

Candidate Name:



The Royal
Australian &
New Zealand
College of
Psychiatrists

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS MODIFIED ESSAY PAPER MARKING GUIDE November 2023

Produced and delivered by the NSW Branch Training Committee in
collaboration with Health Education and Training Institute Higher
Education



HEALTH
EDUCATION
& TRAINING
INSTITUTE

CANDIDATE'S NAME:

DATE:

TRAINING ZONE:

Modified Essay Question 1: (22 marks)

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior CL consultant working in a small hospital. A 23 year old Indian woman who is an overseas student doing a Masters degree in Economics presents to ED with one month history of epigastric pain, rectal bleeding and frequent postprandial vomiting. She reports 5 kg weight loss in the past month. Prior to this, she was experiencing increased fatigue. She has intermittently used cannabis, the last time around a month ago.

She is clinically dehydrated with a persistent tachycardia, and her bloods demonstrate hypoglycemia and a metabolic acidosis. There is no medical history of note. The ED gives her IV fluids, thiamine, metoclopramide and pantoprazole and she is admitted under general medicine.

The team refers to you with concerns for “major depressive disorder, suicidal ideation and eating disorder”.

She has been in Australia for 18 months and is living with her boyfriend of 8 months who is also Indian. His parents are now pressuring them to get married, but she is reluctant to make this commitment, as she had a conflict with the boyfriend four weeks ago, after which he blocked her on all social media for three days. She also has significant financial stressors, having taken out an \$85,000 loan for her studies and works to keep up with repayments. She has no other family or friends in Australia.

She contacted the mental health line around four weeks ago, however they referred her back to her GP. The GP commenced her on venlafaxine at the time. She has not been compliant with this.

As a child in India, she had no friends in primary school and changed schools but was then “bullied” by a teacher. She attempted to jump in front of a bus at the age of fifteen. Following this, she had several relationships where her partner was either physically or sexually abusive towards her. At her undergraduate university (in India), she was sexually assaulted by a professor. Her complaint was disregarded by the university. She was subsequently diagnosed with depression by a psychiatrist.

Question 1.1 (10 marks)

Outline (list & justify) the differential diagnoses you would consider.

(Please note: A list with no justification will not receive any marks.)

	Mark (pls circle)
Major depressive disorder	0
- Presence of persistent low mood, restricted affect,	1
- Anhedonia, suicidal ideation, hopelessness, ruminations of	2
guilt/failure/shame, sleep disturbance, fatigue	
- Collateral history supports the above	
Adjustment disorder with depressed mood	0
- Recent change in mood	1
- No anhedonia	
- Reactive affect	

Candidate Name:

- No hopelessness or suicidal ideation	
Eating disorder (anorexia nervosa (including restrictive, purging or mixed subtypes), bulimia nervosa)	0
- Distorted body image	1
- Recent intentional weight loss	2
- Fear of weight restoration	
- BMI under 18	
- Electrolyte disturbance	
- Purging behaviours	
- Over-exercise	
- Use of laxatives	
- Collateral from family/ boyfriend	
Somatic manifestations of cultural distress or psychosocial stressors / Functional disorder	0
- Diagnosis of exclusion once MDE and organic causes excluded, therefore is unlikely.	1
- Advice from transcultural team	
Complex post-traumatic stress disorder with or without borderline personality disorder	0
- PTSD reliving symptoms	1
- Hypervigilance	2
- Avoidance of triggers	
- Emotional dysregulation	
- Affect liability.	
- Fear of abandonment/rejection	
- Suicidality (for borderline)	
Domestic violence victim	0
- Evidence of bruising (from medical examination)	1
- Social work assessment	2
- Consideration of collateral from family	
Organic illness such as irritable bowel syndrome, diabetes mellitus, other gastroenterological condition e.g., gastritis.	0
- Symptoms prior to vomiting	1
- Metabolic acidosis	2
- Abnormal blood sugar	
- Abnormal blood pressure	
- Temperature	
- Pain	
- Thyroid function tests, electrolyte disturbances	
- Physical Exam	
Pregnancy (with hyperemesis gravidarum)	0
- Blood or urine beta-hcg	1
	2
Substance abuse disorder, particularly cannabis or alcohol.	0
- Check blood alcohol level.	1
- UDS	
Up to a maximum of 10 marks in total TOTAL:	

Note to Examiner: Final mark is set at not more than 10 (i.e., if they score more, final mark is still 10)

Candidate Name:

Modified Essay Question 1 contd.

Question 1.2 (9 marks)

The medical team feel she has acute gastritis and want psychiatry to take over care as her bloods have normalised after two days of medical treatment. She continues to vomit every day. They have charted venlafaxine 75mg. Your provisional diagnosis is an adjustment disorder with depressed mood, and you note she is still vomiting.

Outline (list and justify) your approach in your dealings with the medical team.

(Please note: A list with no justification will not receive any marks.)

