how Danny is given his medication: • acknowledge family's cultural beliefs and social structure • explain law re need for consent (or need to use MHAct)	max. 2	0 1 2
C.	Mental Health Act decision and Risk monitoring: • Determine if MHAct is justified now if Danny refuses treatment (discussion about admission may follow, if so) • Discuss risks if he worsens - self-harm, possibly to others if deluded • If not procceeding now, discuss Crisis Team follow-up and when MHAct might be necessary, depending on risks	max. 3	0 1 2 3
D.	Support for family: • Info about supports (like SF/NAMI/more Cultural support if available) • Offer help for them to manage expressed emotion within the family	max. 2	0 1 2
E.	Substance abuse: • Education about this increasing Danny's risks • Need for a harm reduction approach to his substance use	max. 2	0 1 2
	Up to a maximum of 10 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 10.
Final Mark is to be set at not more than 10. (i.e. if they score more, final mark is still 10)

Modified Essay Question 2

A week later, Danny remains at home and has accepted oral medication taken under supervision of the Crisis Team. His grandmother approaches you during a home visit and says the family want to take him to a local traditional healer within their culture, for spiritual healing.

Question 2.3 (5 marks)

Describe how you would respond to this.

		worth	Mark
A.	Attitude: • Of respect for their culture and openness to his grandparents' wishes	max. 1	0 1
B.	Gather information/discuss pragmatics: • How far will Danny need to travel and what might the traditional healing involve (how prolonged, how stressful or calming, etc. – esp. given his religious delusions)	max. 1	0 1
C.	Collaborate and combine treatment approaches: • Work out a plan in collaboration with Danny and his family – ideally to combine Crisis team/CMHC follow-up and medication with the traditional/spiritual healing	max. 1	0 1
D.	Plan for possible problems: • Try to determine whether the traditional healer is likely to tell Danny to cease his medication – try to pre-emt this via more education and planning – offer to talk with the healer if they wish	max. 1	0 1
E.	Ensure close follow-up: • With the Crisis team/CMHC, around the time of the healing, in case his mental state worsens	max. 1	0 1
	Up to a maximum of 5 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Please mark all boxes.

<u>Note:</u> Candidates will respond to this MEQ as appropriate depending on whether they are based in NZ or Australia (regarding local indigenous peoples), and the marking should take this into account.

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (25 marks)

Anna, aged 7, has been referred by her General Practitioner to the Child Mental Health team where you work due to problems which have developed over the past several weeks. Her family are immigrants from Europe and she came here when she was two with her parents and two older brothers. Her parents separated six months ago and her brothers now live with their father. Anna stays with her father every second weekend. On alternate weekends her brothers come to stay with Anna and her mother.
The referral information says that Anna has been refusing to go to school and has become clingy – very anxious if separated from her mother.
Anna is physically well and has never had any serious illness. Her birth was normal and she is on no medication. She has not been seen by mental health services before. Her mother speaks good English and does not need an interperter. Anna herself is bilingual.

Question 3.1 (8 marks)
Using the vignette above, give the likely psycho-social causes for Anna's school refusal which you would want to clarify and explore. Outline these, and explain any psychological mechanisms involved.

		worth	mark (circle)
A	Reaction to her parents' separation: • Anxiety and insecurity due to the loss of a stable parenting dyad. • Loss of her older brothers from the home environment as well. • Due to these losses, Anna may fear that she will lose her mother as well, so has become clingy and unwilling to be separated from her.	max. 3	0 1 2 3
B	Possible effect of her mother's coping on Anna: • Anna's mother might be stressed, with problems coping following the separation. If she were anxious, unhappy or depressed this could adversely affect Anna. • In addition, Anna might feel that she needed to stay with her mother to look after her.	max. 2	0 1 2
C	Possible effect of family dynamics on Anna: • If there were intra-familial conflict, such as arguments and tension between her parents, this could adversely affect Anna and increase her anxiety.	max. 1	0 1
D	Effects of immigration: • There might still be stress from this resulting in social anxieties and difficulties fitting in at school. • Anna's mother might not be coping well with the stress of immigration, especially now the marriage has broken up. • All of this, if present, would adversely affect Anna, who might also have to be the main cultural go-between for her mother.	max. 3	0 1 2 3
		Up to a maximum of 8 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8.
Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8).

