THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS ESSAY PAPER 2019

(revised shorter version)

In this revised, shorter version of the MEQs, the marks add up to 122, not 140. Add 18 marks onto the total for the MEQs once graded, to bring this paper up to a total of 180 marks in all.

(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 mastering the technique required for 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 markers also refer to the 'MEQ Instructions to Examiners' from the Essay paper page of the college website: https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Exam-Centre/MEQ-Instructions-to-Examiners-1501209.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.

"Persons near or over the age of fifty lack, on the one hand, the plasticity of the psychic processes upon which the therapy depends – old people are no longer educable".

Sigmund Freud, Selected Papers on Hysteria and Other Psychoneuroses, Chapter VIII, On Psychotherapy. (pub. 1912)

(Quoted in: 'Psychotherapy and the older person' by Neil Raveen Jeyasingam, Australasian Psychiatry Jan 26, 2017)

Source (you may need to access this via the college website members' access to AP):
https://journals.sagepub.com/doi/full/10.1177/1039856216689526)

Reminder about marking process:

These are from the CEQ scoring domains – I've selected the ones most appropriate for the quote topic.

1. Communication/SPAG (Competency: Communicator)

<table>
<tr><th>The candidate demonstrates the ability to communicate clearly</th><th>Proficiency level</th><td rowspan="5">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 if this paper ever switches to being done on computer, but spelling and grammatical errors will be even more evident, so being able to type accurately as well as quickly will matter a lot if that eventually happens.</td></tr>
<tr><td>The spelling, grammar or vocabulary significantly impedes communication.</td><td>0</td></tr>
<tr><td>The spelling, grammar and vocabulary are acceptable but the candidate demonstrates below average capacity for clear written expression.</td><td>1
2</td></tr>
<tr><td>The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.</td><td>3
4</td></tr>
<tr><td>The candidate displays a highly sophisticated level of written expression.</td><td>5</td></tr>
</table>

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

<table>
<tr><th>The candidate demonstrates the ability to critically evaluate the statement/question
Includes the ability to describe a valid interpretation of the statement/question.</th><th>Proficiency level</th><td rowspan="5">This is about understanding the actual quote so it's mostly graded with reference to the introductory paragraph, but also by how the trainee's understanding of the meaning of the quote is conveyed in the body of the essay.

There's no term clearly crying out for a definition here. Trainees should be well aware that the therapy modality Freud refers to is psychoanalysis, and may mention that in their introduction – setting the quote in its historical context in the early years of the C20th.

However, ideally the trainee will discuss more than just psychoanalysis and will cover other therapy modalities and their pros and cons when used with patients over age 50. They may state in the introduction that they plan to do so.

There might be some mention of whether people over age 50 are "old people" in today's reckoning, or even in Freud's time, and of older people being "educable", or these issues might be explored in more depth in the body of the essay.</td></tr>
<tr><td>The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.</td><td>0</td></tr>
<tr><td>One or more interpretations are made, but may be invalid, superficial or not fully capture the meaning of the statement/question.</td><td>1
2</td></tr>
<tr><td>The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.</td><td>3
4</td></tr>
<tr><td>One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge.</td><td>5</td></tr>
</table>

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

<table>
<tr>
<td>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.</td>
<td>Proficiency level</td>
<td rowspan="5">This, and 4. below are the body of the central arguments of the essay.

As in 2, there are a number of topics that could be addressed. These include:

Psychoanalysis as developed by Freud in its historical context in the early years of the C20th, and its more modern cousin psychodynamic psychotherapy, regarding the treatment of patients over age 50. e.g. the extended period of time taken for psychoanalysis (a possible limitation in the very old but surely not in a 50 year old person) versus newer, brief, insight-oriented therapies these days which are more rapidly effective.
Other therapy modalities and their pros and cons when used with patients over age 50. e.g. evidence for the efficacy of CBT for anxiety and depression, evidence for IPT, etc.
Whether older people are "educable", and the evidence for and against that. e.g.

Evidence as above that CBT, which involves education, can be very effective in older people.
The neurobiology of the aging brain and research evidence that older people can learn, but take longer and need more time and repetition. Versus:
Research does not support the efficacy of purely psychological therapies for people with moderate to severe cognitive deficits, e.g. in dementia.

Whether people over age 50 are "old people" in today's reckoning, or whether they ever were, even in Freud's time. Discussion of ageism and stigma against older people – Freud dismissed their ability to learn out of hand. Better general health in privileged populations making 50 "the new 40", etc.
Eriksonian developmental stages and how some modalities of therapy might be of benefit in negotiating "despair vs ego-integrity".
The prevalence of grief in older people and therapies to assist with that.
The usefulness of narrative therapy, given that older people have such rich stories to tell.