	Mark (pls circle)
Set up MDT inviting social work, dietician, nursing staff, medical team and CL psychiatry.	0 1 2
Clarifying if medically 'cleared'	0 1
Clarifying refeeding risk	0 1 2
Not suitable for mental health ward as remains actively medically unwell with ongoing vomiting.	0 1
Needs dietician review, often not available in mental health ward setting.	0 1
Needs ongoing monitoring of pathology results.	0 1
Consideration of 1:1 nursing care and ongoing monitoring to exclude purging behaviours.	0 1
Ongoing stressors warrant social work review including domestic violence screen.	0 1
Venlafaxine/ antidepressant not indicated (and also won't be consistently absorbed, serotonergic effects might worsen nausea)	0 1 2
Need to arrange psychotherapy as an outpatient e.g., via this way up as she does not have access to Medicare	0 1
Transcultural mental health involvement	0 1
D&A referral	0 1
Up to a maximum of 9 marks in total TOTAL:	

Note to Examiner: Final mark is set at not more than 9 (i.e., if they score more, final mark is still 9)

Candidate Name:

Modified Essay Question 1 contd.

The medical team continue treating her with IV antiemetics. She becomes increasingly agitated, and the next day requests to discharge home without completing all the planned investigations. The team believes the boyfriend is insisting she return home. The medical registrar asks you whether she can be allowed to discharge against medical advice. They have told her she needs to stay to have her potassium monitored and explained the risks.

She does not meet criteria to detain under the Mental Health Act.

Question 1.3 (3 marks)

List the key factors you would consider when assessing the woman's decision-making capacity to discharge against medical advice.

	Mark (pls circle)
Exclude delirium e.g., with cognitive testing.	0 1
Risk of electrolyte disturbance	0 1
Weigh up different options with her including potential risks to her health if she discharges and her reasoning for the same.	0 1
She should clearly express her decision and be consistent with this.	0 1
Ensure that she is not influenced to leave or under duress e.g., by partner/family.	0 1
Up to a maximum of 3 marks in total TOTAL:	

Note to Examiner: Final mark is set at not more than 3 (i.e., if they score more, final mark is still 3)

MODIFIED ESSAY QUESTION 2 (21 marks)

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are an early career psychiatrist working in a community health centre with the acute care team. You have been asked to see a new patient referred for assessment by his GP.

Jack Bower is a 17-year-old male in year 12 of a public high school and living with his parents and two younger siblings aged 15 and 12 in an outer metropolitan area. Jack had a normal developmental history, met all his developmental milestones, and was an average student academically. He typically played soccer on weekends and gamed online with his friends.

Over the last few months Jack's family have observed him to be increasingly withdrawn spending more time in his room and he has not been attending soccer practice. There has been a marked decline in his school marks and his teachers have commented about poor attention in class.

Upon review with his parents, Jack appeared reasonably well dressed and groomed, however his engagement was limited, and rapport was not easy to establish. His affect appeared flat; however, he denied feeling depressed. When asked about his social withdrawal and poor school performance, Jack just shrugged his shoulders. Jack said that he thought he would do fine in the HSC.

You interview Jack alone briefly. He was not much more forthcoming and there was little spontaneity in conversation. He continued to deny feeling depressed and denied thoughts of suicide or self-harm. However, when specifically asked about voice hearing, he conceded that he sometimes heard whispers or people calling his name when there was nobody around. He has this experience daily for about 10 minutes per day. He also said he sometimes see shadowy figures at night. When asked about persecutory ideation, he said that he sometimes feels like he is being watched, but he doesn't know by whom.

There is no history of substance use.

There is no family history of mental illness, however Jack's paternal uncle was described as eccentric and reclusive.

Question 2.1 (5 marks)

Describe (list and explain) your preliminary diagnostic impression and differential diagnoses you would consider.

(Please note: A list with no explanation will not receive any marks.)

Candidate Name: **Question 2.1**

		Worth	Mark (please circle)
A	<ul style="list-style-type: none"> • PRIMARY DIAGNOSIS: Jack meets criteria for the At Risk Mental State for Psychosis, ultra-high risk for psychosis, or clinical high risk for psychosis. The pertinent signs for this are attenuated psychotic symptoms he described such as hearing whispers and seeing shadows, that were not of sufficient intensity or duration to cross threshold for psychosis. Plus, there is a reported functional decline in multiple domains. • Jack's eccentric paternal uncle is an additional clue of a possible family history of schizotypal personality, which adds weight to the diagnosis and can gain an extra mark. • Jack does not meet criteria for a full threshold psychosis based on the information obtained. He also does not meet criteria for schizophrenia. 	3	0 1 2 3
B	Major depressive disorder (with or without psychosis). While Jack denied a depressed mood, his functional decline, social withdrawal, and attenuated psychotic symptoms make this an important and valid differential.	1	0 1
C	Adjustment disorder. While there is no reported acute stressor in the scenario, Jack may be concealing this detail, and this is a plausible differential. The upcoming HSC might be a factor in Jack feeling stressed, overwhelmed, demoralised and/or hopeless leading to loss of motivation and declining school performance. While he has not expressed these concerns, it is reasonable to speculate that this may be underlying the presentation.	1	0 1
D	Prodromal phase of schizophrenia. While technically one is unable to diagnose someone in the prodromal phase of schizophrenia except retrospectively, if listed in this scenario it demonstrates recognition that this young person is at risk of developing psychosis.	1	0 1
E	Bipolar Depression: The scenario does not provide detail to make this diagnosis, however it is a theoretically possible differential that may prove valid if there is a future manic episode.	1	0 1
	<p style="text-align: center;">Up to a maximum of 5 marks in total</p> <p style="text-align: right;">Total:</p>		

Note to Examiners: Final mark is set at not more than 5 . (i.e. if they score more, final mark is still 5)

Modified Essay Question 2: cont'd.**Question 2.2 (4 marks)**

List and justify what further history and investigations would you like to obtain, including what structured clinical tools would you consider useful at this stage to aid in diagnosis and treatment planning.

