THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS ESSAY PAPER 2018

(Produced by the New Zealand Training Programmes)

Model Answers

Note that these Mock Writtens papers are produced by local NZ psychiatrists rather than by the Examination Committee so they're 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 a full 3-hour paper and practising the technique of the different question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself.

When marking, and for the MEQs in particular, it's suggested that you also refer to the 'MEQ Instructions to Examiners' from the Essay paper page of the college website: https://www.ranzcp.org/Pre-Fellowship/Assessments-College-administered/Essay-style-exam.aspx

Critical Essay Question (40 marks)

In essay form, critically discuss this quotation from different points of view relevant to the practice of psychiatry and provide your conclusion.

'There is no health without mental health.'
– U.S. Surgeon General David Satcher, 1999

Reminder about marking process:
These are from the CEQ scoring domains – I've selected the ones that seemed appropriate for the quote topic.

1. Communication/SPAG (Competency: Communicator)

The candidate demonstrates the ability to communicate clearly	**Proficiency level**	This part's pretty self-evident. NB: Illegible handwriting isn't scored here, although if it's a significant problem it's likely to reduce the marks elsewhere. Illegibility won't be an issue after this paper switches to being done on computer, but spelling and grammar certainly will be.
The spelling, grammar or vocabulary significantly impedes communication.	0	
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates below average capacity for clear written expression.	1 2	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	3 4	
The candidate displays a highly sophisticated level of written expression.	5	

2. Critical Evaluation and Grasp of the Quote (Competency: Scholar)

The candidate demonstrates the ability to critically evaluate the statement/question Includes the ability to describe a valid interpretation of the statement/question.	**Proficiency level**	This is about understanding the actual quote so it's mostly graded with reference to the Introductory paragraph, but also from how their understanding of the meaning of the quote comes across in the body of the essay. Ideally we want the WHO definition of health in the introduction, i.e.: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." – however, defining Health and Mental Health are kind of the core of this essay, so it's OK if that's left for the body of the essay and not defined here. Trainees might also give a brief definition of mental health. Any reasonable attempt is OK, but again the WHO definition of mental health is: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." The quote is deceptively simple, so it shouldn't be hard for trainees to grasp the meaning and rephrase that.
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0	
One or more interpretations are made, but may be invalid, superficial or not fully capture the meaning of the statement/question.	1 2	
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	3 4	
One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge.	5	

3. Critical Reasoning/Evidence/POVs (Competency: ME, Communicator, Scholar

The candidate is able to identify and develop a number of lines of argument that are relevant to the proposition. ***The candidate makes reference to the research literature where this usefully informs their arguments.*** Includes the ability to consider counter arguments and/or argue against the proposition.	**Proficiency level**	This, and 4. below are the body of the central arguments of the essay. Arguments in agreement with the quote: There are a number of arguments trainees might make here, including use of the definitions in the Introduction – i.e. the WHO definition of health is holistic and specifically includes mental health. Other holistic models of health should be discussed – e.g. from various cultures or ages. An example is the best known Maori model of health, *Te Whare Tapa Wha*, where health has 4 aspects: physical, mental, whanau (family), and spiritual. Asian doctrines also have a holistic view of health, as did the ancient Greeks like Hippocrates. Engel's "bio-psycho-social" model was an initial attempt to re-emphasise the need for a holistic view. The interconnectedness of mind and body is another useful argument, covering links between mental disorders and physical health, and research into the effect of mental ill-health on physical health (e.g. higher rates of illness and poor physical prognoses/outcomes in depressed people). The actual history of this quote could be mentioned – it's a famous quote as it was the first time a US Surgeon General had ever emphasised the importance of mental health and prioritised this. It thus represents an important swing in the late C20th towards destigmatisation of mental health and better funding for mental health services and programmes. A similar, later governmental initiative was the "No Health Without Mental Health" policy in the UK in 2011 which copied the quote, aiming to "mainstream" mental health issues. It's difficult to make many arguments purely *against* the quote, in terms of looking at other points of view in the essay, but the following are examples. One approach is to look back at European history when for centuries there was no understanding of the importance of mental health – so the idea that there's "no health without mental health" is, for the post-Christian West, a newer concept, as above dating from the later C20th. People suffering from mental health problems were demonised, abused, incarcerated, etc, often based on superstitious fear and misguided religious beliefs. Modern funding for mental health programs can also be covered. This is another "breadth" perspective but it's not a counter-argument to the quote. A real counter-argument is to say that the quote is all very well, but too extreme. Which of us ever achieves "health" by the WHO definition? Is it in fact reasonable to expect that? Has that extreme expectation led to the culture of "health blame" we have today, where people are seen as personally responsible for their mental and physical health: i.e. if only they had meditated more or been more mindful, or gone to the gym more, they wouldn't have developed cancer or depression, etc. The Recovery principles can usefully be raised here, as these emphasise the importance of well-being and productivity even if the symptoms of a mental disorder are not fully resolved. So while there may not be perfect *mental* health, yet there may be sufficient well-being for good overall *health*. … and there are many more arguments. The above are just some examples.
There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.	0	
There is only a weak attempt at supporting the assertions made by correct and relevant knowledge OR there is only one argument OR the arguments are not well linked.	1 2	
The points in this essay follow logically to demonstrate the argument and are adequately developed.	3 4	
The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant.	5	

