



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

MOCK EXAM 2021 MODIFIED ESSAY PAPER MODEL ANSWERS

(Produced by the New Zealand Training Programmes)

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 2.5 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 the MEQs, 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/essay-style/meq-instructions-to-examiners.aspx>

NB: In the real exam there's a more complex system to calculate the final marks which we can't replicate in a Mock exam. Candidates are advised to aim for well above 50% (60-65% is safer), to allow for that in the actual exam.

MODIFIED ESSAY QUESTION 1

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

Modified Essay Question 1: (21 marks)

You are a junior consultant working for an inpatient service at a psychiatric hospital. You are meeting the family of Jacob, a 22-year-old university student who was admitted the previous night. He was brought in by his family who were concerned that he was becoming increasingly paranoid about his flatmates over the previous few weeks. He accused one of his flatmates of poisoning his food and another of taking things from his room. He has been socialising less with friends and his family haven't seen him as much in recent weeks. Jacob agreed to come into hospital voluntarily "for a break" as he was feeling stressed by the situation at his flat.

Question 1.1 (8 marks)

Outline (list and justify) what specific information you would ask Jacob's family, to assist with making a diagnosis.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	<u>Recent History and Functioning:</u> Any other details about his flatting situation, recent events, stressors, and his symptoms. Also his prior functioning and any changes – You need as much information as possible about his symptoms and presenting history.	2	0 1 2
B.	<u>Mood Symptom Screening:</u> Have his family seen any symptoms of depression or mania, or any change in functioning consistent with an affective disorder – Need to rule out an affective disorder as a differential diagnosis.	1	0 1
C.	<u>Psychotic Symptom Screening:</u> Have his family noted any other delusions (strange ideas), or any signs of auditory hallucinations (talking back to unseen people, saying voices were telling him to do things, etc.) or have they seen any evidence of thought disorder (e.g. disorganised or illogical speech) – As much information as possible is needed about any psychotic symptoms, to clarify the diagnosis.	3	0 1 2 3
D.	<u>Past Psychiatric History:</u> Any previous presentations to mental health services, any past diagnoses and treatments used – Needed to check if he already has a diagnosis, and information about any past treatments is vital to inform current treatment.	1	0 1
E.	<u>Family History:</u> Particularly any history of psychosis or mood disorder in the family – Needed to help clarify the diagnosis.	1	0 1
F.	<u>Substance use history:</u> Are family aware of any recent substance use, dependence, or withdrawal – Needed as it may be a precipitant, or the main underlying cause of symptoms.	1	0 1
G.	<u>Medical History and Physical Health:</u> Has he had any neurological symptoms, head injuries or significant medical history – Important to rule out any medical differential diagnoses.	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.

After your assessment, Jacob says he wants to leave hospital. He says he doesn't trust the staff on the ward. Jacob doesn't believe there is anything wrong with him and insists on leaving.

Question 1.2 (8 marks)

Discuss (list and debate) the factors you would consider when deciding whether to allow Jacob to leave hospital.

Please note: a list with no debate will not receive any marks.

		worth	mark (circle)
A.	<p><u>Risk Assessment and likely outcome if Jacob leaves hospital:</u> Consider the nature of Jacob's psychosis, i.e. his risk assessment – could his persecutory delusions cause him to be a risk to himself or others? Consider his prior functioning and recent behaviour – is there a history of violence, any past or current suicide risk? Consider the likely trajectory of Jacob's episode of illness if he leaves hospital. Is he likely to get better without intervention? Consider the unpredictable course of psychosis and the importance of treating a first episode of psychosis assertively. Weigh up the risks against the ethical issues, his capacity, and any possible harm from enforcing treatment, as below.</p>	3	0 1 2 3
B.	<p><u>Ethical Issues and Capacity:</u> Need to decide if Jacob has the capacity to make a decision about leaving hospital, or whether he's too unwell and his capacity is impaired. Weigh up whether it's justified to override his autonomy based on the risk assessment as above, and if he's impaired, the duty to give him treatment (beneficence). To assess his capacity, need to assess his ability to understand information accurately, to apply it appropriately to his situation (grasping likely consequences of actions) and to communicate his decisions consistently.</p>	3	0 1 2 3
C.	<p><u>Whether to use the Mental Health Act:</u> Are there grounds (as above) for use of the MHA, based on his risk assessment and local requirements for compulsory treatment. Will enforcing this jeopardise his future treatment and engagement with services? Needs to be balanced against the likely consequences of not treating him.</p>	2	0 1 2
D.	<p><u>What support and care is available for Jacob if he leaves hospital:</u> Are his family able to support him and provide accommodation? Do his supports understand the nature of psychosis and the risks? Have community respite or intensive home care been considered? – i.e. other less restrictive treatment options than admission. Could community mental health services follow Jacob up assertively – do such services exist locally?</p>	2	0 1 2
E.	<p><u>Family's Viewpoint:</u> Important to consider the family's wishes and concerns about Jacob leaving hospital vs other options, as it's important to work collaboratively.</p>	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.