(Please note: A list with no justification will not receive any marks.)

		Worth	Mark (pls circle)
A	<ul style="list-style-type: none"> Further history can be obtained, with consent, in relation to the functional decline and possible explanations that the parents are unaware of, and Jack has not disclosed. Important sources of collateral history in this scenario are the school counsellor, head teacher or deputy principal. School reports may also be useful as objective evidence of a functional decline 	1	0 1
B	Routines bloods and neuroimaging and full physical examination <ul style="list-style-type: none"> - An FBC, EUC, TFT, LFT, and metabolic bloods are a part of early psychosis work up to exclude physical illnesses causing changes in mood, energy or psychotic symptoms. - CT or MRI brain - EEG - Autoimmune screen including CRP, NMDA receptor antibodies 	2	0 1 2
D	Neuropsychology assessment	1	0 1
E	Structured Clinical Tools: <ul style="list-style-type: none"> The Comprehensive Assessment of the At Risk Mental State (CAARMS) is a structured clinical tool to determine if someone is at risk of developing psychosis. This is widely used by early psychosis services. Scores 2. Depression rating scale such as DAS, MADRS or Beck's depression rating scale may have value in tracking depressive symptoms. Score 1 if mentioned	2	0 1 2
	<p style="text-align: center;">Up to a maximum of 4 marks in total</p> <p style="text-align: right;">Total:</p>		

Final mark is set at not more than 4 . (i.e. if they score more, final mark is still 4)

Modified Essay Question 2 cont'd.

Jack's parents are concerned about the impact of his poor mental health on the HSC and that it may limit his future vocational opportunities.

Question 2.3 (7 marks)

Describe (list and explain) what immediate and longer-term actions you would suggest to address these concerns.

(Please note: A list with no explanation will not receive any marks.)

		Worth	Mark (pls circle)
A	Application for special consideration. Jack's mental health has impacted his capacity to study for exams and may impair his performance in a normal exam environment. Reasonable adjustments can be proposed like extension on assignments, extra reading time in exams, and doing the exam in a separate and quieter room.	1	0 1
B	An Occupational Therapy assessment to characterise areas of functional impairment, the degree of this, and to propose and implement changes to improve function is an important aspect of early intervention to reduce the functional impact of mental illness. - They may also specifically assist with understanding Jack's difficulty with HSC preparation and help with scheduling tasks, planning study, and can assist with an application for special consideration	2	0 1 2
C	Neuropsychologist assessment for a detailed assessment of any cognitive impairment, and by extension functional impairment. This can also assist with diagnostic clarification. It may provide specific recommendations for addressing concerns about HSC performance and assist in applying for special consideration.	2	0 1 2
D	Liaise with school counsellor, head teacher, or deputy principal, with consent. Beyond being helpful for obtaining collateral history in relation to academic performance and psychosocial impairment, speaking with the school may result in extra support being provided including counselling, learning support, and adjustments being made for assessments.	1	0 1
E	General counselling, validation and advice in relation to school examinations not necessarily being the most important factor determining a person's life trajectory. The candidate may provide a description of how one may approach the parents' concerns that poor exam performance may be life changing, and the pressure this puts on Jack, possibly exacerbating his poor mental health. This may include some discussion of multiple pathways towards many careers. This may also include discussion of existential and meaning of life issues. There may provide some advice about relieving Jack's stress.	2	0 1 2

Candidate Name:

F	Career advisor: Recommend that Jack speak to the career advisor at school about his career aspirations and the pathways to this. An early application to university and TAFE might be possible and bypass the HSC. This may alleviate some unnecessary academic pressure	1	0 1
G	University equitable access and student support services. Reassure Jack's parents that if he chooses to attend university, that they provide support for students with mental illness and disabilities. Vocational colleges (such as TAFE) also provide student support services and equitable access for people with disabilities.	1	0 1
	Up to a maximum of 7 marks in total TOTAL:		

Note to Examiners: Final mark is set at not more than 7. (i.e. if they score more, final mark is still 7)

Modified Essay Question 2 cont'd.

While meeting Jack's parents, you also wish to take this opportunity to provide some psychoeducation.

Question 2.4 (5 marks)

List the main points you would discuss with them.

		Worth	Mark (pls circle)
A	Jack has some symptoms consistent with an at-risk mental state for psychosis. Alternatively, may list Ultra-High Risk (UHR), or Clinical High Risk (CHR).	1	0 1
B	The at-risk mental state does not mean he will develop psychosis. In fact, it is more likely that he will not go on to develop psychosis.	1	0 1
C	Early intervention aims to reduce the rate of transition to psychosis	1	0 1
D	Describe possible early warning signs for transition to psychosis	1	0 1
E	Provide recommendations and advice on how to respond to a deterioration in mental state including how to access urgent psychiatric assessment	1	0 1
F	Provide details of crisis services, hotlines, or advice to call 000 or present to an emergency department in an emergency	1	0 1
G	Medications are not indicated currently. However psychosocial interventions and CBT are recommended. There is weak evidence for high dose omega-3 fish oil capsules. Medications may be considered in future if clear evidence of a mood disorder or psychosis emerges.	1	0 1
H	Ongoing follow up and monitoring of progress is recommended.	1	0 1
I	Referral to a specialised early psychosis programme is recommended, if available. If unavailable, then general psychiatry in public or private sector.	1	0 1
	Up to a maximum of 5 marks in total		
	TOTAL:		

Note to Examiners: Final mark is set at not more than 5. (i.e. if they score more, final mark is still 5)

MODIFIED ESSAY QUESTION 3 (18 Marks)

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a Junior Consultant Psychiatrist working in the acute adult unit in a General Hospital. You are also the principal supervisor for Dr Will Smith, a first-year trainee registrar who has completed seven months of psychiatry training.

