THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

2015

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.

"Those who cannot remember the past are condemned to repeat it."
- George Santayana: The Life of Reason. Pub. 1905

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

Marking Guide:

Note that as the new CEQ marking system with multiple variable domains is too new and sufficient samples of it have not been posted as yet, it hasn't been used this time. 2012 candidates using this mock exam will have to make do.

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 content of the quote (extracting this meaning, not just parroting it). No definitions needed.
• A mid-section to essay with discussion addressing the scope they plan to cover in the essay – ideally to indicate this before launching in. The quote is not specific to psychiatry but is a general philosophical statement. Trainees could thus apply it and discuss in a number of contexts. Hopefully some of what they choose to cover will be relevant to psychiatry! (if they have any common sense re the nature of the exam they're sitting, anyway ☺).
• e.g. they could discuss the quote re the various reasons why human beings may not "remember the past": (a Bio-Psycho-Sociocultural structure)
1) Shame and guilt (socio-cultural denial) – psychiatry as a culture may not want to remember the past – i.e. lessons from history that we need to learn from so as not to repeat abuses and failed treatments. Examples would be insulin coma therapy, deep sleep therapy, psychiatry used as a tool of oppression in Nazi Germany, USSR, Cuba and China. Sexual abuse and rights abuses in large psychiatric institutions everywhere. Role of psychiatrists in educating trainees and reminding each other, to avoid repeating these abuses. Counterargument would be that abuses may be repeated anyway whether or not we remember them, if societal/political pressures are strong. e.g. is the detention of illegal immigrants in Australia where those in power are aware of ethical issues and abuses but repeat the abusive system knowingly, for political (& racial?) reasons.
So possibly knowledge doesn't always confer freedom, where other politico-social forces are powerful enough (primate territorialism, protection of resources, fear of outsiders) etc.</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	2) Psychological defences (individual denial, repression, etc.) e.g. repetition compulsion and reasons why defences stop us "remembering the past" clearly so that we repeat dysfunctional behaviour, also, briefly, role of psychodynamic psychotherapy in overcoming this problem. Counterarguments here might be that defences serve a purpose so may be necessary to coping, that insight doesn't always change behaviour, and that Behavioural treatments may address problem behaviours without it being necessary to 'remember the past' (to be aware of the behaviour's origins). 3) Note that the application of these individual defences may not just cause problems to patients but also to us as clinicians (and thus to our patients), causing - denial of research evidence in favour of fixed clinical beliefs. - Boundary violations with patients who repetitively trigger countertransference issues, etc. etc. 4) Most simplistic interpretation is the biological – brain injuries and dementias can prevent individuals remembering the past and may cause repetitive behaviour and inability to learn from experience, causing impaired judgement and poor coping, with disability. • Closing statement summarising, and providing the writer's overall "conclusions" regarding the issue in the quote. We want relevant examples given to illustrate the discussion and (if possible) references, and a good overall coherence and rational flow in the arguments and discussion. <u>Overall structure of Essay:</u> I think this is more a topic for broad discussion – while sticking mainly to aspects that are relevant to psychiatry – rather than a "for and against" structure. Some arguing for and against is possible within each context, as above, but the quote is not primarily intended as a "pros and cons" debate structure. One reason this quote was selected was to demonstrate to candidates that the quote is not always a pro/con structure. Remember the Bio-Psycho-Social structure, and the "stakeholders" structure (issue discussed from perspective of patients, carers, staff, managers, funders, government, general public. etc. etc.)

Dimension 2. Flexibility

The candidate restricts essay to an extremely narrow and very rigid line of argument.	0	Comments: 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. Alternatively, discussing points that have little justification and relevance and not mentioning the relevance of the issue discussed to the quote, also attracts fewer marks. Ideally we want statements such as "there is level 1 evidence that…" and "Numerous RCTs have shown that…" etc. But candidates 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	Comments: This quote obviously has lots of scope for ethical and philosophical arguments, and for candidates to demonstrate a reasonably sophisticated understanding of human sociology and psychology as they result in dysfunctional/inhumane behaviour of individuals and of whole cultures or sub-cultures.
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: <u>History</u> – as above. esp. re the history of psychiatry. <u>Regarding Psychiatry</u> – mistakes/ethical breaches made by planners, service leaders, clinicians, etc. <u>Regarding individual patients</u> – repetition compulsion in psychoanalytic psychotherapy, and fixed schemas preventing learning from experience, in behavioural systems. <u>Cultural</u> and <u>Social</u> issues – as above. Remember that psychiatry is itself a culture.
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: (25 marks)

You are working as a registrar for a community-based Old Age Psychiatry team. Your team receives a referral from a general practitioner (GP) to see John, a rest home resident aged 71. The referral states:
"Can you please review John? He was admitted to the rest home 10 days ago, so I don't know him well. Nursing staff report that over the past week John has become increasingly paranoid, and is talking to non-existent people. When I saw John today he was irritable and paranoid. On examination his chest was clear, and his abdomen was soft and non-tender."