Following a period of assessment on the ward, you decide that the use of medication is necessary. Jacob is very reluctant to take medication.

Question 1.3 (5 marks)

Outline (list and justify) how you might approach this situation to improve the chances of Jacob taking medication.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	<p>Psychoeducation: (to help him see the need for medication) Educate him about psychosis and the role of medication in treating this. Ensure he understands the information – give him enough time to take information in and provide it in written format, answer questions, provide links to useful websites, etc. Use motivational interviewing techniques like discussing the consequences with him of taking vs not taking medication.</p>	3	0 1 2 3
B.	<p>Clarify any barriers to Jacob taking medication: Discuss his concerns and address these wherever possible. e.g. offer different medication options to reduce concerns about adverse effects</p>	1	0 1
C.	<p>Engage his family in the process: Provide them with psychoeducation as well. This is to work collaboratively, to help persuade Jacob, and possibly to help monitor that he's taking the medication</p>	2	0 1 2
D.	<p>Consider other avenues to support him taking medication: (e.g. cultural support, peer support). Peers or cultural support may help reassure him that he's not alone in dealing with the illness</p>	1	0 1
Up to a maximum of 5 marks in total			
TOTAL:			

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

MODIFIED ESSAY QUESTION 2

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

Modified Essay Question 2 (22 marks)

You are a junior forensic psychiatrist working in a service covering a men's prison. During a prison clinic you are asked by the guard for advice about a young man recently arrested and currently held on remand. The guard is concerned that the prisoner, Caleb, may be mentally unwell.

Caleb is a 24 year old indigenous man. He faces charges of assault with a weapon, wilful damage and trespass after he illegally entered a warehouse. When confronted by a security guard, he allegedly hit the guard with a shovel that he found lying about. Caleb has told the prison guard that he is being spied on by the government and that he was trying to steal a computer so he could prove the government was spying on him. In prison he has been increasingly distressed, especially about the security cameras.

Question 2.1 (9 marks)

Outline (list and justify) what you would tell the prison guard to watch for when supervising Caleb in prison.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	<u>Signs of mental illness</u> (to clarify diagnosis and exclude mood disorder) e.g. Sleep disturbance, hypervigilance, talking to himself, unusual or nonsensical speech or behaviour, seeming to respond to unseen stimuli, refusing food, paranoid behaviour & statements e.g. regarding the cameras, his food, the government. Any signs of mood disturbance (elation, depression, etc.)	4	0 1 2 3 4
B.	<u>His general behaviour and coping</u> (to clarify diagnosis and exclude malingering) e.g. Interactions with others, consistency of his behaviour, can he communicate and follow instructions, his degree of organisation	2	0 1 2
C.	<u>Evidence of substance abuse</u> (to clarify a cause or differential diagnosis) • Signs of past substance abuse e.g. IV injection marks • Signs he is developing withdrawal, including tremor, visual hallucinations, sweating, restlessness, disorientation	2	0 1 2
D.	<u>Signs of any medical problem</u> (to exclude a differential diagnosis) • Complaints of symptoms like headache, fever, pain • Signs of possible medical problems – confusion, fever, sweats, rigors	2	0 1 2
E.	<u>Signs of increasing risk</u> (to determine any need for acute intervention) • Evidence of self harm or suicide risk • Evidence of threats or aggression to others, or of him accumulating potential weapons, e.g. cutlery, rocks, sharp things • Poor self-care (e.g. not eating, drinking or keeping himself clean)	3	0 1 2 3
Up to a maximum of 9 marks in total			
TOTAL:			

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

Modified Essay Question 2 contd.