4. Critical reasoning - accuracy (Competency: ME, Scholar)

Information cited in the essay is factually correct.	**Proficiency level**	Closely linked to 3. above, so this is the place to score for accuracy of arguments and for an accurate evidence base being provided – or not.
There are significant errors of fact that, if used as a basis for treatment planning, could pose a risk to patients.	0	
There are errors of fact that are multiple and/or substantial, but without the element of significant risk to patients.	1 2	
Assertions made are generally correct, with no major errors of fact.	3 4	
There are no major errors of fact and the level of relevant factual knowledge is higher than average (e.g. accurately quoted literature).	5	

5. Breadth/Maturity/Advocacy/Culture (Competency: Medical Expert, Health Advocate, Professional)

***The candidate demonstrates a mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically and in the present time, and the role of the psychiatrist as advocate* and can use this understanding to critically discuss the essay question.**	**Proficiency level**	The arguments in the body of the quote need to demonstrate this breadth and maturity. Those in the earlier section 3 for example, would meet these requirements as they cover cultural perspectives, historical perspectives and broader models of "health". Advocacy could come in regarding the Recovery model, where psychiatrists may need to advocate that someone with some residual symptoms nonetheless has reasonable well-being and does not need a medication increase or change (with possible adverse effects) so as to achieve "mental health".
As relevant to the question or statement: the candidate limits themselves inappropriately rigidly to the medical model OR does not demonstrate cultural awareness or sensitivity where this was clearly required OR fails to demonstrate an appropriate awareness of a relevant cultural/historical context OR fails to consider a role for the psychiatrist as advocate.	0	
The candidate touches on the expected areas but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement.	1 2	
The candidate demonstrates an acceptable level of cultural sensitivity and/or historical context and/or broader models of health and illness and/or the role of psychiatrist as advocate relevant to the question/statement.	3 4	
The candidate demonstrates a superior level of awareness and knowledge in these areas relevant to the statement/question.	5	

6. Ethical Awareness (Competency: Professional)

The candidate demonstrates appropriate ethical awareness	**Proficiency level**	It should be possible to discuss ethical issues regarding any quote, and these certainly exist for "No health without mental health". An example is: Our ethical obligation to provide the "best possible care" to patients, which includes mental health care and the provision of mental health services. This is a lesson health service planners only really took on board in the later C20th, as over. Examples of this issue are past stigmatisation, ghettoisation and underfunding of mental health clients and services, which was unethical (it went against all 4 Principles (Beuchamp and Childress) of maximising autonomy, being beneficent, being non-maleficent, and being just.
The candidate fails to address ethical issues where this was clearly required, or produces material that is unethical in content.	0	
The candidate raises ethical issues that are not relevant or are simply listed without elaboration or are described incorrectly or so unclearly as to cloud the meaning.	1 2	
The candidate demonstrates an appropriate awareness of relevant ethical issues.	3 4	
The candidate demonstrates a superior level of knowledge or awareness of relevant ethical issues.	5	

7. Clinical Context (Competency: Medical Expert, Collaborator, Manager)

The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	**Proficiency level**	This will be easily be covered in any examples of the clinical applications of ensuring mental health alongside other aspects of health, clinical aspects of the application of Recovery principles, and other examples from clinical work used to illustrate the essay. The quote is very clinically oriented, overall.
Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context.	0	
There is an attempt to link to the clinical context, but itis tenuous or the links made are unrealistic.	1 2	
The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	3 4	
The candidate makes links to the clinical context that appear very well-informed and show an above average level of insight.	5	

8. Conclusion (Competency: Medical Expert, Communicator, Scholar)

The candidate is able to draw a conclusion that is justified by the arguments they have raised.	**Proficiency level**	A Conclusion at the essay's end is required, and is graded here. As per the details at the left, it needs to be a brief summary of the arguments and issues set out in the essay, and to be justified by these. New arguments can't be introduced in the Conclusion, or it ceases to be a conclusion.
There is no conclusion.	0	
Any conclusion is poorly justified or not supported by the arguments that have been raised.	1 2	
The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.	3 4	
The candidate demonstrates an above average level of sophistication in the conclusion/s drawn, and they are well supported by the arguments raised.	5	

These domains for the CEQ scoring add up to exactly 40. Score = x / 40.

MODIFIED ESSAY QUESTION 1

Modified Essay Question 1: (22 marks)

You are a consultant psychiatrist working in a community outpatient clinic. The local consultation-liaison service has made a referral for the urgent review of a 40 year old woman named Adele who presented to the Emergency Department with oesophageal burns after accidentally swallowing bleach. Upon assessment, it was discovered that she had been using bleach as a mouthwash for some time due to incapacitating fears of germ contamination, and the consultation-liaison registrar has diagnosed her with Obsessive Compulsive disorder. She is willing to come to see you, and acknowledges that she needs help.

Question 1.1 (7 marks)

Outline (list and elaborate) the key areas your outpatient assessment of Adele would cover.

		worth	mark (circle)
A.	Assessment of Obsessive Compulsive symptoms, i.e. the nature of, duration of, severity of symptoms including any psychotic aspect to obsessions. Also Potential use of a rating scale such as the YBOCS and screening for co-morbidities or differentials, including depression.	3	0 1 2 3
B.	Other aspects of mental state, especially degree of insight and willingness to engage in treatment.	1	0 1
C.	Psychiatric history including any past contact with mental health services or past psychiatric treatment. Also, drug and alcohol history and family psychiatric history.	2	0 1 2
D.	Risk assessment – risky behaviours relating to OCD, suicidality.	1	0 1
E.	Personal and social history, especially the impact of OCD upon occupational and social functioning.	1	0 1
F.	Medical history and GP contacts, any significant medical treatments.	1	0 1
		Up to a maximum of 7 marks in total TOTAL:	

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

Modified Essay Question 1 contd.