Question 1.1 (14 marks)

Discuss the type of information you would seek *prior* to seeing John in person. Give reasons for your answers.

		worth	mark (circle)
	Psychiatric History		
A	Existence of psychiatric conditions which may have psychosis as a symptom (e.g. primary psychotic disorder, affective disorder, cognitive impairment)	max. 2	0 1 2
B	Detail regarding current/previous psychotropic medication. This may suggest presence of a pre-existing psychiatric condition	max. 2	0 1 2
C	Detail regarding longer term psychological functioning which may affect transition to rest home	max. 1	0 1
	Medical History		
D	Detail regarding any medical disorders which may contribute to psychosis, both chronic (e.g. seizure disorder, sensory impairment, Parkinson's syndromes) and acute (i.e. any condition causing delirium, head injury)	max. 1	0 1
E	Detail regarding medications prescribed for physical health, particularly those which may produce psychosis (e.g. opioids)	max. 2	0 1 2
F	Detail regarding any alcohol or substance use that may produce psychosis, either in intoxication or withdrawal	max. 1	0 1
G	Detail regarding any previous investigations: bloods, urine analysis, head scanning	max. 1	0 1
	Recent observations by staff and family		
H	Additional information regarding symptoms mentioned in the referral, including: their severity/frequency, impact on behaviour, any associated distress, any contextual factors affecting expression of symptoms	max. 1	0 1
I	Detail regarding the presence or otherwise of other psychopathology, including: any affective symptoms, agitation, cognitive symptoms/signs, other psychotic symptoms	max. 2	0 1 2
J	Detail regarding the presence or otherwise of symptoms suggesting an organic origin of symptoms, including: being overtly medically unwell (e.g. physical observations, pain, constipation), symptoms of delirium, focal neurology	max. 2	0 1 2
K	Any associated risk (e.g. aggression, poor oral intake, wandering, refusing cares, suicidality)	max. 2	0 1 2
	Up to a maximum of 14 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Final Mark is set at not more than 14. (i.e. if they score more, final mark is still 14)

Modified Essay Question 1

Prior to arrival at the rest home, John had not seen medical professionals for some years. There are no recent investigations on record.

Question 1.2 (5 marks)
What investigations would you consider undertaking to clarify the diagnosis? Please give reasons for your answers, with specific mention of conditions you would like to rule out.

		worth	mark (circle)
A.	Urinalysis, to help rule out urinary tract infections contributing to a possible delirium. Toxicology is a possibility	max. 1	0 1
B.	Blood tests, to help rule out: infection (FBC), inflammatory/infective processes (ESR, CRP), nutritional deficiencies (B12, folate), endocrine disorders (TFTs, Ca, Phosphate). Syphilis serology and HIV testing are possibilities, depending on the history obtained	max. 2	0 1 2
C.	Chest X-Ray, to help rule out a chest infection contributing to possible delirium	max. 1	0 1
D.	Head scanning, to rule out sinister lesions (e.g. cancer, bleeds), and to look for evidence of any neurodegenerative process (e.g. atrophy, vascular changes)	max. 2	0 1 2
	Up to a maximum of 5 marks in total	**TOTAL:**	

Note to Examiners: Please mark all boxes, even if the total adds up to more than 5.
Final Mark is to be set at not more than 5. (i.e. if they score more, final mark is still 5)

Modified Essay Question 1

The blood and urine tests you order all turn out to be unremarkable. Physical observations are within normal limits. When you arrive at the rest home, nursing staff tell you that John is continuing to hallucinate. His overnight sleep has been poor. John is not in pain. Constipation noted after his arrival at the rest home was successfully treated with laxatives.

On mental state examination, John presents as mildly suspicious. He reports clearly seeing "intruders" and animals in his bedroom. There is no auditory component associated with these images. John reports feeling distressed and annoyed by these "intruders", but doesn't think the "intruders" or anyone else will harm him. He reports feeling "on edge", and objectively looks anxious. He denies feeling sad, depressed or suicidal.

A Montreal Cognitive Assessment you administer scores 22/30, with marks lost for delayed recall (-4), visuospatial function (-3), and orientation (-1). His attention and concentration are good. You notice he has a bilateral hand tremor.

On physical examination there is mild cogwheeling in both upper limbs, but no other abnormality. He wears an old pair of eyeglasses.