Modified Essay Question 3

Question 3.2 (2 marks)

Based on the vignette, what is Anna's most likely diagnosis?

		worth	mark (circle)
A	Separation anxiety disorder or Separation anxiety (no marks for "school refusal" or for any other anxiety disorders)	max. 2	0 1 2
	Up to a maximum of 2 marks total **Total:**		

Note to Examiners: **Please mark all boxes.**

Modified Essay Question 3

You carry out an assessment with Anna and her mother. Her mother gives you permission to talk with Anna's teacher and the school.

Question 3.3 (6 marks)

What collateral information would you want from Anna's teacher and the school?

		worth	mark (circle)
A	Anna's general adjustment while at school her premorbid coping and social and educational progress problems or behavioural changes noted in the past months. Specifically, details about the school refusal and any signs of anxiety or depression.	max. 3	0 1 2 3
B	Any interventions to deal with the school refusal that the school has made, and the outcome of these.	max. 1	0 1
C	Any stressors or problems at school that the school are aware of, that might be affecting Anna adversely, such as teacher changes, bullying, etc.	max. 2	0 1 2
D	Anna's teacher's understanding of her family situation and how Anna's mother is coping.	max. 1	0 1
		Up to a maximum of 6 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 6.
Final Mark is to be set at not more than 6. (i.e. if they score more, final mark is still 6).

Modified Essay Question 3

You decide to proceed with behavioural therapy to address the school refusal, using a Star Chart.

Question 3.4 (9 marks)

Outline your management plan for this therapy, in Anna's case.

		worth	mark (circle)
A	Education and planning with Anna's mother: • Explain the therapy structure and use of the Star Chart • Explain the timeframe • Determine suitable small and larger rewards for Anna (e.g. a small daily treat for attendance and a larger reward at the weekend for several schooldays attended)	max. 3	0 1 2 3
B	Teach Anna, her mother and her teacher anxiety-management techniques such as breathing and relaxation techniques.	max. 2	0 1 2
C	If possible, involve all her family – educate her father about the therapy and anxiety management as well, and have her parents explain it in basic terms to Anna's brothers. Encourage everyone to praise Anna for school attendance.	max. 2	0 1 2
D	Work with her teacher to explain the therapy and plan Anna's reintegration back into school. This will be graded – e.g. initially just going to school with her mother but not going in, then lunchtimes or favourite classes only, then half days at school, working up to full days and then several days weekly.	max. 2	0 1 2
E	Need to review progress and adapt the plan. Arrange follow-up appointments with Anna and her mother, and reviews with her teacher.	max. 2	0 1
	Up to a maximum of 9 marks total. **Total:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 9. Final Mark is to be set at not more than 9. (i.e. if they score more, final mark is still 9).

MODIFIED ESSAY QUESTION 4

Modified Essay Question 4: (24 marks)

When on call one night, you are asked by the Emergency Department houseofficer to see Paul, a 45 year old university mathematics lecturer. Paul has no past psychiatric history but was brought to the hospital after police happened on him in a local cemetery, attempting to hang himself from a tree. He did no injury to himself as he was interrupted before completing the attempt. Paul tells you that he no longer wants to live since his wife and their two children were killed in a helicopter crash two months ago. The helicopter was piloted by his father-in-law, who also died in the accident. Paul was not with them – his wife and children were on holiday at his father-in-law's sheep station. Paul has no siblings or other close family. His parents are both dead, his mother when he was aged 11, of cancer, and his father a year ago from a heart attack. Paul now lives alone and says he has drifted away from his prior friends, and has no real supports.

Paul appears sad but talks freely. He says that he has made a reasoned decision to end his life, as without his family "there's nothing to live for". He denies any anxiety symptoms and when asked if he feels depressed, says "of course: wouldn't you be? But I'm not crazy and I'm not sick, if that's what you mean."

Question 4.1 (2 marks)

Based on the information in the vignette, if Paul has a psychiatric diagnosis, what would the two main differentials be?

		worth	mark (circle)
A	Adjustment disorder with depressed mood	max. 1	0 1
B	Major depressive episode	max. 1	0 1
		Up to a maximum of 2 marks total **Total:**	

Note to Examiners: **Please mark all boxes.**

Modified Essay Question 4

You assess Paul, who has low mood and hopelessness regarding the future, but few vegetative symptoms of depression. He has some initial insomnia and admits to his sleep being relatively unrefreshing: "I wake up in the morning and for a second it's OK, then it hits me again: they're gone". He is making himself eat and has not lost weight. In the three weeks he has resumed work as a lecturer and finds that he can concentrate and manage a day's work. He says that it helps a little, as a distraction, but "feels pretty pointless". He has not attempted theoretical mathematical work, but can cope with basic lectures. There are no symptoms of any other psychiatric disorder and he does not drink or use drugs. He has no religious beliefs.