You start Adele on Fluoxetine 20mgs, with an increase to 40mgs, then 60mgs. After six weeks at 80mgs, she is showing no real improvement and wishes to look at alternative treatment. She is keen to have medication but would also like to talk to you about "talking therapy" which her GP has mentioned to her.

Question 1.2 (7 marks)

Outline (list and elaborate) your management plan at this point.

		worth	mark (circle)
A.	*Review compliance and other factors that might limit efficacy of medication*: • any reason for poor compliance e.g. adverse effects • any other medications she might be taking which could interact, or medical issues • any substance abuse	3	0 1 2
B.	*Discuss alternative medication strategies:* • Switching to another SSRI or another serotonergic agent – e.g. SNRI, Clomipramine • Augmenting with an atypical antipsychotic	2	0 1 2
C.	*Discuss and educate about CBT for OCD*: • Evidence for efficacy of CBT especially in combination with medication • Rationale for CBT approach, while managing any fears about the treatment's requirements • That CBT is a collaborative treatment, needs active patient involvement • That CBT Requires "homework" between sessions • That it involves behavioural "experiments" and exposure/response prevention • Likely number and frequency of sessions	4	0 1 2 3 4
	Up to a maximum of 7 marks in total **TOTAL:**		

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

Modified Essay Question 1 contd.

You are contacted one day by Adele's sister Lucy. Lucy is concerned about Adele's two children, a boy aged 10 and a girl aged 5, for whom Adele is a single parent after their father ended the relationship and went to the UK four years ago. Lucy has become aware that Adele has started keeping the children away from school every Tuesday, which is rubbish collection day, due to Adele's fears that more germs will be in the air that day because of all the rubbish in the street. Lucy says that Adele's son has also started showing some fears about contamination when he comes to visit her. She asks what can be done, and what impact Adele's illness might be having on the children. You explain that you will need to tell Adele the source of this information, and Lucy says she already expressed her concerns to Adele. Adele and Lucy arrange to come in to see you together.

Question 1.3 (8 marks)

Outline (list and elaborate) your approach and the steps you would take now.

		worth	mark (circle)
A.	*Approach* Ensure an empathic and non-judgemental stance, to aid ongoing engagement with Adele.	1	0 1
B.	*Reassess Adele (and review the risk assessment)* Focus specifically on how Adele's OCD may involve her children – whether she involves the children in her rituals, whether she ever asks them to do "risky" things like rinse with bleach, and the extent of her awareness of how her illness might affect her children. Also get further collateral from Adele and Lucy about how the children are coping generally.	3	0 1 2 3
C.	*Practical Solutions/Education/Problem-solving* Discuss with Adele how she might be able to get the children to school on "bin day" – with assistance from her therapist, if she's seeing one. Provide Adele & Lucy with information about the impact of parental mental illness on children.	2	0 1 2
D.	*Collateral from children* With Adele's permission, meet with the children to gently explore their concerns and fears.	1	0 1
E.	*Collateral from school* With Adele's permission, seek collateral from school as to how the children present there. Are they appropriately dressed, are they on time on other days, are they showing any signs of behavioural or emotional distress?	1	0 1
F.	*Advice from Colleagues/Peer support* If you have any concerns, seek advice from CAP colleagues re the children.	1	0 1
G.	*Child Welfare Involvement* Consider seeking advice from the relevant Child Welfare agency is there is sufficient concern regarding the children's welfare, especially if Adele is not willing/able to change her behaviour.	1	0 1
	Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8)

MODIFIED ESSAY QUESTION 2

Modified Essay Question 2 (24 marks)

You are a consultant psychiatrist in a community service, asked by a GP to assess Mrs Smith who is an 85 year old widow living alone in a rented house. The GP describes her as “not coping”. When you arrive at her home you see that her house is cluttered and dirty, with rotting food, cat faeces on the kitchen floor and piles of accumulated rubbish. Mrs Smith welcomes you in for the assessment.

Question 2.1 (8 marks)
List the diagnostic possibilities you will be considering during your assessment.

		worth	mark (circle)
A.	Cognitive impairment: Dementia or other neurological disorder (e.g. stroke, delirium, etc.)	2	0 1 2
B.	Other psychiatric diagnosis: Depression, OCD, Psychosis, Hoarding disorder, Alcohol Use Disorder.	3	0 1 2 3
C.	Psychological cause: e.g. Cluster A personality disorder, eccentric, difficult or avoidant personality making help-seeking problematic, etc.	2	0 1 2
D.	Physical illness or disability	1	0 1
E.	Social isolation and lack of social support	1	0 1
F.	Low IQ	1	0 1
	Up to a maximum of 8 marks in total TOTAL:		

<u>Note to Examiners:</u> Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8)

Modified Essay Question 2 contd.

(repeated from Q.2.1)
You are a consultant psychiatrist in a community service, asked by a GP to assess Mrs Smith who is an 85 year old widow living alone in a rented house. The GP describes her as "not coping". When you arrive at her home you see that her house is cluttered and dirty, with rotting food, cat faeces on the kitchen floor and piles of accumulated rubbish. Mrs Smith welcomes you in for the assessment.