Question 1.3 (4 marks)
Give your preferred diagnosis, plus the most likely differentials. Give reasons for your answers, including features both supporting and not supporting your differential diagnoses.

		worth	mark (circle)
A.	Preferred diagnosis is a Lewy Body disorder (e.g. Lewy Body Dementia or Parkinson's disease). Features supporting the diagnosis include: possible autonomic disturbance (i.e. constipation), possible REM sleep disorder, possible cognitive impairment, tremor, cogwheeling.	max. 3	0 1 2 3
B.	Differential diagnoses include: • *Delirium*. For: visual hallucinations, some cognitive impairment, insomnia. Against: intact attention/concentration, lack of clear underlying medical condition • *Other forms of dementia* (e.g. Alzheimer's, vascular). For: some cognitive impairment • *Late onset primary psychotic disorder such as Schizophrenia*. For: presence of hallucinations. Against: absence of delusions, the existence of other features not normally associated with a primary psychotic disorder • *Charles Bonnet Syndrome*. For: prominent visual hallucinations, possibility of underlying eye disease. Against: existence of other features not normally associated with CBS. (1 mark for each differential listed, provided justifications are given)	max. 2	0 1 2
	Up to a maximum of 4 marks in total	**TOTAL:**	

Note to Examiners: 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

Question 1.4 (2 marks)
What type of psychotropic medication should be avoided in this situation? Please give reasons.

		worth	mark (circle)
A.	All antipsychotics other than Quetiapine or Clozapine. Other antipsychotics can exacerbate movement problems and cause overall decline in people with Lewy Body diseases.	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

MODIFIED ESSAY QUESTION 2

Modified Essay Question 2 (26 marks)

Mark is a 45 year old Caucasian man, currently in a de facto relationship, working as an office administrator. He lives with his partner and her two sons, aged fifteen and eleven. His main supports are his mother and partner. He and his partner report that he has a good relationship with her children.

Mark is referred to your outpatient psychiatric clinic by his general practitioner (GP) for an assessment of "treatment resistant depression". However, while screening for substance misuse you also note that he appears to be drinking heavily.

Question 2.1 (9 marks)

Discuss areas you would focus on in your interview with Mark, in order to clarify his diagnosis.

		worth	mark (circle)
A	Symptoms of depression/affective disorder (whether he meets criteria for MDE, dysthymia, BPAD and exclude adjustment disorder with depressed mood) — the latter requires exploration of plausible stressors from personal or family circumstances, or life events that might impact on presentation & mood. Also, past history, family history and mental state, etc.	max. 2	0 1 2
B	Symptoms of dependence/abuse/substance use disorder, and clarification if he is intoxicated or in withdrawal. Assessment of the quantities of drugs used, contexts of drug use, etc.	max. 2	0 1 2
C	Exploration of any link—in particular the temporal link—between substance use and depressive symptoms.	max. 2	0 1 2
D	Take history regarding other diagnoses, particularly those common in people with substance use problems: anxiety disorders, psychotic disorders, personality disorders/traits, etc.	max. 2	0 1 2
E	Clarify physical health, including history, physical examination and tests (e.g. what is his Hep C status, whether he is on interferon, does he have HIV, or other common problems related to alcohol use.) Purpose—to explore links between any physical problems or their treatments and the psychiatric symptoms the interviewer uncovers.	max. 2	0 1 2
F	Ask Mark where you can obtain collateral information to further clarify diagnosis—family, friends, other professionals, etc.	max. 1	0 1
	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 2

Your assessment suggests that Mark has been depressed for six months but has been drinking 30 standard drinks a week for 18 months secondary to work stress. He meets criteria for alcohol abuse (DSM IV) but not for dependence (i.e. for mild substance use disorder in DSM V). After you discuss this with him, and the possible link with his depression, he asks for your advice about cutting down his drinking.

Question 2.2 (12 marks)

Outline how you would approach this request, including treatment suggestions.

		worth	mark (circle)
A	Continue to be respectful and non-judgmental in attitude.	max. 1	0 1
B	Emphasise responsibility—Mark is the only one who can change.	max. 1	0 1
C	Emphasise self-efficacy (positive thinking, belief in his ability to change).	max. 1	0 1
D	Set specific, measurable goals—the SMART acronym for goal-setting could usefully be mentioned.	max. 2	0 1 2
E	Discuss other specific techniques for behaviour change—a motivational approach, telling other people, getting feedback, rewarding himself, getting support.	max. 2	0 1 2
F	Discuss specialist AOD service referral or other specific supports like Alcoholics Anonymous.	max. 2	0 1 2
G	Discuss psychological treatments—CBT, motivational interviewing, etc.	max. 2	0 1 2
H	Discuss medication treatment—naltrexone, acamprosate, disulfiram.	max. 2	0 1 2
I	Recommend that you provide follow-up.	max. 1	0 1
J	Discuss involving his partner and/or family.	max. 1	0 1
	Up to a maximum of 12 marks in total TOTAL:		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 12.
Final Mark is to be set at not more than 12. (i.e. if they score more, final mark is still 12)