Paul is clear that he sees no point in continued existence, and intends to make another suicide attempt as soon as he can. "I'll find a more efficient method next time – probably crash my car or something."

Paul is persuaded with difficulty to give you contact details for a friend, John, who lives locally, and agrees that you can talk with him. "We used to be close, but I haven't seen much of anyone since the funeral."

Question 4.2 (4 marks)
Outline the main reasons to contact John, Paul's friend.

		worth	**mark (circle)**
A	To obtain collateral history: • to check Paul's account of events • to gather information about his premorbid personality, his recent coping, mood state and behaviour.	max. 2	0 1 2
B	To increase Paul's supports: • to make his friend aware of Paul's suicide attempt and enlist his support, if possible. • to find out if there are any other key people who could support Paul.	max. 2	0 1 2
	Up to a maximum of 4 marks total **Total:**		

Note to Examiners: Please mark all boxes.

Question 4.2 (8 marks)

List the Risk Factors in Paul's case which indicate higher suicide risk.

		worth	mark (circle)
A	Male sex	max. 1	0 1
B	Bereavement/marital status (multiple devastating losses – his father, wife and children)	max. 2	0 1 2
C	Death of his mother when he was aged less than 12 (childhood adversity)	max. 1	0 1
D	Method – hanging is higher risk than an overdose, in general	max. 1	0 1
E	Social isolation	max. 1	0 1
F	Definite intent to complete suicide	max. 1	0 1
G	Hopelessness (lack of future orientation)	max. 1	0 1
H	Ready access to means (e.g. a single-car MVA)	max. 1	0 1
	Up to a maximum of 8 marks total **Total:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 8.
Final Mark is to be set at not more than 8. (i.e. if they score more, final mark is still 8).

Modified Essay Question 4

You manage to contact Paul's friend by telephone. John confirms Paul's account of events and says "It's a bloody tragedy. Paul's a great bloke – he was fine until all this happened." He is upset to hear of Paul's suicide attempt and says he will see Paul first thing in the morning. It is now 11.45pm at night.

Question 4.4 (10 marks)
Outline your management options as regards Paul, and discuss the ethical and medico-legal issues involved.

		worth	mark (circle)
A	Approach: • Ideally, as collaborative as possible, even if he says he's only cooperating short term and still intends to suicide • Try to engage and develop rapport – show empathy, be supportive, try to instill hope		0 1
B	Safety / Placement decision: • Unsafe to discharge him (high risk – actively suicidal, lives alone) • Ideally, persuade him to accept a voluntary admission • Failing that, admit using Mental Health Act		0 1 2
C	Ethical Issues: • Autonomy (his right to end his life on existential grounds). Ultimately we cannot stop him making this decision, but he needs a proper assessment before being allowed to do so • Versus Benificence – duty of care on our part. We must at least carry out a full assessment in a place of safety (inpatient unit). If the outcome is that he has no Axis I disorder he would be released. However, even in this case the chance for him to be briefly cared for by concerned staff, to talk about his situation, and for his friend(s) to become aware of his suicidality and provide support, might prevent him from completing suicide. • Non-maleficence also applies – important not to traumatise him further if the admission has to be compulsory. Care needed in how this is handled.		0 1 2 3 4
D	Medico-legal issues: • Do we have legal grounds to use the Mental Health Act? (details of the law will vary between NZ and Australia and State by State but the issue should still be mentioned) • In NZ there would be grounds to admit him not for treatment but to assess whether he *might* have a "disorder of mood" (even if he says he doesn't) • Acknowledge that this is a very difficult situation – should be mention of consulting with supervisor or on-call psychiatrist		0 1 2 3
E	Pragmatics/Logistics: • Arrange admission and liaise with staff re him being high risk – need for very close observations • Admit to the High-Dependency/ICU part of ward if he agrees (use MHAct if he doesn't). • Nursing observations re symptoms & coping, esp. depressive symptoms • Offer PRN night sedation		0 1 2
		Up to a maximum of 10 marks total **Total:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 10. Final Mark is to be set at not more than 10. (i.e. if they score more, final mark is still 10).