Question 2.2 (8 marks)
Outline (list and elaborate) the specific risks that Mrs Smith may be facing in her current environment and how you would assess them.

		worth	mark (circle)
A.	Physical illness: • Gastroenteritis from poor hygiene – previous history, current symptoms • Disease from vermin – previous history, current symptoms, physical examination • Skin breakdown and infection – physical examination • Malnutrition - weight loss, report of her diet, check fridge and cupboards, how is she shopping, nutritional bloods (B12, Folate, thiamine) and FBC	3	0 1 2 3
B.	Risks from physical environment: • Risk of her falling and risk of rubbish falling on her - visual survey of home • Fire risk – look for rubbish near heat sources (stove, heaters). Are there functioning smoke alarms?	2	0 1 2
C.	Vulnerability: From others (financial abuse etc.) – get collateral history (e.g. from family) Risk of eviction – discuss with landlord	2	0 1 2
D.	Medication compliance problems linked with living alone: check pills, system, dispensing, understanding.	1	0 1
E.	Assistance with assessment: likely to need to ask for Social Worker &/or OT help to assess further, build rapport.	1	0 1
F.	Assess the urgency: need for immediate action balanced against a possibly less stressful assessment over time.	1	0 1
	Up to a maximum of 8 marks in total TOTAL:		

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

Modified Essay Question 2 contd.

You conclude that it is unsafe for Mrs Smith to remain in the house, and you recommend Mrs Smith enter a rest home for six weeks respite so that her house can be cleaned. She refuses to leave her home.

Question 2.3 (4 marks)
Outline (list and elaborate) how you would assess Mrs Smith's capacity to make this decision.

		worth	mark
A.	Need for a general assessment to detect psychiatric issues which may impact on Mrs Smith's insight, judgement, and decision-making.	1	0 1
B.	Need for a cognitive screen (e.g. MoCA or ACE) to assess general cognition.	1	0 1
	Assessing capacity:		
C.	Any detail about optimising the capacity assessment process: such as building rapport, optimising her cognition, quiet room.	1	0 1
D.	Is she aware of the state of the house?	1	0 1
E.	Is she aware of the risks of remaining in the house versus moving out?	1	0 1
F.	Can she give a good rationale about why she wants to remain? (ideally, explore how her current views fit with her longstanding beliefs about rest-home care)	1	0 1
	Up to a maximum of 4 marks in total TOTAL:		

<u>Note to Examiners:</u> Final mark is set at not more than 4. (i.e. if they score more, final mark is still 4)

Modified Essay Question 2 contd.

If you think Mrs Smith's understanding of her situation is marginal:

Question 2.4 (4 marks)
Outline (list and elaborate) the steps you could take to maximise her understanding and capacity to make this decision.

		worth	mark
A.	<u>Optimise her health and ability to take in information:</u> • Ensure she can see and hear well (aids if required). • Quiet environment. • Treat any complicating illnesses (depression, infections etc) to maximise cognition. • Consider if medication is impairing her capacity and manage that if necessary.	2	0 1 2
B.	<u>Presentation and discussion of the information:</u> • Give clear, non-technical information appropriate for her education, IQ and in language she can understand. • Leave written information. • Encourage questions. • Consider time of day (may be more able to understand information in the mornings).	2	0 1 2
C.	<u>Allow enough time:</u> May need to repeat the information, or reassess another day. Give her time to think about it as she may change her mind after reflection.	1	0 1
D.	<u>Involve others as needed:</u> Ask other supports (such as family) to help discuss and explain.	1	0 1
	Up to a maximum of 4 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 4. (i.e. if they score more, final mark is still 4)

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (25 marks)

You are on-call for a provincial hospital in a rural area after hours as a consultant psychiatrist. The Emergency Department (ED) call you requesting the removal of Abigail, a 14 year old girl who has been bought in by ambulance and is presenting as grossly intoxicated. She has said that she wants to die.

Question 3.1 (8 marks)

Outline (list and elaborate) your approach to this assessment and what you would want to cover.

		worth	mark (circle)
A.	*Overarching issues in approaching this:* ▪ Recognition of the limits of the assessment given her likely intoxication ▪ Assessment of a youth - role of parents/guardians. Contact caregivers, try to arrange for support from a caregiver or friend	2	0 1 2
B.	*Assessment of Abigail's intoxication/substance use:* (as far as possible both from ED/ambulance records and ED staff, and your own assessment) • Alcohol and drug use history / history of overdose • Assess signs of substance use – e.g. alcohol on breath, paint on face, IV track marks, drug paraphernalia • Determine cause of intoxication – substance, or overdose, etc. ▪ urine drug screen/dip-stick and alcohol breathalyser results	2	0 1 2
C.	*Comprehensive psychiatric assessment of Abigail:* (as far as possible both from ED/ambulance records and ED staff, and your own assessment) • Full psychiatric assessment including history of depression or suicidal intent/attempts, psychiatric and key personal history, mental state, current stressors and social circumstances	2	0 1 2
D.	*Comprehensive physical assessment of Abigail:* (as far as possible both from ED/ambulance records and ED staff, and your own assessment) • General physical assessment • Any indication of misadventure or injury – e.g. head injury	2	0 1 2
E.	*Collateral from parents/caregivers/friends:* • Information from family/friends – incl. substance use nature, amount, etc.	1	0 1
F.	*Approach to immediate safety and risk issues:* • Ensure her physical safety re the intoxication / overdose • Consider a joint assessment with crisis team staff in room • Manage impulsive/disorganised behaviour • Consider need for hospital security or a nursing watch	2	0 1 2
	Up to a maximum of 8 marks in total TOTAL:		

<u>Note to Examiners:</u> Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8)

Modified Essay Question 3 contd.