You receive a phone call from the Clinical Director informing you that a patient, Jordan McKenzie, who had presented to the Emergency Department 2 days ago with suicidal ideation and was assessed and discharged by Dr Smith in the after-hours shift has been found dead yesterday. The Clinical Director has just informed Dr Will Smith and is conveying this to you, as his supervisor.

Question 3.1 (8 marks)

Outline (list and justify) how you would approach the situation. (8 marks)

(Please note: A list without any justification will not receive any marks)

		Mark (pls circle)
A	Get details of incident Ask for the details of the patient- Name, MRN etc, details of the death that indicate cause of death - e.g., suicide note, drug paraphernalia. Ask for any details of incident debriefing or follow up planned.	0 1 2
B	Read the patient's medical record to familiarise yourself with the incident. Establish contact with the registrar. - Inform that you have been informed of the death. - Offer a meeting soon to discuss the incident. Ensure meeting occurs in a private place and if needed, organise for someone else to answer calls and pagers.	0 1 2 3
C	Initial support to the Registrar- Ask how the registrar is feeling – offer opportunity to ventilate. Normalise and validate feelings. Explore any anxieties registrar may have about the incident. If registrar would like to recount his contact with the patient, listen. Avoid making judgements about the assessment or management – this is not a helpful time. If appropriate, share personal experience of how you have dealt with similar incidents.	0 1 2

Candidate Name:

D	<p>Ensure adequate supports for registrar:</p> <p>Inform registrar of any planned debriefings and discussion and if they would like to attend these.</p> <p>Enquire as to what registrar what informal supports they might be able to access – e.g., partner, flatmate.</p> <p>Inform registrar of available support services such as Employee Assistance Programme, MD OK or similar programmes. Remind about the option of GP, private supports.</p> <p>Medicolegal supports:</p> <p>Advise registrar re contacting his medical indemnity company of the incident.</p> <p>Advice registrar to make a contemporaneous note of the incident as an aide memoire of future enquiry e.g., inquest and or providing to medical indemnity provider.</p> <p>Ask the registrar if you they would like you to inform the SCoT or DOT at this time</p>	<p>0 1 2 3</p>
F	<p>Offer registrar some time off clinical duties, ensuring they have someone to go home with or if needed organise transport home e.g., taxi voucher</p>	<p>0 1</p>
	<p>Up to a maximum of 8 marks in total TOTAL</p>	

Note to Examiner: Final mark is set at not more than 8 (i.e., if they score more than 8, final mark is still 8)

Candidate Name:

Modified Essay Question 3 cont'd.

You have supported Dr Smith through the immediate phase. He has gone back to his usual inpatient work on the ward and appears to be coping reasonably.

A week later, Dr Smith receives a letter inviting him to an interview as part of the associated Root Cause Analysis. He becomes distressed and panicked and approaches you regarding the process.

Question 3.2 (6 marks)

Outline (list and explain) the purpose, framework, and steps of an RCA.

(Please note: A list with no explanation will not receive any marks.)

		Mark (pls circle)
A	<p>RCA is one of the four approved review methodologies for a Serious Adverse Event Review.</p> <p>Root cause analysis (RCA) is a structured method used to review an incident in order to identify the healthcare systems issues that contributed to patient harm. By understanding the factors that caused or contributed to an incident, teams can improve patient safety and take action to prevent future harm.</p>	0 1
B	<p>RCA has the following characteristics-</p> <ul style="list-style-type: none"> • RCA investigations are led by relevant clinical governance teams. • Completed by an inter-disciplinary team of 3 to 5 members with experience in the field but of no direct managerial involvement. • Is legally privileged. • Analysis focuses on systems and processes does not focus on individual performance. 	0 1 2
C	<ul style="list-style-type: none"> • Seeks to engage views of patients, carers and families. • Seeks to identify actions to make changes to systems and processes that reduce the recurrence of clinical incidents. • The RCA will also seek to interview the various clinicians involved in the incident. • RCA team will also review available documentation e.g., medical records, ambulance and police reports. • Following interviews, the RCA team meets together to review and collate the information gathered, establish timeline and facts of event, and generates a report establishing any root causes or contributory factors to the incident. • RCA report must be endorsed by Chief Executive of Health Service and then forwarded to Ministry of Health 	0 1 2 3
	Up to a maximum of 6 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 6 (i.e., if they score more, final mark is still 6)

Modified Essay Question 3 cont'd.

The RCA interview occurs, and Dr Smith appears to manage the RCA interview. After three weeks, you receive a call from the clinical director asking about Dr Smith's welfare. It has come to his notice that he had called in sick with late notice for two after-hours shifts and the reserve registrars had to be called in.

You had not been aware of this as Dr Will Smith had not had any sick leave or absences from his day work. You wonder what might be behind these absences and whether perhaps your registrar is continuing to struggle with distress post the patient's death.