And there are many more arguments. The above are just some examples.</td>
</tr>
<tr>
<td>There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.</td>
<td>0</td>
</tr>
<tr>
<td>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.</td>
<td>1

2</td>
</tr>
<tr>
<td>The points in this essay follow logically to demonstrate the argument and are adequately developed.</td>
<td>3

4</td>
</tr>
<tr>
<td>The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant.</td>
<td>5</td>
</tr>
</table>

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

<table>
<tr>
<th>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.</th>
<th>Proficiency level</th>
<td rowspan="5">The arguments in the body of the quote need to demonstrate this breadth and maturity.

Historical perspectives are easily addressed as the quote dates from 1912, so there could usefully be some discussion of the state of psychotherapy/psychoanalysis at that time and the context of early C20th European society. Richer people lived longer lives then, but 50 genuinely was old for the poor who had reduced lifespans – not that Freud was treating the poor, of course.

Cultural perspectives might include discussion of the devaluing of older people in Western cultures, as opposed to the value placed on age and wisdom in most collectivist cultures. Cultures that value their elders would not agree that older people are not "educable" or worth helping psychologically, although they would often not see psychoanalysis as a suitable modality.

Advocacy could address ageism and discrimination against older people, e.g. assuming they are "not educable" and not worthwhile to treat or worth having psychological interventions provided by mental health services. Freud's statement was a factor leading to many years of lack of availability of psychological therapies for older people across much of the C20th, until CBT was developed and was trialled in wider age-ranges.</td>
</tr>
<tr>
<td>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.</td>
<td>0</td>
</tr>
<tr>
<td>The candidate touches on the expected areas but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement.</td>
<td>1

2</td>
</tr>
<tr>
<td>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.</td>
<td>3

4</td>
</tr>
<tr>
<td>The candidate demonstrates a superior level of awareness and knowledge in these areas relevant to the statement/question.</td>
<td>5</td>
</tr>
</table>

5. Ethical Awareness (Competency: Professional)

<table>
<tr>
<th>The candidate demonstrates appropriate ethical awareness</th>
<th>Proficiency level</th>
<td rowspan="5">It should be possible to discuss ethical issues regarding any quote, and trainees should assume that this will be a marking dimension in all essays.

As above, discussion of ageism, discrimination, and the withholding of therapies proven to be of benefit on the grounds that older people can't use them or aren't worth treating could be discussed – in the context of Justice, Beneficence and Autonomy in particular.</td>
</tr>
<tr>
<td>The candidate fails to address ethical issues where this was clearly required, or produces material that is unethical in content.</td>
<td>0</td>
</tr>
<tr>
<td>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.</td>
<td>1

2</td>
</tr>
<tr>
<td>The candidate demonstrates an appropriate awareness of relevant ethical issues.</td>
<td>3

4</td>
</tr>
<tr>
<td>The candidate demonstrates a superior level of knowledge or awareness of relevant ethical issues.</td>
<td>5</td>
</tr>
</table>

6. 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 covered by discussion of the clinical applications of effective psychological therapies for older people like CBT and IPT, the usefulness of narrative therapy – allowing older people to tell their stories, and of grief therapy. The limitations imposed clinically by moderate to severe cognitive impairment also contribute here.
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	

7. Patient-centred Care (Competency: Medical Expert, Collaborator)

The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	**Proficiency level**	This can be addressed in the body of the essay via already-mentioned issues such as improving psychological well-being and thus autonomy and quality of life for older people through effective psychological therapies. This promotes a collaborative approach and patient-centred care. Psychological interventions for caregivers are crucial as well, especially when carers are coping with very difficult conditions like dementia, and although this is at a tangent to the main thrust of the quote, it could be briefly mentioned.
The candidate fails to consider patient-centred care, carers, and/or recovery principles where these are relevant OR merely mentions them.	0	
The candidate mentions these concepts but does not demonstrate an accurate understanding of them or is unable to do so clearly.	1 2	
The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	3 4	
The candidate demonstrates a superior depth or breadth of understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	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 drawn from a brief summary of the arguments and issues set out in the essay, and to be justified by these. Note that new arguments cannot be introduced in the conclusion, or it ceases to be a conclusion. If the conclusion is not clearly announced and the last paragraph does not seem to be a conclusion at all, just a point where the trainee ran out of time, this should be graded zero.
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	

In the real CEQ they tend to only have about 6 marking domains, and to weight them each differently. That's too complex a system for a Mock exam, so these 8 domains for the CEQ scoring add up to exactly 40 marks. Score = x / 40.