Modified Essay Question 2

Mark seems more enthusiastic and confident about cutting down his alcohol consumption and about the treatment suggestions around this. He has been on paroxetine 40 mg daily for two months, on which he reports no side-effects, but also no particular benefits. He has had no other treatment for depression. He asks you whether he needs additional or alternative treatment for his depression.

Question 2.3 (5 marks)

Outline your response to this question.

		worth	mark
A	Discuss that alcohol reduction may help his depressive symptoms and talk about the pros and cons of waiting to see if this helps.	max. 1	0 1
B	Discuss the standard treatments for depression—psychotherapy, antidepressants, exercise, addressing work stress, etc. —and the pros and cons of changing medication vs making behavioural changes vs adding psychotherapy, etc.	max. 3	0 1 2 3
C	Review his compliance with antidepressant medication.	max. 1	0 1
D	Look for ways to integrate his treatment for depression and for his alcohol issues, for example take a run after work instead of having a drink.	max. 2	0 1 2
	Up to a maximum of 5 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 5.
Final Mark is to be set at not more than 5. (i.e. if they score more, final mark is still 5)

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (24 marks)

Matthew is a 19 year old European man who has been admitted to hospital following an attempted hanging. He lives at home with his parents and younger sister and was found by his father hanging from a tree in the back garden around 11pm the previous night. Emergency services were called and his GCS was 3 at the scene. He is now in the intensive care unit (ICU) of the general hospital. Initially he required intubation but he is now extubated and ICU staff have contacted you to come and assess him.

Question 3.1 (6 marks)

Outline the most important aspects of your initial assessment of Matthew.

		worth	Mark (circle)
A.	Circumstances of assessment—try to ensure some privacy (difficult in an ICU, but curtains pulled, no visitors present, etc.)	max. 1	0 1 2
B.	Assessment of level of consciousness. Is he really awake enough to provide useful history?	max. 1	0 1 2
C.	Consider organicity. Is there evidence of hypoxic brain injury? Assess for this.	max. 2	0 1 2
D.	Immediate safety assessment—assess suicidality, level of agitation, ensure a watch is in place. (watch = special nurse, 1:1 nursing, etc.)	max. 2	0 1 2
E.	Ask Matthew's permission to speak to his family. Consider doing this anyway if he refuses.	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 3

Matthew does agree to talk with you and is fully alert, but he denies any knowledge of a hanging attempt and claims that everything has been going well for him recently. He is bubbly and engaging and completely denies any intent to kill himself.

Question 3.2 (8 marks)

Outline how you would proceed with your assessment and management of Matthew at this point.

		worth	Mark (circle)
A.	Continue the watch/1:1 nursing. His assessment is incomplete and inconsistent and he may still be high risk.	max. 2	0 1 2
B.	Be concerned about the possibility of hypoxic brain injury with memory deficit. Perform further cognitive testing to quantify this (also OK to say they would arrange for this to be done by an appropriate professional – e.g. functional assessment by OT, etc.). Refer to an acute brain injury team if such is available, for an assessment.	max. 2	0 1 2
C.	Gather collateral from family, GP, any other appropriate sources. Discuss Matthew's symptoms with them, emphasising that he needs ongoing assessment.	max. 2	0 1 2
D.	Explain your concerns to medical team and that despite Matthew appearing well cross-sectionally, he requires ongoing assessment and close care.	max. 2	0 1 2
	Up to a maximum of 8 marks in total TOTAL:		

Modified Essay Question 3

You speak with Matthew's family who inform you that Matthew had been in his first relationship for the past year. Last week, his girlfriend broke up with him and Matthew took this hard. He has been spending most of his time in his room and has been sending his girlfriend text messages, asking her to reconsider. He has not been using alcohol or other substances and he had no symptoms of depression in the past months, nor any past psychiatric history.

He works in a library but has been unable to attend work for the past week as he has been too distressed by his relationship issues. He apparently suspects his girlfriend has found a new partner. You ask about any anger towards his girlfriend or the possible new partner and explore his history of violence—he appears a low risk to others.