MODIFIED ESSAY QUESTION 5

Modified Essay Question 5: (19 marks)

Harry is a 39 year old man with mild intellectual disability, who lives with his 66 year old mother who has emphysema and congestive heart failure – all family members are on benefits. He has been attending a sheltered workshop for nine years, and recently there have been several staff changes there. Harry's younger sister had a baby four months ago and they also live in the household. Since then, Harry has become increasingly aggressive and violent. Harry has had a history of epilepsy since childhood and his only medication is Sodium Valproate.

Question 5.1 (6 marks)

What are the possible causes of Harry's recent behavioural problems?

		worth	mark (circle)
A.	Reaction to stressors • birth of sister's baby leading to diversion of the family's attention • the staff changes at his sheltered workshop • his aging mother's health problems causing concern	max. 2	0 1 2
B.	Possible physical cause • possible poor epileptic control with peri-ictal lability/confusion • another neurological condition affecting his coping • another possible physical illness affecting his coping	max. 2	0 1 2
C.	Possible presence of a psychiatric condition such as: • depression • anxiety • psychosis • substance abuse	max. 2	0 1 2
	Up to a maximum of 6 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes.

Modified Essay Question 5

You work at the local community team and Harry's General Practitioner asks you to assess him. The GP has carrried out a physical examination & done investigations. He says that Harry's Sodium Valproate serum level is good and has not altered, and there are no new physcial findings.

Question 5.2 (6 marks)

Outline the principles involved in Harry's psychiatric assessment.

		worth	mark (circle)
A	Approach to the assessment: • recognition of the specific needs of patients in this population • need for engagement, rapport development and sensitivity in approach, with communication appropriate to his developmental level	max. 2	0 1 2
B	Risk assessment and safety issues essential: • assess danger to self • assess danger to others – especially his sister's baby	max. 2	0 1 2
C	Comprehensive history and collateral information required: • determine the level of his intellectual disability • assess his ability to give history and respond to therapeutic interventions • get history from Harry • get collateral from mother, sister, supervisor at sheltered workshop, any other ID caseworker, GP and ideally any neurologist reports or neurology records	max. 2	0 1 2
D	Careful mental state examination required: • observation of Harry • elicit symptoms • collateral regarding symptoms from mother, sister, workshop etc. • especially, check for cognitive deficits, confusion, any perceptual abnormalities	max. 2	0 1 2
	Up to a maximum of 6 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 6. Final Mark is to be set at not more than 6. (i.e. if they score more, final mark is still 6).

Modified Essay Question 5

No physical or neurological cause is found for Harry's behavioural change. It is unclear if he is mildly depressed or undergoing an adjustment disorder, but there is no evidence that he has a psychosis.

At a clinical team meeting there is discussion of Harry's case. One of the nurses suggests a trial of olanzapine which she has seen "work wonders" in a similar case. She forcefully expresses her opinion that Harry needs the same treatment.

Question 5.3 (7 marks)
What potential risks with olanzapine would you alert the team to, before even contemplating the commencement of this drug?

		worth	mark (circle)
A.	Adverse physical effects or interactions: • Vulnerability to CNS side effects such as sedation, in patients like Harry • Medium-term risk of other side-effects e.g. weight-gain and metabolic changes (he's less active than others his age, mother has CVS disease) • some risk of an atypical reponse (esp. if he has a history of brain damage) • Reduced seizure thresold as he has epilepsy • Potentential interactions with Sodium Valproate (e.g. low Olanzapine serum levels, additive sedation, additive liver effects, etc.)	max. 4	0 1 2 3 4
B.	Possible negative psycho-social effects on Harry and his family: • Risk of non-compliance and negative interactions with family trying to make Harry take a new medication • Reduced motivation to try any behavioural intervention • Double stigmatisation from him being on an antipsychotic (e.g. possible assumptions by workshop staff)	max. 3	0 1 2 3
C.	Possible negative effects on treating team attitudes: • Loss of focus on behavioural approaches which could potentially be more effective (medicalization of Harry's behaviour)	max. 1	0 1
	Up to a maximum of 7 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 7.
Final Mark is to be set at not more than 7. (i.e. if they score more, final mark is still 7).

MODIFIED ESSAY QUESTION 6

Modified Essay Question 6: (18 marks)

Mr Klaus Larsen, a 44 year old man receiving a sickness benefit, has been referred to you at a Community Mental Health Service by his new General Practitioner (GP). Mr Larsen has a history of recurrent major depression, having had three episodes since age 35. He has moved to the city from a smaller rural community where he used to be a dairy farmer until becoming too depressed to maintain the farm. He and his wife have relocated to a nearby suburb and she has found work in an accountant's office. They are hopeful, the GP's letter says, that the greater resources available in the city will help Mr Larsen more with his depression.