It is late Friday evening and the ED is full. The ED consultant becomes angry at any delay in the assessment and demands Abigail's immediate removal, saying she is “just being a nuisance”.

Question 3.2 (4 marks)

Outline (list and elaborate) your response to this request.

		worth	mark (circle)
A.	*Maintain a professional approach*. • Acknowledge the challenging situation and busyness of the Emergency Department	1	0 1
B.	*Risk assessment and management:* • Balance the risks of an early decision while Abigail is still somewhat intoxicated (e.g. risk of missing something important or life-threatening) – vs the genuine stress on the ED • Remember our duty of care and Abigail's relative youth and vulnerability	2	0 1 2
C.	*Discuss options with ED consultant and staff/Crisis team staff:* • Explain your risk assessment including limitations of a psychiatric assessment while patient is intoxicated • Explore options for patient's safe monitoring	2	0 1 2
D.	*Use support systems:* • Support from other staff e.g. discuss with any regional on-call Child Psychiatrist colleague if possible, talk with Crisis team staff (or DAO in NZ) • Consider hospital or Mental Health Service protocols/policies	1	0 1
	Up to a maximum of 4 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 4. (i.e. if they score more, final mark is still 4)

Modified Essay Question 3 contd.

Abigail proves to be intoxicated with alcohol. She is found a bed in a short-stay unit off the main ED where she is monitored by nursing staff. She falls asleep and wakes six hours later at 4 a.m., presenting as sober.

The nurse tells you they have learned Abigail was being cared for by a babysitter and drank wine from an open cask in the kitchen, unbeknownst to the babysitter who eventually called an ambulance after Abigail became intoxicated. The nurse says there was some difficulty locating her parents, but they are now driving in and are expected in about an hour.

Abigail is tired and somewhat embarrassed but no longer wants to die and is medically cleared for discharge. Your review does not reveal any history of mental illness including depression or past suicide attempts. Abigail says she has tried alcohol before "a few times". She denies using any other substances.

Question 3.3 (7 marks)

Outline (list and elaborate) your approach, with a specific focus on her substance abuse.

		worth	**mark (circle)**
A.	*Ethical and medico-legal considerations:* • Abigail is a minor at age 14, so issues around consent, confidentiality, caregiver/guardian input	1	0 1
B.	*Clarify relevant history regarding alcohol use:* • Amount, nature, frequency of alcohol use, signs of dependence – salience, withdrawal symptoms, tolerance • Risk taking behaviour associated with drinking, and vulnerability to abuse • Assessment of her motivation for change	2	0 1 2
C.	*Family and social situation/supports:* • Family history of substance abuse • Social situation and supports – living situation, friends, current stressors, any abuse history • What supports and collateral history sources are there? – e.g. family, school, friends	2	0 1 2
D.	*Consider collaboration with or referral to other services/professionals:* • Further discussion with on-call Child Psychiatrist colleague if possible • Consider need for: ▪ Crisis team follow-up ▪ Child psychiatry service referral if indicated ▪ Child and youth social services referral if indicated ▪ Addictions service referral if indicated ▪ Contact with GP ▪ Contact with school counsellor	2	0 1 2
E.	*Provide Abigail with basic psychoeducation:* • About the risks of alcohol use – alcohol as a depressant, impact on mood, impact of intoxication on learning, impulsivity and vulnerability, etc.	1	0 1
	Up to a maximum of 7 marks in total **TOTAL:**		

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

Modified Essay Question 3 contd.

Abigail's parents arrive at the hospital. They do not live locally and have driven for several hours to get to the Emergency Department. They are understandably concerned and anxious for their daughter. Abigail becomes suddenly enraged and fearful and does not want to see them.

Question 3.4 (6 marks)

Outline (list and elaborate) how you would proceed at this point.

		worth	mark (circle)
A.	*Need to weigh up:* • Patient confidentiality versus the rights of the parents/guardians of a 14 year old – also considering any risks to Abigail from within the family (e.g. exposure to substance abuse, to violence, allegations of sexual abuse)	2	0 1 2
B.	*Need to discuss situation with both parties:* • Further exploration with both parties about the reasons for Abigail's reaction, the family situation, her usual behaviour, etc.	1	0 1
C.	*Need to consider psychological and psychiatric factors:* • Anxiety, embarrassment, denial, fear of consequences – all worsened by being hungover and irritable • Consider other psychiatric conditions e.g. conduct or oppositional defiant disorder, depression, PTSD, even psychosis with paranoid delusions	2	0 1 2
D.	*Identify practical solutions or supports:* • Joint interview and planning if appropriate and possible • Returning home versus other alternatives – e.g. staying with other family, with friends, guardians, youth/respite services	2	0 1 2
E.	*Review the need for further referrals and follow-up*: • In the light of any additional information, and with her parents	1	0 1
	Up to a maximum of 6 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 6. (i.e. if they score more, final mark is still 6)

MODIFIED ESSAY QUESTION 4

Modified Essay Question 4: (24 marks)

You are a consultant psychiatrist working in an inpatient forensic unit. Stephen is a 22 year old man with a known history of paranoid schizophrenia, who at the time of admission was under the care of an Early Intervention Team. Stephen self-presented the previous night to the Emergency Department in distress, reporting his stepfather wanted to kill him. After one of the ED doctors had taken a blood sample from him, Stephen believed this signalled he would die within two hours. He subsequently fled from the ED department whilst awaiting a psychiatric assessment. One hour later he allegedly assaulted a passer-by, without provocation. Stephen believed this person had been instructed by his stepfather to kill him and that he needed to protect himself. He was arrested and charged with assault with intent to injure.