Caleb is admitted to a Forensic Acute Ward for further assessment under a different clinical team. You are asked by the court to provide a report regarding Caleb’s fitness to stand trial.

Question 2.2 (9 marks)

Outline (list and justify) what you would assess in the interview with Caleb to determine if he is fit to stand trial.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Once you've explained this, assess whether Caleb grasps the purpose of the court report, the limits of confidentiality and how the information you gather will be used (not specifically relevant to his fitness to stand trial, but an important aspect of the assessment so earns a mark if mentioned)	1	0 1
B.	Assess him for the presence of active mental illness – delusions, hallucinations, mood disorder, poor insight, thought disorder etc. (to determine causes for 'mental impairment' affecting his fitness to stand trial)	2	0 1 2
C.	Assess him for intellectual disability (to determine causes for 'mental impairment' affecting his fitness to stand trial)	1	0 1
D.	Assess him for active medical illness including substance abuse or withdrawal (to determine causes for 'mental impairment' affecting his fitness to stand trial)	1	0 1
E.	Specifically, explore with Caleb whether he: <ul style="list-style-type: none"> • understands the roles of people in the court e.g. his lawyer, the prosecutor, the police, the judge • understands the charges he faces and the purpose of the court process • understands the meaning of any plea he might make – guilty, not guilty, no plea – and whether he's capable of deciding on a plea • can communicate with his lawyer about his defence so as to effectively participate in a trial (to determine if any symptoms or disability impair his ability to stand trial)	4	0 1 2 3 4
F.	Assess any cultural or language issues – e.g. English as a second language, hearing or speech impairment. Does he have access to relevant cultural supports e.g. a cultural support worker, an interpreter? (to determine if any language or cultural issues might impair his ability to stand trial)	2	0 1 2
Up to a maximum of 9 marks in total			
TOTAL:			

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

Modified Essay Question 2 contd.

Caleb's defence lawyer asks you to testify at Caleb's sentencing. The lawyer says they have asked you as you know the background history from your previous report to the court and you got on well with Caleb during the assessment. The lawyer says that you're well placed to attest to Caleb's good character, which they believe could lessen any sentence or the potential for a prison term.

Question 2.3 (4 marks)

Describe (list and explain) your response to this request.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	<p>The request is inappropriate and must be refused.</p> <p>The explanation for this is:</p> <ul style="list-style-type: none"> • need to maintain boundaries – your prior report was in a court-appointed role and this lawyer now wants you to act as an expert or character witness for the defence • depending on the local legal framework, it might not be lawful for you to agree to this request • you gathered clinical information from Caleb specifically for the purposes of the fitness-to-plead report, not so as to act for his defence. It's an ethical and Privacy Act breach to use that information for a different purpose • Also, as you gathered information for a different purpose you may not actually have the information the lawyer wants you to present • agreeing to this request could cause conflicts with the treating clinicians and the prosecution • agreeing would be inappropriate, and would bring the profession into disrepute (unprofessional behaviour) 	4	0 1 2 3 4
B.	<p>As you're a junior forensic psychiatrist, you could discuss this request with your Clinical Director or similar service leader. (useful to seek guidance and supervision early in one's career)</p>	1	0 1
C.	<p>The request raises concerns about the lawyer's competency in acting for Caleb. If serious concerns about their competency remain after you've discussed your reasons for refusal with the lawyer, you could seek guidance about any further steps you should take. (useful to seek guidance and supervision in complex medico-legal situations)</p>	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 3

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

Modified Essay Question 3: (22 marks)

You are a Consultant Psychiatrist working in a community outpatient team and are about to assess Gemma. Gemma is a 20-year-old woman who has been referred by a locum General Practitioner (GP) who wonders whether she has adult Attention Deficit Hyperactivity Disorder (ADHD). Gemma attended the practice asking about this and asking if Ritalin would help. The GP says she was "a bit vague" when questioned about her symptoms but apparently she said it was hard to keep jobs as she got into trouble with employers for not following directions. Gemma has worked in several jobs including as a cleaner, and in a supermarket.