Question 3.3 (4 marks)

Outline (list and explain) how you would approach the situation.

(Please note: A list without explanation will not receive any marks)

		Mark (pls circle)
A	Make a time to meet with your registrar. Ensure the meeting occurs in place with privacy. Enquire after his welfare. Ask the registrar about his recent absences from afterhours shifts. Explore what might be contributing to the absences. Explore of feelings or anxieties related to the recent death might be contributing to the absences. Reiterate supports available and what supports might be needed	0 1 2 3
B	May seek advice from Site coordinator of Training/Director of training for advice on how to approach trainee. If appropriate, may involve site coordinator of training in planning a staged return to after hours. Ensure that you keep the Clinical Director updated about any welfare concerns.	0 1 2
	Up to a maximum of 4 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 4 (i.e., if they score more, final mark is still 4)

MODIFIED ESSAY QUESTION 4: (22 Marks)

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a generalist junior consultant psychiatrist on duty for the Emergency Department. You have been asked to assess a 14-year-old boy, Jake, brought in by police and ambulance to the ED.

The police documentation indicates “domestic dispute with his mother Mary. Has punched holes in the wall and set furniture on fire. According to his mother, he has also been threatening to kill the family cat and has tried to poison it in the past.”

The ED psychiatry registrar has seen Jake and described him as sullen and sitting with his arms crossed, refusing to speak.

His mother was seen in the ED yelling at him “if you keep doing this, you’ll never be allowed to come home. I’ve had enough.”

Question 4.1 (3 marks)

Describe (list and explain) how you would approach the interview with Jake as part of a comprehensive psychiatric assessment.

(Please note: A list without any explanation will not receive any marks.)

		Mark (pls circle)
A	Safety - Ensure Jake seen in a quiet, low stimulus setting - Consider impacts upon rapport/whether it is appropriate for security/police to remain outside	0 1
B	Direct assessment of Jake - Offer to see Jake alone. - attempts to build rapport. - Explicitly discuss confidentiality and limits of confidentiality. - Observe for signs of substance intoxication, overt psychosis or mood disorder.	0 1 2
C	Collateral Information - Explains need to seek collateral information from his mother and other sources (e.g., emergency services). - Considers Gillick competence to give or refuse consent to interview and seeking collateral information.	0 1 2
	Up to a maximum of 3 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 3 (i.e., if they score more than 3, final mark is still 3)

Modified Essay Question 4 cont'd.

Jake eventually agrees to speak and says that he has had enough of his mother who keeps asking him to stop hurting the cat. He points to himself and says “this is Jake, and the mother is always giving Jake shit for not going to school. The mother doesn’t care about Jake and is only nice to her feline. The felines don’t know the rules and don’t care about rules. Jake tried to poison the new feline because it wouldn’t listen to Jake when he told the feline to piss in its litter box. The stupid feline keeps pissing in Jake’s room.”

When asked about drug use, he said that “Jake smokes ‘fortified tetrahydrocannabinidiol’, because the ‘diol’ is twice the strength and makes Jake’s mind chill twice as hard. It’s a legal mind medicine in parts of the world.” He denied using alcohol or other drugs.

Question 4.2 (8 marks)

Outline (list and justify) the aspects of the history that you need to explore with Jake.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	<i>Relationship with Mother and other adult carers</i> Family context. Consider how long has he had difficulties with his mother? What role does his father or other significant adults have in his life? Significant trauma - e.g., evidence of physical, emotional or sexual abuse from adult carers?	0 1 2
B	<i>School attendance</i> Last regular attendance? What does he do when not at school? Suspensions or expulsions?	0 1
C	Comment on Jake’s unusual syntax by Mary as ‘mother’ and not ‘mum’, and himself as ‘Jake’ Assess for Autism Spectrum Disorder.	0 1 2
D	Assess for symptoms of ADHD.	0 1
E	Psychotic symptoms, especially hallucinations and persecutory beliefs. Assess for cooccurring anxiety/OCD symptoms. Mood disorder, especially hypomania or mania.	0 1
F	Consider Intellectual Disability or learning problems.	0 1
G	Consider conduct disorder symptoms, youth justice services or police?	0 1

Candidate Name:

	Risks of harm to self, others and reputation.	
H	Drug and alcohol assessment including motivation to change. frequency/quantity of use; physical/psychological dependence; periods of abstaining; effects in other domains of life – school, social; family.	0 1
I	Any involvement with care and protection services?	0 1
	Up to a maximum of 8 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 8 (i.e., if they score than 8, final mark is still 8)

Modified Question 4 cont'd.

Jake's mother says that "Jake has always been a bit odd, and he can't make or keep friends. He's hated the cats forever, is always trying to teach them human rules, and then yells at them when they don't do what he wants. He's refused to see a paediatrician or psychologist because he doesn't think anything is a problem. He can be calm one minute and then loses it whenever I ask him to stop obsessing over rules. He's always referring to himself by his first name only."