Question 4.1 (10 marks)
Outline (list and elaborate) your assessment of Stephen so as to gather information about his risk of further violence.

		worth	mark (circle)
A.	*Approach/Setting up the assessment:* • Ensure comfort – e.g. rested, warmth, food and drink, pain relief • Cultural support if required • Clear explanation of the separation of your clinical and legal roles and the confidentiality issues	3	0 1 2 3
B.	*Assess historical violence, including key mental state and situational factors (from clinical notes, patient, family, community team):* • Previous violent acts (seriousness, use of weapons, victims) • Drivers of violence – mental state (psychotic symptoms, emotional states) & situational causes (substances, stressors, medication adherence) • Personality – antisocial traits, impulsivity etc. • Past engagement with mental health services – compliance and attitude	4	0 1 2 3 4
C.	*Assess current internal and external dynamic factors (from history, mental state and collateral - family, last clinical review):* 1) Thorough assessment of his recent assault and current state: (3 marks) • Current psychotic symptoms: ▪ Paranoid delusions – step-father, safety of staff and other patients? ▪ Referential/Passivity Delusions ▪ Command hallucinations instructing him to harm others • Mood symptoms – irritability, anger, current level of distress • Persisting thoughts of violence, methods and access to means • Current insight and desire to engage with treatment 2) Current drug and alcohol use – esp. re intoxication or withdrawal (1 mark) 3) Current social stressors (1 mark)	5	0 1 2 3 4 5
	Up to a maximum of 10 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 10. (i.e. if they score more, final mark is still 10)

Modified Essay Question 4 contd.

On reviewing the notes, you find that Stephen presented with his first psychotic episode two years earlier (age 20). He became suspicious about his stepfather, with whom he lived, and left home due to fears for his safety. He had been using cannabis heavily since age 18. He had no previous history of violence or criminal convictions. He had been studying agriculture at university but left the course 6 months before his first psychotic episode. He responded well to olanzapine 10mg daily which he took for 18 months. Six months ago he lost his job on a farm, recommenced smoking cannabis, was sporadic in his medication adherence and disengaged from the Early Intervention Team (this service was in the process of discharging him at the time of his admission).

On assessment, Stephen reported feeling safe from his stepfather as he could not be "got at" in hospital, although he remained fearful of him, especially if he were to be released. He denied any auditory hallucinations. His mother informed you that Stephen had been well until 10 days before admission, since which time he had been spending more time away from home. He had gone missing for two days before the index offence.

Stephen accepted oral olanzapine on admission and was nursed in the high care area for three days without incident. He was subsequently transferred to the open ward, but assaulted another patient the following morning after seeing this patient talking on the phone. Stephen believed this patient had made contact with his stepfather and had been instructed to kill him. Both Stephen and the other patient are under your care.

Question 4.2 (8 marks)
Outline (list and elaborate) your management of this critical incident.

		worth	**mark (circle)**
A.	*Immediate management regarding the assault:* • Ensure immediate safety of patients and staff with environmental and/or pharmacological restraint • Accurate information gathering and documentation – details of assault, last mental state, incident reporting • Communication – with family, clinical director, police	3	0 1 2 3
B.	*Assessment of Stephen and Risk Management:* • Mental state examination, specifically suspicious thoughts towards others in ward, level of fear, extent of violent thoughts. • Medication review – check compliance, consider need for dose increment or of depot antipsychotic, consider short-term anxiolytics • Environmental management – consider: managing him away from other patients, direct observation, nursing ratio for approach, etc.	3	0 1 2 3
C.	*Assess and Support the Victim:* • Ensure victim is assessed and treated for possible physical injuries • Assess mental state – impact of assault, mood, psychotic and anxiety symptoms, any desire to retaliate • Ensure victim is receiving support e.g. from nursing staff • Contact victim's family/caregivers to explain, apologise and reassure	4	0 1 2 3 4
	Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8)

Modified Essay Question 4 contd.

One month later, Stephen remains an inpatient in the Forensic Unit. His mental state has improved and he is due to appear in Court.

Question 4.3 (4 marks)

Outline (list and elaborate) the key issues to consider in relation to the issue of his appearance in Court. (Do not cover the psychiatric Court Report itself)

		worth	mark (circle)
A.	*Fitness to Appear:* • Assessment of Stephen's mental state regarding his suitability to attend Court.	1	0 1
B.	*Risk Management and Legal Issues:* • Issues regarding his legal status (custodial vs MHA only) – i.e. does he require a corrections/police escort. • Risk management plan (including staffing ratio) for his transport and appearance in Court. • Need for communication (written, or via a Court Liaison Nurse) with Court to outline the clinical and legal issues and the plan after his appearance.	3	0 1 2 3
		Up to a maximum of 4 marks in total TOTAL:	

Modified Essay Question 4 contd.

A psychiatric Court Report has been prepared in relation to Stephen's charges and his Court appearance.