Question 3.1 (11 marks)

Outline (list and justify) the information you would want to get from Gemma in this assessment to clarify the diagnosis.

Please note: a list with no justification will not receive any marks

		worth	mark (circle)
A.	Assess whether she meets criteria in DSM-5 or ICD-10 for ADHD, such as: <ul style="list-style-type: none"> • Symptoms of hyperactivity, impulsivity, and inattention • Was age of onset by 12 yrs? (ADHD is a neurodevelopmental disorder) • Developmental Hx (perinatal, learning history, socialisation, functioning) • Check if she has (current or past) pervasive impairment in two or more settings, including social, family, work (and past educational) settings 	4	0 1 2 3 4
B.	Assess her to rule out psychiatric differentials with similar symptoms, or psychiatric comorbidities with ADHD, e.g.: <ul style="list-style-type: none"> • Antisocial personality disorder (impulsivity) • Borderline personality disorder (mood swings, impulsivity, inappropriate and intense anger, relationship challenges) • anxiety disorder (inattentiveness, fidgetiness, social disinhibition, insomnia) • depression (poor concentration & attention, restlessness, irritability) • many adults have a comorbid mental illness with ADHD 	4	0 1 2 3 4
C.	Assess her to rule out medical differentials/causes: e.g. hearing or vision impairment, thyroid dysfunction, hypoglycaemia, sleep disorder, foetal alcohol spectrum disorder	2	0 1 2
D.	Assess her for prescribed medications or substance abuse as differentials or reasons for her presentation: <ul style="list-style-type: none"> • use of mood stabilisers, benzodiazepines, decongestants, beta agonists • increased risk of substance misuse and self-medication with ADHD • Assess for drug-seeking behaviour 	3	0 1 2 3
Up to a maximum of 11 marks in total TOTAL:			

Note to Examiners: Final mark is set at not more than 11. (i.e. if they score more, final mark is still 11)

Note: Answers are based on the NICE and CADDRA guidelines. These are endorsed by the RANZCP in the absence of the RANZCP's own ADHD clinical practice guidelines.

Modified Essay Question 3 contd.

You see Gemma for a follow-up appointment. You have enough information to confidently make a diagnosis of ADHD. You note however that Gemma also has significant alcohol abuse, and she reports using cannabis daily, meeting criteria for cannabis dependence. She also reports using “party drugs” occasionally.

Question 3.2 (6 marks)

Outline (list and justify) the management options you would want to discuss with Gemma.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Psychoeducation – very important to provide information to aid her understanding and collaboration with treatment	1	0 1
B.	Pharmacological treatment for ADHD – medications can be crucial to improve function and allow space for other interventions as well. Options are: <ul style="list-style-type: none"> • stimulants (methylphenidate, lisdexamphetamine) • non-stimulant (atomoxetine) - another option to consider • Consider once-daily dose options given her comorbid substance abuse – due to the risk of abuse or diversion 	2	0 1 2
C.	Psychological interventions – there is evidence for some manualised therapies in treating ADHD: e.g. CBT, mindfulness training	1	0 1
D.	Practical/Social interventions – these can be effective alongside other interventions: suggest changes to her physical environment to minimise the impact of ADHD, e.g. changes to seating arrangements, lighting and noise changes, use of headphones to block distractions, shorter work periods with breaks	2	0 1 2
E.	Treat her substance use disorder – cannabis use in particular may worsen symptoms of ADHD or impair her response to treatment. Concurrent intervention for substance use disorder and ADHD is recommended where possible and likely to give a better treatment outcome. Refer her to local Drug and Alcohol treatment services, or consult/liase with these services.	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 3 contd.

Six months later Gemma's usual GP telephones you for advice, expressing concern about Gemma. The GP has just returned from a period of leave and has seen Gemma for the first time since treatment was started. She notes that Gemma has lost a significant amount of weight. Gemma has been attending the GP practice regularly for her prescriptions, but the GP has noted that she tends to get them a little earlier than when they are due.

