



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

MODIFIED ESSAY QUESTIONS

ESSAY STYLE MOCK EXAMINATION PAPER 2016

STIMULUS

To be used as a handout while answering questions.

Modified Essay Question 1: (23 marks)

You are a Consultant Psychiatrist working in a rural area, responsible for assessments of all acute patients. You are able to seek phone guidance from a Child and Adolescent Specialist in a neighbouring city.

A distressed mother presents to your service with her 15 year old son (Bradley) and 7 year old son (Stephen). They have just come from the emergency room, where the seven year old has had his broken arm set and plastered. Bradley's mother states that Bradley broke Stephen's arm, as Stephen had broken his Xbox. She says that Bradley seems remorseless, stating repetitively "he broke my Xbox, I broke his arm. Fair is fair", and that she can't live with "a psychopath". She has told the triage staff that he has always been short of empathy, that he seems more attached to his Xbox than his family, and she worries he will be involved in something awful like a high school shooting. Her fears have increased lately as he has been more irritable and withdrawn, and regarding Stephen's injury she said: "I should have seen it coming".

Question 1.1 (12 marks)

Outline the key information you will seek in your assessment of Bradley and his family.

His mother tells you that Bradley struggled socially from an early age, seldom making friends prior to finding some boys he was able to talk to about computer games – she has never heard them discuss anything else. Kindergarten teachers described his interests as "quirky". He is attending school each day, and the school have described him as "quiet" and have not raised any concerns with her recently.

Question 1.2 (4 marks)

List the key mental state features you will look for in your assessment of Bradley, and explain why each is important.

Modified Essay Question 1

Bradley tells you during your assessment that from his point of view the situation is "sorted" and he wants to go home. He can't see why people would be concerned about the risk to his younger brother: "Unless I got another Xbox and he broke that". There is no prior history of violence or aggression. You are concerned about his excessive use of the Xbox (around 40 hours per week – it intrudes on his sleep, and leads to irritable responses when he's asked to spend time off it). However you have not elicited any convincing symptoms of a mental illness, nor are there concerns about substance use.

Question 1.3 (7 marks)

Discuss your initial management plan, following this assessment, focussing especially on risk management.

Modified Essay Question 2 (24 marks)

You are working in a community based child and adolescent team and are meeting with Matt and his parents for the first time.

The referral states “Can you please assess Matt, an 18 year old schoolboy, who presents with a four month history of weight loss. Six months ago he began to eat more healthily in order to get in shape for the competitive rowing season, but began losing weight once rowing training started.

Recently, despite encouragement by his parents to eat, he has increasingly cut down on food because of constipation, bloating, and pain in his stomach. He denies vomiting. Up until recently Matt has had excellent health. His symptoms and weight loss have been extensively checked by a gastroenterologist who has not found any underlying physical cause.

Matt was very distressed when a month ago his coach banned him from rowing because he was losing condition. Since then he has been quite withdrawn and uncommunicative. “

On examination: Height 180 cm , weight 50 kg, pulse good volume and regular (lying 40 bpm, standing 65 bpm), BP lying 90/55 and standing 85/ 55 . Normal examination of heart, lungs & abdomen.

Question 2.1 (6 marks)

What additional information would you need to assess the risks and determine Matt’s initial management?

You think it possible that Matt has Anorexia Nervosa.

Question 2.2 (9 marks)

What additional information would you need to clarify this diagnosis and other differentials?

Matt is admitted to the medical ward. The next day you receive a call from the registrar asking for assistance, as Matt is very wound up and is threatening to pull out the naso-gastric tube inserted for feeding, saying he needs to go for a run.

Question 2.3 (6 marks)

How would you manage this situation? Outline the ethical and medicolegal issues as well.

Matt has been in hospital for 10 days and is due to be discharged home in three days time. His parents are concerned that Matt is still underweight and ask you to recommend the best treatment for Matt once he is discharged.

Question 2.4 (3 marks)

Give your recommendation, your rationale for this choice, and briefly outline what you would tell his parents about the recommended treatment.