He has been depressed for nine months now, treated with paroxetine 60mgs mane, this having been increased from 20mgs to 40mgs then 60mgs mane across a three month period due to poor response.

Although he improved to a degree on this medication, such that appetite and sleep are somewhat better, he remains low in energy, with poor concentration and motivation, anxious and pessimistic ruminations and mild diurnal variation, being slower and more preoccupied in the mornings.

He has had two prior episodes – the first at age 30 followed a change in governmental agricultural policy which came close to bankrupting him due to loss of subsidies, and was then treated with a four month course of amitriptyline to which he responded but recalls severe sedation and dizziness. This was followed by another recurrence of depression at age 39 when the district was threatened with a foot and mouth scare and there was talk of slaughtering animals as a precaution. On this second occasion his GP prescribed 20 mgs paroxetine and he responded to this across two months, remaining on it for four years as he feared a recurrence. He then tapered and ceased it due to sexual side effects.

He has had no other form of treatment across the years, apart from short courses of hypnotics when the depressions were severe.

Question 6.1 (6 marks)
In assessing Mr Larsen's recurrent and hard to treat depression, outline which aspects of history review your assessment would include.

		worth	mark (circle)
A	Detailed psychiatric, medical and personal history from Mr Larsen including his medication history & adherence, insight and any underlying psychological or personality factors that might be perpetuating his depression.	max. 3	0 1 2 3
B	History to review his Risk Assessment.	max. 1	0 1
C	Review his alcohol & drug use history, especially the amount of alcohol used, and any sequelae.	max. 1	0 1
D	Collateral history: • Detailed collateral from his wife – and see him and his wife together to assess their relationship. • Collateral history from his past past GP.	max. 2	0 1 2
	Up to a maximum of 6 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 6.
Final Mark is to be set at not more than 6. (i.e. if they score more, final mark is still 6) .

Modified Essay Question 6

Mr Larsen's GP has carried out a full physical and neurological examination and found no abnormalities. Mr Larsen has not had any recent blood tests or other investigations.

Question 6.2 (6 marks)

Which investigations would you arrange as part of Mr Larsen's assessment.

		worth	mark (circle)
A	Blood tests: • Comprehensive screening, i.e. FBC, ESR, renal function and electrolytes, liver function, thyroid function, serum calcium, serum glucose • Screen for syphilis, Hepatitis and HIV	max. 2	0 1 2
B	Other screening investigations: • Chest X-ray and EGC	max. 2	0 1 2
C	Neuroimaging: • CT or MRI	max. 2	0 1 2
D	Diagnostic Instruments: • Baseline evaluations – e.g. BDI, HDSR or MADRS	max. 2	0 1 2
	Up to a maximum of 6 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 6. Final Mark is to be set at not more than 6. (i.e. if they score more, final mark is still 6) .

Modified Essay Question 6

Mr Larsen has not had access to any psychological interventions in the past. Your assessment has not uncovered any serious life-long psychological issues and the marriage is supportive. Mr Larsen sees himself as a quiet person who is somewhat socially awkward. He is reasonably intelligent and is by nature a pragmatic person.

Question 6.3 (6 marks)

Outline the two main psychotherapeutic interventions which might benefit Mr Larsen, with the rationale for their use in his case and reference to the evidence base for their use in depression.

		worth	mark (circle)
A	Cognitive behavioural therapy (CBT): • Aimed at altering his negative cognitive shemata – he is described as ruminating in an anxious and pessimistic manner. He prefers a pragmatic therapy. • There is a considerable evidence base for the efficacy of IPT in depression with many RCTs and systematic reviews. (Level 1 evidence - see the RANZCP Clincial Guideline)	max. 3	0 1 2 3
B	Interpersonal therapy (IPT): • Aimed to help him adjust to his loss of role in selling the farm, and possibly his interpersonal social difficulties. He prefers a pragmatic therapy. • There is also a considerable evidence base for the efficacy of IPT in depression with many RCTs and systematic reviews. (Level 1 evidence - see the RANZCP Clincial Guideline)	max. 3	0 1 2 3
	Up to a maximum of 6 marks in total	**TOTAL:**	

Note to Examiners:
Please mark all boxes. One mark each for the type of therapy, the rationale for its use in this patient, and the evidence base.