In this revised, shorter version of the MEQs, the marks add up to 122, not 140.

Add 18 marks onto the total for the MEQs once graded, to bring this paper up to a total of 180 marks in all.

MODIFIED ESSAY QUESTION 1

Modified Essay Question 1: (20 marks)

You are a junior consultant on call overnight when you receive a call at 11pm from a first year registrar on call. The registrar has assessed Amy, a 19 year old woman with a diagnosis of borderline personality disorder. Amy had self-discharged from the inpatient ward where she was an informal patient, the evening of the day before this presentation. The discharge occurred less than 24 hours into a 48-hour long crisis admission - part of her crisis management plan. Amy has now been brought to hospital by police after a member of the public saw her cutting herself. The registrar says Amy reports feeling suicidal and wants to return to hospital for her crisis admission. She told the registrar she would kill herself if not re-admitted.

Question 1.1 (8 marks)
Outline (list and elaborate) the information you expect the registrar to have obtained.

		worth	mark (circle)
A.	**Recent History** • Details of the lead-up to the recent crisis admission, her presentation/behaviour on the ward and reasons for self-discharge; • What happened during period between self-discharge and her re-presenting. e.g. any stressors or precipitants for her self-harm and return?	2	0 1 2
B.	**Risk Assessment** • Harm to self – current ideation/plan/intent and seriousness (e.g. medical complications of cutting – is she medically cleared?), past risk to self history including seriousness; • Harm to others – ideation/plan/intent, including any dependents under her care, and past risk to others history including seriousness.	2	0 1 2
C.	**Mental State Examination** • Full mental state assessment including engagement, rapport, her insight, reflective capacity, judgement; • Screening for symptoms of other disorders such as depression, intoxication or psychosis.	2	0 1 2
D.	**Supports and Social Situation** • Living situation – who she lives with, who are her main supports? e.g. friends, family, parents; • Are any of these available acutely?	2	0 1 2
E.	**Collateral Information** • Is there anyone who could give collateral information – have they been contacted, are they likely to be reliable, can they clarify her risk history in the past when in similar circumstances? • Ideally candidate should mention the need to consider privacy issues as patient is an adult.	2	0 1 2
F.	**Crisis Plan** • What does the Crisis Plan say and are there any recommendations in it? e.g. regarding admission, stand down periods, use of compulsory treatment, etc.	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 1 contd.

Question 1.2 (6 marks)
Outline (list and explain) aspects of risk that may influence your decision whether to readmit Amy.

		worth	mark (circle)
A.	**Patient Factors** • Dynamic – level of distress, suicidal ideation - intent/plan/imminence, substance use or intoxication; • Static – age, sex, past life history, ongoing major mental illness or physical illness; • Destabilising factors and stressors, e.g. changes or losses in supports, relationships, bereavements, employment problems, etc. • History of similar risk factors as predictors for current behaviour.	4	0 1 2 3 4
B.	**Non-Patient Factors** • Counter-transference issues e.g. attitudes of staff on the ward, which may be unhelpful for patient; • Registrar is a 1st year – might under- or over-estimate the risk, might be pressured by more experienced staff or by ED staff; • Presence of absence of supports and safety for patient outside hospital • Short-term vs long-term risk – crisis plan with a view to modifying longer-term risk concerns – vs immediate risk	4	0 1 2 3 4
	Up to a maximum of 6 marks in total **TOTAL:**		

__Note to Examiners:__ **Final mark is set at not more than 6. (i.e. if they score more, final mark is still 6)**

Modified Essay Question 1 contd.

Amy then absconds from the Emergency Department. Several hours later, you receive another call from the registrar saying Amy has been returned by police, having been retrieved from railway tracks where she had lain down. She was compliant with the police returning her to hospital. She now presents as quiet and calm, saying the crisis has passed. She says she wants to go home and sleep, denying a need to return to hospital. The police emphasise their annoyance at their ongoing involvement and state their opinion that Amy should be placed under the Mental Health Act and admitted. The registrar has also talked by phone with Amy's mother, who is fearful that Amy will kill herself and is asking for her to be readmitted.