Modified Essay Question 3: (20 marks)

You are the Psychiatric Registrar working in an inpatient Psychiatry of Old Age Unit. Paul, aged 68 and a retired accountant, is admitted under your team. He has an established seven year history of early onset Alzheimer's Dementia and lives at home with his wife, Mabel. His admission has been precipitated by a recent deterioration in his behaviour and a delirium is suspected. Paul is so agitated and aggressive that he initially needs to be restrained and managed in seclusion.

Question 3.1 (10 marks)

Describe your initial approach to the assessment and care of Paul's physical health.

A family meeting with Mabel is organised by the ward social worker.

Question 3.2 (6 marks)

Outline the key information you would seek from Mabel.

Paul recovers from his acute confusional state.

Question 3.3 (4 marks)

Discuss the medicolegal issues that are likely to arise regarding Paul's future care needs.

Modified Essay Question 4: (21 marks)

You are working as a junior consultant in a community mental health team and have been referred a patient, George. His GP mentions concerns about an increase in anxiety and distress, and concern from his workplace that he is not leaving work until 9.00pm most nights due to him having to check what he has done repeatedly including checking all the doors and windows are locked, rattling the door handles for several minutes. He is under a final review at work and likely to lose his job.

The GP referral letter tells you George is a 24 year old man with a past history of Obsessive Compulsive Disorder (treated from age 17 by his GP with medication). At that time he had obsessions of contamination and compulsive rituals with excessive hand washing. Since then, he has generally been functioning well until the last year. The GP's letter indicates that his fears of contamination are not currently prominent but had been replaced by other obsessions. He lives at home with his partner and they have just had their first child.

Question 4.1 (6 marks)

Outline the key aspects of your assessment.

George's partner reports concern about his long hours at work and that he constantly seeks reassurance from her regarding his obsessions at home, e.g. checking things are switched off and whether he has knocked someone over on the way to work. She also reports that she thinks George is avoiding involvement with the baby, which worries her.

George says his partner has become increasingly frustrated by his behaviour and he is worried that he may lose his job and his relationship. He is consumed by his obsessional thinking and avoids touching their baby saying he's concerned he might harm her. He reports thinking he may be becoming a paedophile because he has thoughts of touching his baby which he finds abhorrent. He is thus avoiding touching her. He reports feeling increasingly hopeless that things will ever stop.

He reports feeling very distressed by his obsessions and that although he sees the stress they are causing his wife he cannot stop the checking or reassurance-seeking. He has been drinking increasing amounts of wine over the last few months, which he reports is the only thing that helps.

Question 4.2 (6 marks)

Outline the key aspects of your Risk Assessment.

From your assessment you make a diagnosis of Obsessive Compulsive Disorder (OCD) with obsessional thoughts of doubt and compulsive checking. He also has obsessions about sexually interfering with his daughter with avoidance of touching her or repeated reassurance-seeking if he does. You also diagnose a single episode of depression which started after the OCD worsened. The suicide risk you assess as low to moderate (in that it could increase if he were to feel more hopeless but currently does not involve suicidal planning or intent).

George reports he had previously been on 40mg/day Fluoxetine from age 17 and had found it helpful. He came off this after discussion with his GP about four years ago because he was managing reasonably. Since then, things have become increasingly difficult and about a year ago he recommenced Fluoxetine and again increased this to 40mg. However in view of the lack of effect, he had recently changed this to Sertraline, currently at a dose of 100mg. George reports little benefit from this and is feeling increasingly hopeless that things will improve.

Question 4.3 (9 marks)

Outline your overall management plan. Cover the psychological and pharmacological interventions in detail.

Modified Essay Question 5: (26 marks)

You are a consultant psychiatrist who is on duty for the day. You take a phone call from a General Practitioner. He just seen a 30 year old woman called Anna who has presented at his surgery today for the result of a pregnancy test. He is concerned as she is talking quickly, is irritable and difficult to interrupt. She says she has had difficulty sleeping but otherwise she feels 'fine', and is unhappy he is ringing the hospital. He has only seen her a few times before for routine medical issues, and she was nothing like this. She lives with her husband, and has one child aged two.

The GP is able to tell you that she has had a history of depression including a postnatal depression after her two year old child was born, but as she moved to this country from across the Tasman in the past year he has only a little information available.

Anna then insists that you phone her husband so that he can tell you that she is 'fine'.