Question 3.3 (6 marks)

Outline the key points of your risk assessment at this point, regarding risk to self.

		worth	**Mark (circle)**
A	Suicidality—ongoing risk. The stressors are unchanged.	max. 2	0 1 2
B	Possibility of developing a later depressive illness with increased self harm risk at that point.	max. 2	0 1 2
C	Risk to self from poor judgment or impulsivity secondary to the likely hypoxic brain injury.	max. 2	0 1 2
D	Risk to self from impaired self-care secondary to the likely hypoxic brain injury.	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 3

One week into his admission, CT head has revealed evidence of hypoxic brain injury and cognitive and functional assessment have confirmed deficits. Matthew continues to present as fatuous and unaware of the events leading to admission. The medical team have finished their assessments and are ready to discharge him although he currently requires 24 hour supervision and is not able to return home.

Question 3.4 (4 marks)

State your opinion regarding the best discharge destination for Matthew, and give reasons.

		worth	Mark (circle)
A	Neurorehabilitation placement is now the most appropriate option. His cognitive issues trump any other psychiatric issues.	max. 2	0 1 2
B	Not for mental health admission unit as current needs are not well served by that environment.	max. 2	0 1 2
	Up to a maximum of 4 marks in total **TOTAL:**		

Note to Examiners: Please mark all boxes.

MODIFIED ESSAY QUESTION 4

Modified Essay Question 4: (22 marks)

You work on a Child and Family Mental Health team and are asked to see Gina, a 14 year old girl who is in a paediatric ward after being admitted two days ago from school via ambulance. She became dizzy at school and collapsed. There has been concern about how thin and sad she has become over the past three months and the school counsellor called her mother recently to say she thought she may have an eating disorder, after Gina was seen throwing out her lunches. It is reported that her mother told the counsellor that Gina had a thin build "like the rest of the family" and that she was being seen by her GP, who wasn't worried about her.

The paediatric ward reports that she is significantly underweight (height 90th percentile, weight less than 3rd percentile), and her blood pressure, pulse and temperature have all been low but are now improved. Her white cell count is a little low, but other investigations to date—FBC, renal function, liver function and electrolytes—are all normal. She has no significant past mental health or medical history and is taking no medicines other than phosphate and vitamin supplements prescribed by the ward.

Question 4.1 (4 marks)

<u>Other than</u> eating disorder, list the main differential diagnoses you would want to explore, and give reasons why.

		worth	mark (circle)
A	Organic disorder leading to weight loss (causes are varied but include thyrotoxicosis, inflammatory bowel disease, infections and malignancies).	2	0 1 2
B	Major depression – in view of sadness and weight loss.	2	0 1 2
	Up to a maximum of 4 marks in total **TOTAL:**		

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

Modified Essay Question 4

You arrange to meet Gina and her mother, with whom she lives, on the ward.

Question 4.2 (10 marks)

Outline the key areas of enquiry you would follow to establish Gina's eating disorder or other mental health diagnosis and to plan her treatment.

		worth	mark (circle)
A	Weight history: highest, lowest, rate of loss, dieting history.	max. 2	0 1 2
B	Reasons for weight loss: restriction of intake, restriction of types or categories of food, bingeing, vomiting, purging or exercise.	max. 2	0 1 2
C	Ideas and fears about fatness and food: fear of fatness, food fears, thoughts about eating and thoughts after food.	max. 2	0 1 2
D	Ideas about body-image: Disturbance in experience of body weight or shape, and denial of the seriousness of being underweight.	max. 2	0 1 2
E	Risks, severity and consequences of eating disorder— explore the physical symptoms of starvation: amenorrhea (required for diagnosis), cold intolerance, dizziness. Risk assessment, also the risk of non-engagement.	max. 2	0 1 2
F	Other mental health diagnoses: explore possible depression—history of mood symptoms and neuro-vegetative symptoms. Explore other anxiety symptoms (unrelated to eating). Explore OCD symptoms (common in eating disorders). Explore family history of anxiety, depression or eating disorders.	max. 2	0 1 2
G	Social and family situation: stressors, supports, coping at school, etc.	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 4

You establish that Gina has Anorexia Nervosa, predominantly restricting type. The local Eating Disorders service is for adults only, so you explain that the Child and Family Mental Health service will provide Gina and her mother with follow-up.

Gina's mother asks if Gina can have some therapy and wants her to have "medication to help her thoughts", so that she will eat. Gina doesn't think she needs any assistance.