Question 1.3 (6 marks)
Outline (list and elaborate) your immediate and medium-term management plan.

		worth	mark (circle)
A.	Support the junior registrar who may feel they are the 'meat in the sandwich'. As part of that and to clarify risks, consider attending in person to review Amy.	1	0 1
B.	Maintain a professional relationship between police and MHS – validation of police concerns while still making decisions based on clinical need.	1	0 1
C.	Reassess the risks, taking into account the overall context of a series of presentations and Amy's current mental state. Linked with this, review whether the Crisis Plan is still appropriate, in light of the current presentation.	2	0 1 2
D.	Ensure that Amy's mother understands her concerns are heard while highlighting the potential adverse effects of readmission, especially if this needs to be against Amy's wishes (loss of autonomy, runs counter to the principles of management for Borderline personality disorder).	2	0 1 2
E.	Liaison with Amy's treating team as soon as possible and consider the need for a case conference including the family and different agencies, particularly if Amy is presenting frequently with similar scenarios.	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 2

Modified Essay Question 2 (21 marks)

You are working for the local child and adolescent mental health service that provides liaison to the government child protection services. You are asked to see Jacek, an 8 year old boy who has recently been placed with a new set of foster parents after his fourth placement broke down. He was removed from his mother aged 10 months, with concerns he was significantly neglected due to her substance use problems. His new foster parents Ian and Melinda have requested an early review with child psychiatry as they are aware of previous difficulties with Jacek at school and in his foster homes. Ian and Melinda are experienced foster parents with no other children currently placed with them. They have begun work on routines around eating and sleeping. So far Jacek has been quiet at home, wanting to retreat to his room. They have found packets of their dry pasta as well as biscuits moved from their pantry and placed under his bed.

Ian and Melinda have enrolled Jacek in their local primary school. They say he has had some basic assessments and apparently his reading is at year 2 level (six year old), he is not holding a pen well, and he struggles with writing. He is noted to be restless and easily angered in class, having already bitten another child in the first two weeks of school.

You arrange an assessment and school observation.

Question 2.1 (6 marks)
List the key differential diagnoses you would plan to gather information on in your assessment.

		worth	mark (circle)
A.	ADHD	1	0 1
B.	Dyspraxia	1	0 1
C.	Fetal Alcohol spectrum disorder (substance exposure in utero) (accept Fetal Alcohol Syndrome)	1	0 1
D.	Intellectual Disability (or Learning Disorder)	1	0 1
E.	Oppositional Defiant Disorder or Conduct Disorder	1	0 1
F.	Poor learning due to behavioural difficulties	1	0 1
G.	PTSD	1	0 1
H.	Reactive Attachment Disorder	1	0 1
I.	ASD	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 2 contd.

(Repeated from Question 2.1) You are working for the local child and adolescent mental health service that provides liaison to the government child protection services. You are asked to see Jacek, an 8 year old boy who has recently been placed with a new set of foster parents after his fourth placement broke down. He was removed from his mother aged 10 months, with concerns he was significantly neglected due to her substance use problems. His new foster parents Ian and Melinda have requested an early review with child psychiatry as they are aware of previous difficulties with Jacek at school and in his foster homes. Ian and Melinda are experienced foster parents with no other children currently placed with them. They have begun work on routines around eating and sleeping. So far Jacek has been quiet at home, wanting to retreat to his room. They have found packets of their dry pasta as well as biscuits moved from their pantry and placed under his bed.

Ian and Melinda have enrolled Jacek in their local primary school. They say he has had some basic assessments and apparently his reading is at year 2 level (six year old), he is not holding a pen well, and he struggles with writing. He is noted to be restless and easily angered in class, having already bitten another child in the first two weeks of school.

You arrange an assessment and school observation.

Question 2.2 (6 marks)
List the key information you would hope to gain from school observation.

		worth	mark (circle)
A.	Features of ADHD versus other possible behavioural explanations	1	0 1
B.	Features of ASD versus other possible behavioural explanations	1	0 1
C.	Interactions with peers	1	0 1
D.	Interactions with teachers and other staff	1	0 1
E.	Level of support and the teaching style in the classroom	1	0 1
F.	On-task behaviour and distractions	1	0 1
G.	Playground behaviour versus classroom behaviour	1	0 1
H.	Volatility	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 2 contd.

Jacek appears to have small stature, with a flattened philtrum and small palpebral fissures. His birth weight on record was small for gestational age. Given his mother's reported substance use problems you suspect a Fetal Alcohol Spectrum Disorder.

Question 2.3 (4 marks)
List the behavioural and psychiatric difficulties that may be associated with Fetal Alcohol Spectrum Disorder.

		worth	mark (circle)
A.	Deficits in adaptive behaviour and daily functioning skills	1	0 1
B.	Emotional volatility	1	0 1
C.	Executive functioning difficulties	1	0 1
D.	Features of ADHD	1	0 1
E.	Low IQ	1	0 1
F.	Social processing difficulties especially in adolescence	1	0 1
		Up to a maximum of 4 marks in total TOTAL:	

Note to Examiners: 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.