Question 4.3 (4 marks)

Outline (list and justify) any additional information would you seek from Jake's mother or any other sources. (4 marks)

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	Mother	0
	- Developmental history (e.g., milestones, anxiety as a child)	1
	- Social development, especially social reciprocity.	2
	- Family history of mental ill health, with emphasis on anxiety, ASD, OCD, learning difficulties.	3
	- Observations suggesting psychotic or mood disorder.	
	- Any other substance use.	
	- Any knowledge of significant traumas?	
B	Emergency services	0
	- Behaviour when apprehended by police/ambulance	1
	- Behaviour in the ED	
C	School	0
	- Any stressors at school?	1
	- Evidence of learning difficulties enrolment in a support class?	2
	- Friends and type of friends (e.g., quirky peers, disruptive and antisocial peers).	
	- Distractibility, impulsivity, disruptiveness?	
	- Behaviour with peers vs behaviour alone?	
	- Learning difficulties.	
	- Whether behaviours tend to violate rights of others?	
	Up to a maximum of 4 marks in total	
	TOTAL	

Note to Examiner: Final mark is set at not more than 4 (i.e., if they score more than 4, final mark is still 4)

Candidate Name:

Modified Question 4 cont'd.

After your assessment, Jake appears to be calmer, and his mother is open to taking him home.

Question 4.4 (2 marks)

Outline (list and justify) your provisional diagnosis.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	Autism Spectrum Disorder	0 1
B	Anxiety/Obsessive Compulsive Disorder	0 1
C	Cannabis Use Disorder	0 1
	Up to a maximum of 2 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 2 (i.e., if they score more than 2, final mark is still 2)

Modified Question 4 cont'd.

After your assessment, Jake appears to be calmer, and his mother is open to taking him home.

Question 4.5 (5 marks)

Outline (list and justify) your initial management plan, including which services you would refer this young person to. For at least two of referrals, please justify why this referral is needed.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	<i>Safety</i> - Re-assess threats to others, and mother, pets before discharge home.	0 1
B	<i>Referrals (must mention at least two of with an explanation)</i> - CAMHS - Psychologist - Paediatrician - Adolescent psychiatrist - Family therapist - Speech therapy - Occupational therapy - Adolescent Drug and Alcohol Services - Care and protection services - NDIS	0 1 2 3
C	<i>ASD Treatment</i> - Pharmacological – aim to treat comorbidities (e.g., anxiety, OCD, ADHD, psychosis) - Non-pharmacological – psychology/behavioural/school strategies. - Importance of allied health to assist with behavioural targets.	0 1 2 3
	Up to a maximum of 5 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 5 (i.e., if they score more than 5, final mark is still 5)

MODIFIED ESSAY QUESTION 5 (23 marks)

Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior consultant working at an acute community mental health team. You receive a referral from a young woman, Lisa, who is concerned about her 60-year-old mother Megan. Over the last two years, since the death of her husband two years ago, Megan has been isolating herself in her house. The council has complained about scrap furniture in the front yard, and unmown grass. Megan has not allowed her family to visit for the last six months after they suggested that she get rid of her pet cats. She has always been a worrier but has never seen a psychiatrist before. She has only been on treatment for hypertension and diabetes before this.

Megan does not answer phone calls from your service and so you plan to make a home visit to her – there is no message service on her phone, and you have sent her a letter to this effect.

Question 5.1 (8 marks)

Describe (list and explain) how you would perform a comprehensive psychiatric assessment with Megan at her home.

(Please note: A list without any explanation will not receive any marks.)

		Mark (pls circle)
A	Safety - Ensure safety of the team visiting home- risks from roaming animals, a possibly aggressive patient, and risks of injuries from furniture	0 1
B	Presenting condition -Onset, duration and extent of hoarding (symptoms of clutter, difficulty discarding, ongoing acquisition, distress, and impairment)	0 1 2
C	Ruling out other underlying conditions -Depressive symptoms- low mood, lack of interest, depressive cognitions -Psychotic symptoms- hallucinations, delusional beliefs	0 1 2
D	Functioning Self-care, care of medical conditions, paying bills, food intake.	0 1 2
E	Examination of surroundings -Condition of animals - Looking for hazards from sharp objects, piles that may fall -Looking for infestation, poor hygiene, inability to access kitchen, bathroom	0 1 2

Candidate Name:

F	Examination of patient Mental state: Obsessions, depressive cognitions, psychotic beliefs, suicidal ideation Cognitive assessment Physical examination	0 1 2 3
	Up to a maximum of 8 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 8 (i.e., if they score more than 8, final mark is still 8)

Candidate Name:

Modified Essay Question 5 cont'd

You are a junior consultant working at an acute community mental health team. You receive a referral from a young woman, Lisa, who is concerned about her 60-year-old mother Megan. Over the last two years, since the death of her husband two years ago, Megan has been isolating herself in her house. The council has complained about scrap furniture in the front yard, and unmown grass. Megan has not allowed her family to visit for the last six months after they suggested that she get rid of her pet cats. She has always been a worrier but has never seen a psychiatrist before. She has only been on treatment for hypertension and diabetes before this.

Megan does not answer phone calls from your service and so you plan to make a home visit to her – there is no message service on her phone, and you have sent her a letter to this effect.

Question 5.2 (5 marks)

Outline (list and justify) all the differentials you will keep in mind.

(Please note: A list without any explanation will not receive any marks.)

		Mark (pls circle)
A	Obsessive Compulsive Disorder/Hoarding disorder	0 1
B	Severe depression with/without psychotic symptoms	0 1
C	Late-onset psychosis/Schizophrenia	0 1
D	Dementia/Cognitive impairment	0 1
E	Anxiety Disorder (Agoraphobia/Social Anxiety)	0 1
F	Personality disorder - Cluster C	0 1
	Up to a maximum of 5 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 5 (i.e., if they score than 5, final mark is still 5)

Modified Essay Question 5 cont'd.