Question 3.3 (5 marks)

Describe (list and explain) possible explanations for the situation the GP describes.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	Medication side effects – stimulant and non-stimulant treatments for ADHD are associated with appetite suppression and weight loss	1	0 1
B.	Abuse of her prescribed medication – possibility of Gemma using more than her prescribed needs to be considered, especially with the discrepancy between when she collects medication and when her prescriptions are due	1	0 1
C.	Substance abuse is commonly associated with weight loss. This could be a direct effect of substance use, e.g. effects of methamphetamine abuse, or secondary to malnutrition, e.g. from alcohol abuse	1	0 1
D.	Medical causes should be ruled out, such as: <ul style="list-style-type: none"> • Endocrine disorders • Serious infections such as tuberculosis or HIV • Gastrointestinal causes • Malignancy – less likely given her age but still needs consideration 	2	0 1 2
E.	Could be an undiagnosed, or emergent, eating disorder. Eating disorders are 3.5 times more common in female patients with ADHD than in the general population	1	0 1
F.	Social factors may have prevent Gemma having adequate access to food. Could be due to unemployment and associated financial hardship	1	0 1
Up to a maximum of 5 marks in total			
TOTAL:			

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

MODIFIED ESSAY QUESTION 4

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Modified Essay Question 4: (20 marks)

You are a junior consultant psychiatrist attached to a Consultation-Liaison team, called to the Emergency Department (ED) of a large metropolitan hospital. You have been referred Jack, aged 20, by an emergency medicine specialist who is worried about Jack's repeated presentations to the ED. Jack has again presented following a collapse while running – this is the fourth time Jack has presented to hospital in the last 6 weeks with similar collapses. The emergency medicine specialist is particularly concerned as Jack wanted to discharge himself from hospital but had another near-collapse with marked postural hypotension (a drop of 30mm Hg) while in the ED. In the ED, he has refused food offered by the nursing staff, saying, "It doesn't fit with my dietary requirements of 900 kilocalories per day." (2000-3000 kcal daily is the expected normal intake)

Question 4.1 (7 marks)

Outline (list and justify) the key information you need to elicit in your assessment with Jack.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	<p><u>Specific assessment for eating disorders:</u> (limiting his intake to 900 kcal/day and his over-exercising point to this)</p> <ul style="list-style-type: none"> • Check for overvalued ideas about his weight/shape & fears of weight gain • Check for excessive dieting, restrictive dietary practices, daily intake • Check for excessive exercise or similar (e.g. his running) • Check for any associated purging behaviours (vomiting, laxatives) • Check for any associated stimulant or laxative abuse 	3	0 1 2 3
B.	<p><u>Screening for common comorbidities:</u> (to help make the diagnosis - candidate must justify the specific Sx and MSE features they plan to check for, to clarify the comorbid diagnoses below)</p> <ul style="list-style-type: none"> • Check symptoms & mental state examination for features of depression, anxiety disorders, or substance abuse • Check the past psychiatric history for any of these psychiatric disorders 	3	0 1 2 3
C.	<p><u>Screening for cognitive changes:</u> (intake restriction can cause cognitive impairment - important re his capacity and ability to engage in treatment)</p> <ul style="list-style-type: none"> • Check for impairments in short term memory and for cognitive slowing (e.g. do usual bedside testing of memory and attention) 	1	0 1
D.	<p><u>Risk Assessment:</u> (a key part of any assessment and eating disorders carry significant risks)</p> <ul style="list-style-type: none"> • Check for thoughts of suicide or deliberate self-harm • Check the history of risk to self from self-harm or extreme intake restriction • Check for current or historical severely diminished capacity for self-care due to his markedly reduced intake and other behaviours 	2	0 1 2
Up to a maximum of 7 marks in total			
TOTAL:			

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

Modified Essay Question 4 contd.

After your assessment of Jack, you believe he needs to be admitted to hospital for further assessment. Jack politely declines, saying, "I'll be fine at home". You note that on the bedside cardiac monitor, Jack's heart rate is 35 bpm and blood pressure is 78/50mmHg. Jack is shivering while wrapped in four blankets. Biochemical evaluation shows a serum potassium of 2.3 mmol/L (normal range is 3.5-5.2 mmol/L), serum phosphate of 0.30 mmol/L (normal range is 0.8-1.5 mmol/L) and serum albumin of 23 g/L (normal range is 32-45 g/L).