You arrange a classroom observation and Conner's rating scale, both of which suggest Jacek has ADHD. The Child Welfare Services staff hold his guardianship, and you decide to discuss with them whether Jacek should have a trial of stimulant treatment, or whether non-pharmacological management strategies should be used.

Question 2.4 (2 marks)
Outline (list and justify) the key possible problems with stimulant treatment for Jacek that would need to be discussed.

		worth	mark
A.	Appetite restriction and growth retardation may be an issue (he's small already)	1	0 1
B.	Sleep difficulties may cause problems (as his foster parents are trying to establish sleep routines)	1	0 1
C.	Stimulants may be less likely to work (due to the underlying Foetal Alcohol spectrum disorder)	1	0 1
	Up to a maximum of 2 marks in total **TOTAL:**		

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

Having not been in contact for three years, Jacek's birth mother has contacted Child Welfare Services asking for supervised visits one weekend day per month. Ian and Melinda initially agreed to this but now report that he is much more unsettled on the evening after the visit and for the following two days.

Question 2.5 (3 marks)
Outline (list and explain) the reasons why Jacek may be unsettled after seeing his mother.

		worth	mark
A.	Different behavioural expectations in the foster-home versus during the visits	1	0 1
B.	Visits may be stressing him due to reactivated attachment difficulties / distress about losing mother again after visit	1	0 1
C.	Visits may be stressing him due to reactivated past trauma in the relationship with mother / difficult interactions with her during visit	1	0 1
D.	Visits may be stressing him due to support during the visits being inadequate	1	0 1
	Up to a maximum of 3 marks in total **TOTAL:**		

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

MODIFIED ESSAY QUESTION 3

Modified Essay Question 3: (28 marks)

You are the on call consultant for a small mental health service and you are asked to see Liam, a 35 year old man brought to hospital by the police. This follows an incident where he took his clothes off and exposed himself to neighbours. Liam presents with paranoid delusions of being under surveillance, as well as bizarre behaviour. His forearms are covered with sores where he has been trying to dig things out of his arms. He was recently discharged after an inpatient admission for a drug-induced psychosis after smoking methamphetamine, and has not attended arranged follow-up. Liam recently lost access to his children and has been asked to leave the family home. He is now living with his sister who has young children.

Question 3.1 (12 marks)

Outline (list and justify) your risk assessment for Liam, focussing only on Risk to Self and Risk to Others.

		worth	mark (circle)
	Risk to self:		
A.	Delusional ideas – causing self-harm from digging into his skin (impaired insight and judgement)	2	0 1 2
B.	Potential for suicide – future risk of self-harm if his mood drops when withdrawing from methamphetamine	2	0 1 2
C.	Medical risk – risk of physical harm such as raised BP and CVA, arrhythmia, infection, exhaustion (no sleep & overactivity)	2	0 1 2
D.	Risk to self from poor self-care – e.g. from homelessness if sister evicts him	2	0 1 2
	Risk to others:		
E.	Psychosis – violence risk due to his paranoia and irritability	2	0 1 2
F.	Vehicular risk – risk to the public when driving while on methamphetamine	2	0 1 2
G.	Exhibitionism & Child Welfare risk – risk of disturbed or drug-affected behaviour with sister's children (note he's lost custody of his own children)	2	0 1 2
		Up to a maximum of 12 marks in total TOTAL:	

<u>Note to Examiners:</u> Final mark is set at not more than 12. (i.e. if they score more, final mark is still 12)

(1 mark for the risk type, 1 mark for the justification/explanation)

Modified Essay Question 3 contd.

You decide to admit Liam to hospital under the Mental Health Act. Just after he arrives in the ward he becomes acutely agitated and causes major damage to property in his room. He then runs down the corridor and threatens nursing staff.

Question 3.2 (10 marks)

Outline (list and justify) your short term management plan for this situation.

		worth	mark (circle)
A.	Manage stigmatisation and staff attitudes – may suggest discussions with staff, education and consensus on management plan. (negative attitudes are common where the patient's unwell and a risk due to substance use)	2	0 1 2
B.	Manage consequences – e.g. should he be charged for the property damage? Depends if he was competent which seems very unlikely. (as may be pressure from ward staff to call the police, linked to A)	2	0 1 2
C.	Containment – where should he be nursed. High Care Area/HDU or seclusion are likely. Not on open ward. Medical and self-harm risks of secluding him may be mentioned. (containment is justified by his aggression and sexual disinhibition causing risk to others)	2	0 1 2
D.	Medication for agitation and psychosis– sedation via benzodiazepines, antipsychotic medication for the drug-induced psychosis. May mention pros and cons of oral and IMI options. (medication's needed as he has a drug-induced psychosis)	2	0 1 2
E.	Physical care – check for signs of IV drug use and complications like infection at sites or of the self-inflicted sores, usual physical recordings, dehydration and poor nutrition - monitor food & fluids. (he's physically compromised and his intake may be poor due to his mental state)	2	0 1 2
F.	Manage his withdrawal from methamphetamine– or from any other substances. Benzodiazepines for anxiety, antidepressants if depression not lifting. (withdrawal may cause depression and suicidality)	2	0 1 2
G.	Arrange close nursing care and frequent medical reviews – move to less intensive nursing and to open ward once possible, but watch for a drop in his mood and increased suicide risk. (high risk patient, risk of a subsequent withdrawal depression)	2	0 1 2
		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)**