Question 5.1 (5 marks)

Outline the key information you would want to obtain from these two phone calls, so as to make an initial safety plan.

The GP says Anna is 6 weeks pregnant, and recently restarted citalopram 20mg from a supply she had 'left over' at home, as she had 'not been feeling quite right'.

Anna's husband says that she was severely depressed in the past on three occasions since age 17, and was treated successfully with antidepressants in the community with mental health team follow up. She had an episode 2 weeks after the birth of her first child where she was sleepless and very irritable. Her husband says the clinicians discussed Bipolar Disorder, but he and Anna thought she was exhausted after a difficult labour. She was given sodium valproate at that time, but stopped it after 3 months because she did not think she needed it any more.

Her husband has been very worried about Anna for the past week as she has not been sleeping at all, and has been extremely irritated by their two year old. He heard her yelling and swearing at the child yesterday. He stayed home from work due to his concerns and is exhausted, and unable to care for her at home any more. He says he can bring her to the hospital for assessment.

Question 5.2 (9 marks)

Outline your approach to Anna's assessment, especially regarding the risk assessment.

You decide to admit Anna to inpatient care under the Mental Health Act due the severity of her manic state, which includes psychotic thoughts about her daughter. She is very distressed and you consider her a high AWOL risk.

Question 5.3 (6 marks)

Outline your initial ward management plan for Anna including medication. How does her pregnancy impact on your prescribing?

Anna recovers quickly from her psychotic manic episode on Olanzapine 10mg daily, and is discharged home two weeks later. You are treating her as an out-patient and she is now six months pregnant.

Question 5.4 (6 marks)

Outline your management plan in the lead up to the birth, regarding risk management and the birth period management plan.

Modified Essay Question 6: (26 marks)

You are a consultant psychiatrist working after hours in the Emergency Department. Fred is a 19 year old indigenous man brought in by his parents after he made threats to assault a 7 year old boy – the neighbour’s child – who was playing with his younger brother.

Fred had been noted to be increasingly agitated and pacing around the house, and a kitchen knife was found underneath his bed. His parents report a 3-4 month decline in functioning due to his increasingly odd behaviour and say he has been spending increasing time in his bedroom with the curtains drawn. They strongly suspect that he is again using cannabis.

Fred has had one prior brief admission to a psychiatric hospital at the age of 17 after he assaulted a classmate at his school during a period of heavy cannabis use. He spent a short period of time in hospital and was discharged without treatment or follow-up as he was not then presenting with features of mental illness.

Question 6.1 (8 marks)

Outline the key aspects to your assessment, including your approach to the interview and the sources of information, in order to make an initial risk assessment.

Background information regarding Fred’s admission at age 17 indicated that he presented as perplexed, guarded, and acutely paranoid. He reported that the victim of the assault was a classmate who had been “messing with my thoughts”. He was treated with PRN benzodiazepines and discharged after 5 days having failed to engage with the treating team, with a diagnosis of a drug induced psychosis.

His parents report that Fred had been “not his usual self” for a few months after discharge. They report no history of violence or conduct problems. They say he had seemed confused and fearful for the past few weeks and that they were away from the house a lot through this time due to Fred’s grandfather being sick in hospital.

Fred presents with a perplexed and fearful demeanour and is preoccupied with the intentions of the neighbour’s boy.

Question 6.2 (8 marks)

Give a risk formulation for Fred (with consideration of the key mental state and environmental factors)

Fred is admitted for an inpatient assessment under the Mental Health Act. He presents with features of a psychotic episode characterized by passivity phenomena (thought insertion), concerns that he is being watched by cameras, and disordered thinking. After one week Fred reports that the neighbour’s 7 year old boy is putting thoughts into his head and that he wants to “take him out”. Later that day, Fred goes absent from the ward.

Question 6.3 (4 marks)

Outline your management of this situation with regards to immediate risk management and the ethical and legal issues.

Fred is safely returned to the ward without incident. Four weeks later you are considering his discharge from hospital to his parents’ home under the care of an Early Intervention community mental health team. His mental state has stabilised on treatment with an oral atypical antipsychotic. His insight into his illness remains limited.

Question 6.4 (6 marks)

Outline the key aspects to his Risk Management plan, with regard to the risk formulation, which you would want to implement with the follow-up team.