Question 4.3 (8 marks)

Outline what you would say to Gina and her mother about effective therapy for Anorexia Nervosa, based on the available evidence.

		worth	**mark (circle)**
A	Anorexia interferes with insight, so it's natural that Gina won't feel she needs treatment. (NB: Use externalising strategies—i.e. rather than the person being the problem, the problem becomes the problem—to discuss treatment. http://www.collaborativepsychiatry.com/strategies_2.htm)	max. 1	0 1
B	Best evidence is for *Family Based Treatment* (FBT) (Developed by the Maudsley Hospital—also accept 'Maudsley Family Therapy' but just 'Family Therapy' attracts fewer marks unless well-explained.) http://en.wikipedia.org/wiki/Maudsley_Family_Therapy Main features are: • Therapist models an uncritical stance to the adolescent • Family is in charge of everything to do with food • Coaching on persuading and insisting on intake • Therapy uses in-session feeding • Parents' views are paramount as to what they will feed their children and how they will persuade children	max. 3	0 1 2 3
C	Explain the phases and logistics of FBT: 1) Weight restoration 2) Returning control 3) Establishing healthy adolescent development. (at this stage could have individual therapy, if warranted, for ongoing problems.) 4) Usually takes about 12 months, with about 15-20 sessions.	max. 3	0 1 2 3
D	Explain that individual therapy has not been shown to be helpful for teenagers with Anorexia Nervosa, and nor have antidepressants.	max. 2	0 1 2
	Up to a maximum of 8 marks in total	**TOTAL:**	

Note to Examiners: 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 5

Modified Essay Question 5: (28 marks)

You are a registrar working after hours in an acute inpatient unit. A 24 year old man, Will, with a diagnosis of paranoid schizophrenia, has been admitted under your care after being arrested for manually assaulting his brother-in-law during an argument. At the time of his arrest he was found with a knife in his possession. He is due to appear in court for this assault and other charges, in seven days. Will has been under the care of your local mental health service for 6 months after moving here from another area. He is treated with oral olanzapine. Will has a prior history of assault about which you have limited information. On admission he appears drunk and refuses to engage in interview. The limited history available suggests he has not been taking his prescribed medication for some months. After 24 hours, Will is withdrawn, isolates himself from others and spends his time listening to loud music.

Question 5.1 (10 marks)
Outline the main aspects of assessment you would initially undertake, and the sources of your information, in order to set in place initial management.

		worth	Mark (circle)
A	Review his records • with the current follow-up team • past psychiatric treatment and follow-up	max. 2	0 1 2
B	Seek collateral information from: • family/carers • police and emergency services	max. 2	0 1 2
C	See Will: • Attempt to take a history • perform mental state examination (higher marks if briefly say which aspects would particularly be focussed on)	max. 2	0 1 2
D	Attempt physical examination esp. for: • signs of head injury • any causes of delirium • signs of substance abuse • metabolic status (weight and height, girth)	max. 2	0 1 2
E	Get key investigations: • Urine toxicology on admission • "Routine blood tests"—full blood count, urea and electrolytes, liver function tests (may also mention metabolic screening re his supposed olanzapine therapy)	max. 2	0 1 2
F	Note observations of ward staff during the first 24 hours—e.g. handover notes and general case notes. Especially note: indications of psychosis, of risk, of confusion, etc.	max. 1	0 1
G	Use all the above to do an initial Risk Assessment, esp. regarding risk to others but also risk to self.	max. 1	0 1
	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 5

Without warning or apparent reason Will throws a chair at a window in the ward and requires hands-on restraint to be removed from the main ward. He tells the staff he is sick of people reading his mind and trying to control him.

Question 5.2 (7 marks)
Outline your approach to the immediate management of this situation, in terms of overall categories.

		worth	mark (circle)
A	*Mental State Features* Interview Will to elucidate key mental state features related to violence: (e.g.) auditory hallucinations, delusions (persecution, passivity), mood and affect , catatonic symptoms, psychomotor abnormalities, impulsivity, poor judgement, pro-violence attitudes, cognitive functioning.	max. 2	0 1 2
B	Take *Will's preferences* into account as far as is feasible and safe.	max. 1	0 1
C	*Pharmacologic interventions*—e.g. antipsychotic, sedation, etc.	max. 1	0 1
D	Ensure Will is in a *physically safe environment*—locked, safe structure, low-stimulus, high staff to patient ratio, etc.	max. 2	0 1 2
E	De-escalation techniques, staff variables and interactions, i.e. the *relational security* of the ward: http://www.rcpsych.ac.uk/pdf/Relational%20Security%20Handbook.pdf	max. 2	0 1 2
	Up to a maximum of 7 marks in total **TOTAL:**		

Note to Examiners: 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 5

Collateral history obtained from close family reveals that Will was expelled from high school for destroying property and lighting a fire in the science lab. Will was a keen sportsman and before being expelled represented his school at rugby/league. Will is known to have been using alcohol, cannabis and solvents from age 14 and used to steal from his parents to buy alcohol. Since first diagnosed with mental illness, Will has been poor at adhering to prescribed treatment and has evaded follow up. Will has previously had casual employment in an automotive garage and is interested in cars. He is single, has no dependents and has never had a steady girlfriend. While his mother remains interested in his welfare she is unable to provide any ongoing practical assistance. She hopes he can find a job and a nice girlfriend and settle down.

