THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

2014

PAPER I

I hereby verify that I have completed and returned the Critical Essay and Modified Essay Questions Examination booklet.

CANDIDATE'S NAME:	
DATE:	

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

CRITICAL ESSAY QUESTION

MOCK EXAMINATION

2014

PAPER I

CANDIDATE'S NAME:

DIRECTIONS:

Please write your responses in the following pages.

Write on the lined pages only. Answers written on blank pages will not be marked. Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided.

You can request additional spare pages from the invigilator if needed. Write your name on the top, and the question and sub-question number, and interleave the page into the booklet at the appropriate place.

Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

Critical Essay Question: (40 marks)

In essay form, critically discuss this quotation 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)

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MODIFIED ESSAY QUESTIONS

MOCK EXAMINATION

2014

PAPER I

DIRECTIONS:

There are several Modified Essay Questions worth a combined total of 140 marks.

Please write your responses on the nominated pages applicable to the question. Write on the lined pages only. Answers written on blank pages will not be marked.

Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided.

You can request additional spare pages from the invigilator if needed. Write your name on the top, and the question and sub-question number, and interleave the page into the booklet at the appropriate place.

Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

MODIFIED ESSAY QUESTION 1

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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.

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.

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.

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.

MODIFIED ESSAY QUESTION 2

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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.

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.

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.

MODIFIED ESSAY QUESTION 3

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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 interpreter. 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.

Modified Essay Question 3

Question 3.2 (2 marks)
Based on the vignette, what is Anna's most likely diagnosis?

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?

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.

MODIFIED ESSAY QUESTION 4

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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?

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 past 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.

Modified Essay Question 4

Question 4.3 (8 marks)

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

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.

MODIFIED ESSAY QUESTION 5

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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?

Modified Essay Question 5

You work at the local community team and Harry's General Practitioner asks you to assess him. The GP has carried 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 physical findings.

Question 5.2 (6 marks)
Outline the principles involved in Harry's psychiatric assessment.

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?

MODIFIED ESSAY QUESTION 6

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

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.

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.

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.