On your home visit, you note the house smells because of 5 cats and 4 dogs that are living in the home and animal faecal matter on the floor of the house. Megan has furniture piled up in the garage and her living room which she has obtained from neighbours' kerbside and intends to repair and use them. She refuses to throw away any of the rusty furniture and intends to continue 'rescuing animals'. You are concerned she might have a hoarding disorder.

Question 5.3 (4 marks)

Outline (list and justify) potential risks associated with her disorder.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	Risks from clutter -Falls/injuries (piles of items, sharp rusty furniture, animal bites) -Infestation by insects/rats/mould -Fire hazard	0 1 2
B	Self-care -Missing medical appointments and not taking regular medication -Malnutrition/debilitation -Not paying bills/spending money on acquiring objects -Further deterioration of mood/anxiety/cognition due to isolation/avoidance	0 1 2
C	Legal risks -Eviction -Unpaid council fines -Stealing to maintain hoarding	0 1 2
D	Risks to animals in care	0 1
E	Risks of undiagnosed and untreated underlying associated mental illness	0 1
	Up to a maximum of 4 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 4 (i.e., if they score more than 4, final mark is still 4)

Candidate Name:

Modified Question 5 contd.

Megan refuses to consider any treatment or community intervention. You are concerned about the risks to her and decide that she needs an admission under the mental health act.

Question 5.4 (3 marks)

Outline (list and justify) the important factors to consider when transporting a patient under the Mental Health Act to hospital.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	In case of aggression -Police to be involved in search for weapons/transport -Physical/Chemical restraint supported by monitoring by ambulance personnel in an elderly person -Community Mental Health vehicles are not appropriate -Police vehicles to be considered the least appropriate option in most cases	0 1 2
B	In case of urgent medical concerns -Emergency medical treatment at site -Vitals to be monitored by ambulance personnel -Transport to Emergency Department for thorough evaluation	0 1
C	Community Mental Health Vehicles - An option when consumer is willing and understands the process, not perceived to be medically unstable or aggressive. - Patient to be seated in the back of the car and not behind the driver. - A clinician to be seated next to the patient	0 1 2
D	Arranging support for animals with local pet welfare/RSPCA	0 1
	Up to a maximum of 3 marks in total	
	TOTAL	

Note to Examiner: Final mark is set at not more than 3 (i.e., if they score more than 3, final mark is still 3)

Modified Essay Question 5 cont'd.

You call Lisa to inform her about your decision to admit Megan to hospital. She asks you what treatment a person with hoarding disorder might receive. She also wants to know whether she should go into Megan's home and get rid of her clutter while she is hospital.

Question 5.5 (3 marks)

Outline (list and justify) a treatment plan.

(Please note: A list without any explanation will not receive any marks)

		Mark (pls circle)
A	Assessment <ul style="list-style-type: none"> - Pathology, brain imaging, medical assessment of diabetes - Cognitive assessment/Functioning assessments - Mental state examination 	0 1
B	Medication: Trial of SSRI/high dose venlafaxine to treat hoarding, anxiety and depression	0 1
C	Cognitive Behaviour Therapy (Motivational interviewing, Problem-solving, Decision-making, and Cognitive restructuring skills)	0 1
D	Follow up/discharge planning. <ul style="list-style-type: none"> -Regular Home visits -Support in re-organising/decluttering -Community organisation support -Consider placement/supported accommodation in case of cognitive impairment 	0 1 2
E	Lisa should ideally not throw out Megan's possessions. <ul style="list-style-type: none"> -Perceived as distressing, cause severe anxiety -Impair caregiver/long-term therapeutic relationship 	0 1
	Up to a maximum of 3 marks in total TOTAL	

Note to Examiner: Final mark is set at not more than 3 (i.e., if they score more than 3, final mark is still 3)

MODIFIED ESSAY QUESTION 6 (19 marks)

Each question within this modified essay question will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.

You are a junior consultant psychiatrist at a community older persons mental health service. Anna is a 78-year-old widow who lives with her adult son, Jeff. She is referred to you by her GP for assessment of memory impairment over the last 6 months, as reported by her son. The referral letter states that Jeff has been concerned that Anna is increasingly forgetful, cannot remember appointments or recent conversations, has at times left the stove on or the fridge door open, and is having increasing difficulties managing her bills and finances independently. The GP commented that Anna seemed more anxious than usual and said she had not been sleeping well, but that she did not seem confused during her appointment.

Question 6.1 (8 marks)

Describe (list and explain) the most important aspects of assessment in this case.

(Please note: A list without any explanation will not receive any marks.)