Question 5.3 (5 marks)

Describe the factors or elements in your comprehensive risk assessment regarding Will's risk of violence. Mention any relevant tools you might use.

		worth	mark (circle)
A	Use a structured professional tool combining actuarial/static elements and clinical/dynamic elements.	max. 1	0 1
B	Mention of strengths-based approach or the inclusion of protective factors in the risk assessment.	max. 1	0 1
C	Evaluate specific risk factors in Will's case integrating the historical factors. e.g. • Past history of violence and rule breaking • history of conduct problems in childhood/adolescence • history of supervision and treatment avoidance • employment instability • relationship instability • possible presence of personality disorder	max. 2	0 1 2
D	Evaluate specific risk factors in Will's case integrating the clinical factors. • Current impulsivity • active symptoms of mental illness • poorly responsive to / not engaged with treatment • destabilizing influences or stress (e.g. the charges, any family conflicts) • lack of personal support	max. 2	0 1 2
E	Synthesis—discussion of contextual elements to risk (depending on discharge plan and current factors) and therefore immediate vs future (medium term) estimates of risk.	max. 1	0 1
	Up to a maximum of 5 marks in total	**TOTAL:**	

<u>Note to Examiners:</u> Please mark all boxes, even if the total adds up to more than 5.
Final Mark is to be set at not more than 5. (i.e. if they score more, final mark is still 5).

Modified Essay Question 5

After a period of treatment Will appears much improved. He is talking well, cooperates with interview and with discharge planning meetings and has no positive psychotic signs or symptoms. When you discuss discharge plans, Will says he wants to go stay with his friend and sleep on his couch. He remains ambivalent about treatment with oral olanzapine. Will's mother tells you she suspects the friend is a drug dealer, affiliated to a local gang.

Question 5.4 (6 marks)
Outline your plan for community discharge, explaining your strategies for management of Will's risk of violence.

		worth	**mark (circle)**

A	Effective management of his clinical condition:
	• use of compulsory community treatment &/or assertive community care
	• depot medication—ensure adherence to essential medication
	• psychological interventions:
	  ○ psychoeducation
	  ○ mood/emotional/anger regulation approaches
	  ○ CBT for negative attitudes
		max. 3	0
			1
			2
			3

B	Social/supportive interventions: • family support and education • suitability of accommodation and exploration of alternatives • employment/income support • try to minimize role of antisocial peers and associates as destabilizing influences in perpetuating violence • attempt to motivate to reduce harm from alcohol and other drug use • support/monitoring through criminal processes	max. 3	0 1 2 3
C	Involvement of community care providers in discharge planning process: • Community mental health team • NGO community/support workers (or similar)	max. 1	0 1
D	Liaison with Police/Court to notify of discharge into community in light of active criminal charges	max. 1	0 1
	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

Modified Essay Question 6: (15 marks)

You work on an adult Crisis Service and are asked to meet with the son and daughter of a woman with no prior contact with mental health services, called Sophia. Sophia is a 53 year old woman who lives by herself in her own home, with her German Shepherd dog. She was divorced at age 40 and received a considerable sum in the divorce settlement. Her adult children are concerned that she has a pattern of selling her homes and moving, as she believes that the neighbours are spying on her, calling her names and threatening her. Things remain settled for a while in each new house, then she begins to believe the same thing is happening with her new neighbours. Other than buying and selling four houses, at a considerable financial loss each time, she cares for herself well day to day, and cares well for her dog. She has argued with her neighbours but has never harassed or threatened them. She does not work, other than housework. Her children tell you that she has had these ideas for at least 15 years, but they have not noticed any other unusual ideas or behaviour. Her general health is good and she has a GP. Her children say they have talked to her various neighbours and are certain that her allegations are not based in fact. They say they're worried that she's bankrupting herself, and want her assessed. They seem genuinely concerned for her and not interested in any inheritance.