(1 mark for the risk type, 1 mark for the justification/explanation)

Modified Essay Question 3 contd.

Liam is no longer under the Mental Health Act, and has yet to see the drug and alcohol treatment team. The inpatient unit is very full so Liam needs to be discharged quickly. Liam drives heavy earth-moving equipment for a living, and wants to return to work as soon as possible because he is very short of money. Without any income he will also need to remain at his sister's house which is stressful for everyone, and one of her children is taking methylphenidate for ADHD.
His employer has asked for a medical clearance for Liam to return to work.
His probation officer has also asked for a report, as he has just been charged with indecent exposure.

Question 3.3 (6 marks)
Describe your approach to managing information sharing in this situation, with Liam's sister, employer, and probation officer.

		worth	**mark (circle)**
A.	General principles & medico-legal issues (confidentiality) • Privacy and maintenance of Liam's autonomy, aim to get his consent to share information • Obligations to inform child welfare where there are issues of child protection • Obligations to inform vehicle licensing authorities about unsafe driving	3	0 1 2 3
B.	Discussion with his sister • If he's living with his sister and there are child protection issues his consent to share information is not needed • Consider the child's ADHD medication and about discussing keeping this safe with his sister, and about liaising with child's prescriber • Aim nonetheless to get Liam's permission to involve his sister in discharge planning. May need to override this (with Child Welfare services) re the safety issues, if he refuses	2	0 1 2
C.	Discussion with his employer • For a medical clearance to return to work, would need to discuss with employer Liam's need to drive, the kind of job and responsibilities safe for him, and provide a formal certificate • Need to get Liam's permission to discuss this with employer. He might refuse, in which case a medical clearance could not be provided and he might lose his job, with damage to his coping and to the therapeutic relationship. He needs to be fully recovered to understand the issues, and there needs to be detailed explanation and discussion with him	2	0 1 2
D.	Discussion with Probation Officer • Clarify your role – are you required to provide information as his treating psychiatrist e.g. linked with Liam's probation conditions (is Liam avoiding drugs a probation condition?) Will there be an external assessment by a Justice Department-funded psychiatrist? • Issues if you are *not* legally required to provide information to Probation, and Liam refuses to consent to this • Aim to get Liam's permission to provide information to Probation.	2	0 1 2
	Up to a maximum of 6 marks in total **TOTAL:**		

Note to Examiners: **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: (23 marks)

You are the consultant on an inpatient rehabilitation ward. One of your patients is William, a 55 year old man recently admitted to the service. He has a long history of paranoid schizophrenia including auditory hallucinations, alcohol and cannabis use and poor engagement with services over the last 25 years. He has been homeless for periods and has had several convictions over the years for minor offending – shoplifting, public nuisance and trespass.

He is prescribed 40mg Olanzapine per day.
He has previously been on Zuclopenthixol Depot, Risperidone and Haloperidol.

Question 4.1 (9 marks)
Describe how you would undertake a medication review and what information you would be seeking.

		worth	mark (circle)
A.	Review all past medication use: • Previous medication trials – how adequate were they re dose and time? • Likelihood of compliance e.g. route of administration • Efficacy versus side effects and reasons for stopping or changing medication	3	0 1 2 3
B.	Psychosis history: • Psychotic symptoms – degree of response to treatment • Effects of comorbid substance use or abstinence on his response to medication and his compliance • Consider mood symptoms, and whether these were ever present/treated	2	0 1 2
C.	Efficacy measures (his functioning): • His coping & social engagement in the community • Ability to do meaningful activity if unable to work	2	0 1 2
D.	Collateral sources: • Review old notes, consult past team and psychiatrist • Consult family • Use psychometric or objective measures e.g. PANS, HONOS, BPRS	2	0 1 2
E.	Patient's own experience and view: • Patient preference and reasons for this • Medication acceptability/tolerability versus side effects	2	0 1 2
	Up to a maximum of 9 marks in total TOTAL:		

<u>Note to Examiners:</u> Final mark is set at not more than 9. (i.e. if they score more, final mark is still 9)

Modified Essay Question 4 contd.