Question 4.4 (2 marks)

List the TWO key (pre-conviction) legal issues that would need to be addressed in this report.

		worth	mark (circle)
A.	Fitness to Stand Trial	1	0 1
B.	Insanity	1	0 1
	Up to a maximum of 2 marks in total TOTAL:		

MODIFIED ESSAY QUESTION 5

Modified Essay Question 5: (20 marks)

Alex is a 9 year old boy referred to the Child and Adolescent outpatient clinic where you work as a consultant psychiatrist. The school have concerns about his poor focus on learning, and say that he appears very tired and is explosive at times in class. The school initially referred him to his General Practitioner (GP) wondering if he was physically ill due to his tiredness, but Alex's GP found no physical abnormality. Screening bloods, including thyroid function and full blood count, were all normal. He presents with his parents Simon and Alison, who separated two years ago in what was apparently a non-acrimonious separation. They have shared custody for Alex and his younger sister Kylie (aged 7).

Question 5.1 (7 marks)

Outline (list and elaborate) the key areas you would explore in the history of the presenting complaint.

		worth	mark (circle)
A.	*General behaviour and Presentation:* • General behaviour at home and school – the explosiveness reported, the tiredness • Check for any variation in presentation and behaviour between the main places he lives (mother's and father's homes and school)	3	0 1 2 3
B.	*Sleep and Eating:* • Bedtime routine, getting off to sleep and amount of sleep • Diet and eating	2	0 1 2
C.	*Mood and Anxiety:* • Mood symptoms in addition to sleep and eating • Any distress around separation and the weekly changes in custody	2	0 1 2
D.	*Concerns about his poor learning/school situation:* • Attention (screen for attention deficit) • Relationships with school peers and teacher	2	0 1 2
	Up to a maximum of 7 marks in total **TOTAL:**		

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

Modified Essay Question 5 contd.

Alison reports Alex has always been hard to settle at night from very young, and seems to her a “night owl”. When they were together he would be left in bed and usually settled when his parents went to bed at 10pm. She thinks he has been much more challenging to settle to sleep since the separation and blames this on Simon allowing him to have an iPad in his bedroom. Simon says the iPad helps Alex settle to bed independently. Alison thinks Alex is averaging six hours sleep at night.

Question 5.2 (3 marks)

Outline (list and elaborate) what you would feed back to Alex’s parents about his sleep and night-time routines.

		worth	mark (circle)
A.	*Psychoeducation about sleep:* • Six hours sleep is insufficient for the vast majority of nine year olds • Explain there is evidence that electronic devices interfere with children’s sleep, including melatonin production	2	0 1 2
B.	*Need for consistency:* • Bedtime routines need to be similar at both houses and parents need to agree on the same policy re devices, etc.	1	0 1
	Up to a maximum of 3 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 3. (i.e. if they score more, final mark is still 3)

Modified Essay Question 5 contd.

Alex's parents report that he was initially highly distressed by the need to live in two houses after the separation, and that his rigid routine might change. Since then, his parents have worked on ensuring that written timetables are posted (and matching) at each house. If Alex can travel with the specific bowls and plates he always uses, and if he carries the four sets of clothes that he's willing to wear with him, things go reasonably well.

Question 5.3 (6 marks)

List the TWO most likely diagnostic possibilities based on this information, and elaborate on what additional information you would want to get from his parents, to clarify these.

		worth	mark (circle)
A.	Autism Spectrum disorder (ASD) (1 mark) *To clarify, check for:* <u>Social deficits</u> – his current peer/social function, ability to understand body language and emotion. Developmental history of eye gaze, parallel play, imaginative play, social interests <u>Speech/communication/language difficulties</u> – including history of concrete/literal thinking <u>Repetitive behaviours</u> – rocking, self-stimulation, special interests	4	0 1 2 3 4
B.	Obsessive Compulsive disorder (1 mark) *To clarify, check for:* Lack of specific ASD features as above, and Compulsive behaviours (checking, counting, symmetry, washing, etc.)	2	0 1 2
	Up to a maximum of 6 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 6. (i.e. if they score more, final mark is still 6)

Modified Essay Question 5 contd.

Alex's teacher has provided an additional letter. It reports that Alex was becoming very angry at transition points in the classroom when they moved from one task to the next, but this has improved since he has been given a wristwatch and a timetable planner. He now tends only to become very irritable when other children try to interact with him around classroom resources or toys. He is willing to read copiously about reptiles, of which he has an exhaustive knowledge, but will refuse to read any books he feels have a "girly" theme or are otherwise "boring". Alex's teacher asks if you will send some advice to the school around managing Alex.

Question 5.4 (4 marks)

Outline (list and elaborate) what additional assessments you might do to best advise Alex's teacher.

		worth	mark (circle)
A.	*ADOS or CAARS* or another standardised instrument for ASD	1	0 1
B.	*Cognitive testing* may be useful given the different profiles in ASD and to understand Alex's strengths and weaknesses	1	0 1
C.	*Conner's Parent Rating Scale* (reasonable to exclude ADHD)	1	0 1
D.	*Classroom observation* and/or discussion with teacher	1	0 1
	Up to a maximum of 4 marks in total TOTAL:		

<u>Note to Examiners:</u> Final mark is set at not more than 4. (i.e. if they score more, final mark is still 4)

MODIFIED ESSAY QUESTION 6

Modified Essay Question 6: (25 marks)

You are a consultant psychiatrist at a Community Mental Health Team (CMHT). Jeffrey, an indigenous 48 year old man with a long history of paranoid schizophrenia, is under your care at the CMHT, and under a Compulsory Treatment Order. He has been maintained on a traditional antipsychotic depot for several years. He has a history of co-morbid alcohol and cannabis use but rarely presents to local Mental Health Services or to the police. He attends the CMHT regularly to get his depot. He is often homeless but sometimes stays at a cheap boarding house for a while, or else at the homeless shelter. His support network includes the homeless shelter, a local soup kitchen and various other NGO supports such as a local drop-in centre.