Question 6.1 (2 marks)

State the most likely diagnosis and give your reasons, based on the information above.

		worth	mark (circle)
A	Delusional disorder, persecutory type. (Also accept Paranoid Disorder. Do *not* accept Paranoid Schizophrenia or vaguer terms such as "Paranoid psychosis") Based on: good functioning apart from discrete, encapsulated delusions. No deterioration across 15 year course of illness. Might hear neighbours' voices calling her names (auditory hallucinations) but these sound to be secondary to her delusions. No evidence so far of a likely organic cause and initial onset was in mid-life not old age.	max. 2	0 1 2
	Up to a maximum of 2 marks in total	**TOTAL:**	

Modified Essay Question 6

You telephone Sophia. She says her children worry too much and refuses to have any mental health assessment or home visit. She says she is not unwell and has no need of mental health services. She says that you can talk to anyone and they will tell you she's fine, then hangs up the phone. You try to call her again, but she hangs up straight away and no-one else can persuade her to have an assessment.

Question 6.2 (7 marks)

What are your next steps, as the assessing clinician? Explain your reasons and mention any medico-legal and ethical issues that are relevant.

		worth	mark (circle)
A	Contact Sophia's GP: Sophia has not refused permission for this, in fact she said you could "talk to anyone" so this is not a breach of her privacy. Check her general health and any treatment she might be on with the GP and ask if the GP is aware of her beliefs, and has any concerns about her safety or that of others.	max. 2	0 1 2
B	Contact Sophia's family again and arrange to meet to get more collateral: Ensure you have gathered all relevant information to clarify her symptoms, the history and the risk issues, and to try and rule out differentials.	max. 2	0 1 2
C	Explain the medico-legal issues to Sophia's family: Sophia definitely sounds to have a psychotic disorder, but an involuntary assessment can only be arranged if there are grounds for concern that she is a significant risk to herself, impaired in her self-care, or a risk to others. Discuss with family to try to determine if there are grounds to be concerned. In NZ, for instance, there would need to be more grounds for concern than merely buying and selling houses unwisely, at a financial loss. The ethical dilemma is Sophia's right to autonomy vs the beneficent need to treat her if she is unwell and at risk, and the need not to make the situation worse iatrogenically (non-maleficence). *(Exact details may vary depending on local Mental Health Act law – markers should take that into account)*	max. 2	0 1 2
D	Consider talking with Sophia's neighbours: If there are grounds from what the family tell you at least to collect more information, consider visiting her neighbours to gather additional collateral regarding possible risk issues. Sophia did say "you can talk to anyone" but given her beliefs, she is unlikely to feel comfortable about you talking with the neighbours so the privacy concerns are more of an issue than they were when talking with her GP—there would need to be definite grounds.	max. 2	0 1 2
E	Candidates may mention discussing the dilemmas and complexities in this case with the multidisciplinary team and/or in supervision.	max. 1	0 1
	Up to a maximum of 7 marks in total	**TOTAL:**	

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Modified Essay Question 6

Six months later, Sophia is acutely admitted for the first time, after an altercation with her elderly neighbour during which she verbally threatened to "brain" him if he didn't stop persecuting her. She is placed under a compulsory treatment order, treated with second generation antipsychotic medication (orally and via depot), and discharged, after three weeks, for follow-up at the community team where you work.
Her children are relieved that she is receiving treatment and follow-up, but a month after her admission they say that she is again saying that she plans to sell her house and buy another one. They ask you if her compulsory status means that they can now stop her from selling her house and moving again.

Question 6.3 (6 marks)

What advice would you give them? Explain the issues involved.

		worth	**mark (circle)**
A	Mental Health Act treatment versus Guardianship: Modern Mental Health Acts do not generally cover longer-term guardianship—they cover issues around treatment and follow-up, but not control of a person's property and of their life decisions. So Sophia being under the M.H. Act does not mean that her family can stop her from selling her house.	max. 2	0 1 2
B	Sophia may develop more insight and better judgement, or at least be more prepared to take advice, once she is effectively treated. Better to postpone the issue of the house until her degree of recovery can be ascertained. Explain to her family how long the deport medication will take to reach a steady-state and take full effect.	max. 2	0 1 2
C	If she remains deluded such that her judgement regarding her property and life decisions is still significantly impaired even after a reasonable period of treatment, she will need a *capacity* assessment regarding her competence to manage her own property. There should be mention of Guardianship legislation. The least restrictive order possible should be obtained—i.e. it may be that her family should only assist her with Property decisions, rather than being granted full Welfare Guardianship.	max. 2	0 1 2
D	Explain you will review Sophia as an out-patient. Clarify her reasons for wanting to move and her mental state, and manage accordingly. Sophia may want to move house due to the altercation with her neighbour—out of residual persecutory fears, or due to embarrassment about her outburst. This needs to be assessed, and managed appropriately. A meeting with the neighbour might be considered, if both parties would agree.	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).