William's voices continue to tell him that he must escape the system and he regularly goes AWOL from the unit, usually being brought back a few days later by the police in an intoxicated and dishevelled state, having slept rough.
You are considering a medication change, given the treatment resistant nature of his illness.

Question 4.2 (4 marks)
Outline (list and justify) what medications options you would consider, if you were to change his prescribed medication.

		worth	mark (circle)
A.	Change to Clozapine – he has a treatment resistant illness, trialled at least 2 previous medications. May need laxatives, Metformin, re adverse effects	2	0 1 2
B.	Augmentation of Olanzapine – Amisulpride has the best evidence	2	0 1 2
C.	If a history of mood symptoms consider augmentation for these – role for a mood stabiliser or antidepressant	2	0 1 2
	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 4 contd.

William responds well to a different antipsychotic. He is almost symptom free and engages well with his supports. A discharge pathway to a supported accommodation NGO is underway.
A Recovery Plan is needed.

Question 4.3 (10 marks)

Outline (list and elaborate) how you would develop this, and the information you would want to have in William's Recovery Plan.

		worth	mark (circle)
A.	Plan to be developed collaboratively – written in plain English with and for William, and shared with his clinical team, family, and carers	1	0 1
B.	Contact information including next of kin, community team key worker and psychiatrist, other key supports e.g. pharmacy, GP	1	0 1
C.	Key legal information – MHA status, any EPOA	1	0 1
D.	List of medications, potential side effects and advice on how/when to use any PRN medication	2	0 1 2
E.	Activity schedule, weekly diary – William's description of himself when well and what he does to maintain that	2	0 1 2
F.	List of suitable resources to maintain wellness (Wellness Toolbox) – social supports, peer counselling, exercise, relaxation, stress reduction techniques, diet, sleep support	2	0 1 2
G.	Emergency contacts for Mental health Services – crisis numbers 24/7	1	0 1
H.	Early warning signs relevant to William	1	0 1
I.	William's preferences – his directives for emergencies	1	0 1
J.	Post Crisis plan – what will happen to help William get back to where he was, additional supports, reviews	1	0 1
		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 5

Modified Essay Question 5: (18 marks)

You are a general adult psychiatrist working in a rural community team. You have been asked by a GP to review Kylie, a 28 year old woman who is 18 weeks pregnant. She is reporting low mood, tearfulness, and poor sleep. The GP tells you she was depressed after the birth of her first child (now aged 3) and overdosed on analgesic medication at that time. She is living with her partner who is the father of the two children, and there is some conflict as he was recently charged with a drink-driving offence. She has recently been to her GP with concerns about 'tantrums' in her 3 year old.

Following a comprehensive assessment of Kylie, you conclude that she has a severe depressive disorder and that antidepressant treatment is indicated. You decide to trial an SSRI.

Question 5.1 (10 marks)
Outline (list and justify) your approach to prescribing for Kylie, including the specific pregnancy-related risks of SSRIs that you would want to discuss.

		worth	mark (circle)
A.	Safety of medication in pregnancy • Consult with a psychiatrist specialising in perinatal psychiatry re choice of medication and treatment • Refer to updated medication information on safest SSRIs re breastmilk levels e.g. http://www.saferx.co.nz/assets/Documents/full/12e63cfe9d/Antidepressants-preg-bf.pdf • Review previous treatment and response – use lowest effective dose and avoid polypharmacy	3	0 1 2 3
B.	Specific risks of SSRIs • Lower birth weight • Prematurity • Persistent Pulmonary Hypertension of the Newborn • Cardiac abnormalities (First trimester use) • Delayed Neonatal Adaptation/Neonatal Adaptation Syndrome • Slight increased risk of postpartum haemorrhage	4	0 1 2 3 4
C.	Consent • Provide written information • Involve the father in the discussion • Document your discussion of the risk/benefits	3	0 1 2 3
D.	Communication • Ensure the clinicians responsible for maternity care are aware she's been started on medication	1	0 1
E.	Follow-up • Regular follow up to check response to antidepressant • Planning around childbirth e.g. baby may be more likely to have transitional problems in the newborn period	2	0 1 2
		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 5 contd.

Kylie initially responds to the antidepressant you have started. However when you review her at 5 weeks postpartum she presents as tearful, sad and overwhelmed. She has told her partner to leave as she was sick of his drinking. Her baby boy is waking frequently at night. She has brought both her children with her and you notice that her 3 year old looks sad and is clinging to Kylie. Kylie tells you she is exhausted, not sleeping and feels at breaking point with the children.