Jeffrey has been estranged from his family for some time, but his sister, Claire, recently moved back to the area and has requested a meeting with you. Jeffrey has agreed for you to do this to "get her off my back, but I don't want her meddling with my business".

Question 6.1 (7 marks)

Outline (list and elaborate) the topics you wish to address with Claire.

		worth	mark (circle)
A.	*Approach:* Address confidentiality, introduce yourself – your level of contact with Jeffrey and role in the team	1	0 1
B.	*Claire's Agenda:* Clarify Claire's current concerns	1	0 1
C.	*Jeffrey's current treatment:* Medication, access to supports within the CMHT (e.g. keyworker, nurses, support worker, social worker and OT)	2	0 1 2
D.	*Collateral:* Collect further history – e.g. past family involvement and reasons for his estrangement	1	0 1
E.	*Legal Aspects:* Like MHA, family consultation, competency	1	0 1
F.	*Whanau/family supports that are available:* Within the CMHT e.g. the social worker, NGOs (like Supporting Families – SF), involvement with the local cultural team if such exists	2	0 1 2
	Up to a maximum of 7 marks in total **TOTAL:**		

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

Modified Essay Question 6 contd.

During the meeting Claire becomes impassioned and pleads that Jeffrey be taken off all his medication as it is "cruel and inhumane". She produces an article from the internet that decries the use of psychiatric drugs, calling them "poisons".

Question 6.2 (5 marks)

Outline (list and elaborate) your response to this.

		worth	**mark (circle)**
A.	*Approach:* Maintain a non-judgemental approach, managing any countertransference	1	0 1
B.	*Discuss:* Exploration of Claire's understanding of Jeffrey's illness – medication, past treatment, risk issues	1	0 1
C.	*Psychoeducation:* About Jeffrey's illness and about antipsychotics – their safety and side-effects	1	0 1
D.	*Negotiate/compromise/advocate for Jeffrey:* • Aim for a shared treatment/goal-setting session with Jeffrey, including his whanau/family as possible • Emphasise Jeffrey's role in his treatment, his own choices about his life	2	0 1 2
E.	*Support and collaboration:* Offer Claire follow up and further input	1	0 1
	Up to a maximum of 5 marks in total **TOTAL:**		

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

Modified Essay Question 6 contd.

Jeffrey leaves town to avoid his sister. Some months later Jeffrey is admitted to the acute psychiatric ward. His psychotic illness has relapsed after missing the last 3 depot injections. You are involved in a team meeting with the ward team about his care.

Question 6.3 (6 marks)

Outline (list and elaborate) the aspects of Jeffrey's care that you wish to address in this meeting.

		worth	mark (circle)
A.	Jeffrey's medication history and relative response to depot	1	0 1
B.	Legal framework – role for compulsory care/MHAct/potential competency issues/guardianship issues	1	0 1
C.	*Rehabilitation/Recovery-oriented interventions:* • Role of rehabilitation (possibly inpatient) versus assertive community care as part of his discharge package • Social interventions such as housing, benefit/pension (income support), employment/meaningful activity, NGO involvement – community workers, help getting to appointments, etc. • Psychological input – psychoeducation and support	3	0 1 2 3
D.	Possible need for intervention regarding his alcohol and substance abuse, but with a realistic approach to Jeffrey's availability or motivation	1	0 1
E.	Need for family and cultural input	1	0 1
F.	Need for a multidisciplinary approach to his follow-up	1	0 1
	Up to a maximum of 6 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 6. (i.e. if they score more, final mark is still 6)

Modified Essay Question 6 contd.

The inpatient consultant later rings you to discuss medications options. He is considering a trial of clozapine for Jeffrey.

Question 6.4 (7 marks)

Outline (list and elaborate) the advantages and disadvantages of this proposal and how any disadvantages could be reduced.

		worth	mark (circle)
A.	*Pros and cons of clozapine:* • Established role for clozapine in treatment resistant illness versus his known degree of recovery on depot. • If he had a marked improvement on clozapine, might that make it a possible option? If he didn't, clozapine unlikely to be a practical option given his usual living situation	2	0 1 2
B.	*Autonomy and competence:* • Jeffrey's preference – how much should this determine his treatment? • The need to inform him about his medication options and the pros and cons • Role of MHAct and compulsory care in prescribing clozapine – would even compulsory care ensure compliance with oral clozapine as an out-patient?	3	0 1 2 3
C.	*Practicalities and adherence:* • Barriers to adherence, ability to enforce mandatory monitoring e.g. the requirement for blood tests • Realistic appraisal of his ability to maintain oral treatment in community • Managing side effects – short term (e.g. constipation, dribbling, sedation) and long term (e.g. metabolic vs possible tardive dyskinesia on depot) • Role of other services to support medication adherence – medication delivery, stable housing, supported accommodation, social supports, community support worker, assertive follow-up	3	0 1 2 3
D.	*Family role in the decision:* • Need to inform them about the pros and cons and see if they support a clozapine trial	1	0 1
	Up to a maximum of 7 marks in total TOTAL:		

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