		Mark (pls circle)
A	Obtains history of cognitive symptoms, across multiple cognitive domains (e.g., speech and language, visuospatial function, attention, and executive function.) Identifies duration and pattern of change in cognition (e.g., acute, gradual, stepwise).	1 0
B	Assesses for presence of psychiatric symptoms – anxiety, depression, psychosis, etc. Identifies that cognitive decline may occur secondary to or comorbid with a primary psychiatric disorder, or that a cognitive disorder may cause secondary psychiatric/behavioural symptoms that may not reach threshold for a major mental illness (i.e. BPSD)	2 1 0
C	Assesses functional status – e.g., personal care, continence, household tasks, mobility, finances, driving, recreational and social activities. Must identify at least 3 specific aspects of function to get 2 marks; otherwise, only 1 mark can be given	2 1 0
D	Past psychiatric history – e.g., history of anxiety or depression	1 0
E	Recent and past medical history – to elicit risk factors for cognitive decline (e.g., cardiovascular risk factors, history of stroke, presence of parkinsonism, etc)	1 0
F	Medications or substances that may contribute to cognitive decline, including alcohol, other illicit substances, benzodiazepines, steroids, high anticholinergic burden	1 0
G	Social history – nature and quality of support from family/friends, tasks being completed by son, professional supports/services (e.g., through aged care package), loneliness	1 0
H	Cognitive testing – 1 mark only if recommends brief screening tool only (e.g., MOCA, MMSE, RUDAS), 1 extra mark if recommends more comprehensive tool (e.g., ACE, NUCOG, 3MS, FAB) or neuropsychological assessment	2 1 0
I	Collateral history from son +/- other informants	1 0
J	Other investigations – bloods and imaging both required for mark	1 0
	Up to a maximum of 8 marks in total	
	TOTAL	

Note – the maximum mark is 8, even if the total score adds up to more than 8.

Modified Essay Question 6 cont'd.

When Anna comes for her appointment with you, Jeff also attends and asks to be present for the interview, which you allow. During the interview, you notice that Jeff often does not allow Anna to speak for herself and answers for her. He is somewhat pushy and seems to be hurrying you along to make a diagnosis of dementia. You insist that he go to the waiting room while you perform cognitive testing, explaining that this is standard practice in order to reduce the risk of Anna underperforming due to feeling self-conscious in front of her son.

Question 6.2 (4 marks)

Describe (list and explain) how you would screen for the presence of elder abuse by Jeff.

(Please note: A list without any explanation will not receive any marks.)

		Mark (pls circle)
A	Approach the topic sensitively and respectfully, explain confidentiality, etc.	1 0
B	Ask about physical abuse/aggression.	1 0
C	Ask about emotional abuse – e.g., use of derogatory language, excessively critical.	1 0
D	Ask about financial abuse – e.g., Jeff's access to her finances, pressure to give him money or sign over control of accounts, encouraging her to rewrite will, etc	1 0
E	Ask about other controlling or neglectful behaviour – e.g., restricting her access to other social supports, directing choice of activities/food/clothing, etc.	1 0
F	Observe any physical signs that may suggest abuse (e.g., bruising) or neglect.	1 0
	Up to a maximum of 4 marks in total TOTAL	

Note – the maximum mark is 4, even if the total score adds up to more than 4.

Modified Essay Question 6 cont'd.

Anna explains that Jeff has been under a lot of stress since his marriage broke down 6 months ago, which is when he moved in with her. His ex-wife had made 'unfounded accusations' against him, and police implemented an Apprehended Violence Order, which prohibits Jeff from contact with her or his children. Anna explained that Jeff was very upset about being unable to see his children, and that he would do anything to get them back. He is not currently working, and he has had to ask her several times for money to pay his legal bills as he pursues custody of his children. Anna feels she cannot refuse these requests. Anna is also paying for his daily expenses like food, petrol, etc. At one point, when Anna said 'no' because she knew it would leave her short for the electricity bill, she later discovered that he had borrowed her bank card and withdrawn several hundreds of dollars without her knowledge. She is worried about his mental health and asks if you can see him as a patient too.

Question 6.3 (7 marks)

Outline (list and justify) what you would do in response to what Anna has said about Jeff.

(Please note: A list without any justification will not receive any marks.)

		Mark (pls circle)
A	Explain your inability to see Jeff as a patient due to the potential for conflict of interest and because he is not an older person that would be eligible for your team. Provide information about other avenues for mental health assessment and treatment for him.	1 0
B	Express concern about the pressure Jeff places on Anna to give him money and explain that this is considered a form of financial abuse.	1 0
C	Offer support and consider referral to other support organisations, e.g., domestic violence services, Seniors Rights Service, etc	1 0
D	Assess Anna's capacity to understand that Jeff's behaviour represents abuse and to manage her finances. If Anna demonstrates capacity, seek consent to refer to other services and/or report to police. Anna may make an informed decision not to accept intervention. If Anna lacks capacity, consider reporting to police and whether an application for Guardianship and/or Financial Management is indicated.	3 2 1 0
E	Enquire about other family or friends who may be mobilised to provide support.	1 0
F	Seek advice, e.g., from Clinical Director, Elder Abuse Hotline, mental health service's legal team, medical defence organisation, police liaison officer for older people.	1 0
G	Assess Anna's immediate physical safety and, if at immediate/serious risk, call emergency services.	1 0
H	Arrange prompt follow-up with Anna (e.g., to monitor her safety and the abusive behaviour, build the therapeutic relationship, assess her mental health and cognition over time, and facilitate further attempts to intervene in relation to the abuse). MDT approach- involve Allied health members. - SW to assess for financial situation and existing Power of Attorney / enduring POA; Any current WILL in place - OT to assess for Anna's ability to manage finances - Neuropsychiatry involvement for cognitive and capacity issue. Together they can add to evidence of abuse	2 1 0
	Up to a maximum of 7 marks in total TOTAL	

Note – the maximum mark is 7, even if the total score adds up to more than 7.