Question 5.2 (8 marks)
Discuss your approach at this point, focussing on assessing the risks and community-based non-medication options you would consider.

		worth	mark (circle)
A.	Safety – Risk Assessment • Review her thoughts or acts of harm to self • Review her thoughts or acts of harm to the children • Review her bonding with both children and her coping with their care • Check 'Safe Sleeping' e.g. not co-sleeping, baby on his back • Assess risk to her and children from partner (aggression, substance use) • Assess other risks e.g. unresolved medical/trauma from the birth	4	0 1 2 3 4
B.	Child Welfare Involvement • Consider referral to Child Welfare agency (if Child Protection/Safety issues)	1	0 1
C.	Placement/Respite • Family/friends able to provide support or stay to assist overnight • Consider respite if available - either home-based or respite with baby	1	0 1
D.	Social/family interventions • Offer family meeting, explore family supports • Financial support – review eligibility for welfare support with partner leaving • Review accommodation issues with partner leaving • Referral to parenting support agency for 3 year old/consider childcare • Arrange a support worker	3	0 1 2 3
E.	General health advice • Sleep, diet, exercise e.g. taking baby out in pram	1	0 1
F.	Therapy • Mother-infant therapy or maternal focussed CBT or IPT	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 6

Modified Essay Question 6: (12 marks)

You work on a Liaison team and are called to the Emergency Department (ED) to assess Yasmin, a 25 year old Iranian woman brought to hospital from a Women's Refuge, where she had been for 24 hours. She has two children aged 8 and 11, who have remained at the Refuge in the care of the staff. ED staff tell you that she has been badly beaten and has many bruises, and evidence of old fractures to facial bones.

They have requested a consult as Yasmin has been largely mute since arrival at ED, often flinching away from staff, especially male staff. At times if left unattended she has gesticulated and muttered to herself and they feel she is confused and disorientated.

The Refuge staff member accompanying her was not able to communicate with her while at ED and has had to return to the Refuge. Before leaving she told ED staff that a few hours ago Yasmin's speech and grasp of English seemed reasonable and they had not needed an interpreter. She described Yasmin as initially caring well for her children then becoming more withdrawn and complaining of a headache in the hours before coming to hospital, seeming confused, frightened and at times retching.

Refuge staff had been unable to obtain much personal history except that she is married and afraid to return to her husband's household as she says he beats her. On glancing into the cubicle you see Yasmin is huddled on a gurney wearing a hospital gown, with her hands over her eyes. A uniformed male security watch is sitting beside the door to her room.

Question 6.1 (6 marks)
Discuss the practical and ethical issues involved in using an Iranian interpreter in your assessment of Yasmin.

		worth	mark (circle)
A.	She has the right to be assessed in her own language (Autonomy)	1	0 1
B.	Confidentiality and consent – if competent, she has the right to choose and to refuse involvement of an interpreter if she wishes (she might fear an interpreter would breach confidentiality locally, or that they're aligned with past oppressors).	2	0 1 2
C.	Need for an initial triage assessment before arranging an interpreter – to assess her competency, get her agreement, and as waiting for interpreter may take considerable time and she may be quite medically unwell	1	0 1
D.	Using an interpreter should provide a fuller history with better understanding of cultural issues and improved rapport and cooperation. She's likely to need a female interpreter as seems frightened of men	2	0 1 2
E.	If she is acutely unwell she may have regressed and lost her usually good grasp of English. Interpreter could help clarify if she is disorganised and confused in her native language as well	1	0 1
F.	There can be problems using interpreters such as delaying the assessment, interpreter bias or inaccuracy, etc.	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.

Question 6.2 (6 marks)
Outline (list and justify) the three most important differential diagnoses to consider in Yasmin's case.

		worth	mark (circle)
A.	Acute Stress Disorder with flashbacks and dissociative symptoms, &/or an exacerbation of PTSD (accept either) – based on the physical evidence of abuse, fearfulness, possible dissociation accounting for muteness	2	0 1 2
B.	Brief Psychotic Disorder, probably stress-related – based on her unusual and disorganised behaviour, muteness, fearfulness (possible persecutory beliefs)	2	0 1 2
C.	Delirium due to a head injury from the physical abuse, possibly with concussion or extradural/subdural haemorrhage – based on the physical evidence of abuse, confusion, reported headache, deterioration in mental state with loss of language skills and increased confusion	2	0 1 2
	Up to a maximum of 6 marks in total TOTAL:		

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

Note to Examiners: If an organic cause like delirium due to a head injury is not one of the differentials, this sub-question scores zero.