Question 4.2 (9 marks)

Describe (list and explain) your approach to Jack's request for discharge from the Emergency Department.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	<p><u>Assessment of Capacity</u></p> <ul style="list-style-type: none"> • Need to evaluate whether Jack understands the medical risks associated with his current state of health, appreciates the potential consequences, demonstrates a rational process in making decisions and expresses a clear and consistent preference to leave hospital • Often, capacity is significantly diminished in the context of malnutrition and anorexia nervosa – e.g. seen in cognitive testing done in the assessment 	3	0 1 2 3
B.	<p><u>Engagement with Jack and his supports</u></p> <ul style="list-style-type: none"> • Need to engage in collaborative treatment planning as much as possible, empathising with Jack's plight and his fears, particularly about weight gain • Need to enlist the support of Jack's family if possible • Motivational interviewing approach may help appeal to Jack's 'healthy side' • Psychoeducation is needed for Jack (and ideally his family), especially around the risks of going home 	3	0 1 2 3
C.	<p><u>Determination of treatment setting</u></p> <ul style="list-style-type: none"> • Jack needs admission - he more than meets criteria for admission from the admission criteria in the RANZCP eating disorder guidelines. These criteria include hypotension, bradycardia, probable hypothermia, hypokalemia, hypophosphataemia and hypoalbuminaemia • He needs a general medical ward for medical stabilisation – not safe to admit him to a psychiatric ward in his current state • There would be a significant medical risk and risk of him dying if he were discharged from hospital at this point 	3	0 1 2 3
D.	<p><u>Medico-Legal issues</u></p> <ul style="list-style-type: none"> • If Jack insists on leaving, the Mental Health Act should be considered (it can legally be used to treat severe Eating Disorders in NZ and Australia) • Acknowledgement that the use of the Mental Health Act in anorexia nervosa can be contentious and can cause problems with engagement • Guardianship legislation may be mentioned however the Mental Health Act is more practical acutely unless there is a pre-existing Enduring Power of Attorney (EPOA) 	2	0 1 2
Up to a maximum of 9 marks in total			
TOTAL:			

Note to Examiners: 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.

Jack is admitted to a medical ward for stabilisation. A diagnosis of Anorexia Nervosa (restrictive type) is made. On the ward, nursing staff report that he is often away from his bed and has been found in the bathroom doing push-ups and star jumps. Jack’s family have arrived at the hospital and are very worried about his physical state. He looks gaunt but refuses to accept that he needs to remain in hospital. In a meeting, his family ask you what can be done to stop Jack over-exercising.

Question 4.3 (4 Marks)

Describe (list and explain) what you would want to explain to his family about your management plan for Jack during the admission, regarding his over-exercising.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	You and other C-L team members are providing close follow-up for Jack on the ward, to help him manage his distress and behaviour	1	0 1
B.	You provide psychoeducation to Jack where possible about anorexia nervosa and his behaviour, using an externalizing approach: “that’s the anorexia”	1	0 1
C.	That psychological therapies are of limited use in the acute phase, usually due to cognitive impairment, so the focus needs to be more on behavioural and anxiety-management strategies	1	0 1
D.	Through the medical team, you can arrange a gender-appropriate nursing watch to stop him exercising when he says he needs the bathroom, and, if needed, a watch at his bedside	1	0 1
E.	You are working closely with medical team, ward dietitian and nursing team about taking a firm yet empathic approach to Jack	1	0 1
F.	It’s necessary to take the least restrictive approach where possible, while acknowledging the very real risks and thus the need to limit Jack’s autonomy during the acute phase	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 5

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

Modified Essay Question 5: (22 marks)

Tanisha is a 15-year-old girl with severe anxiety. The Child and Adolescent Mental Health team where you work as a psychiatrist has been treating her for a year, but you have not been responsible for her care until now. Tanisha is mute, both when seen at the clinic and at school, but her mother says that she talks at home. She has been diagnosed with selective mutism, and treated with Sertraline by your predecessor, up to 150mg/day, which she has tolerated well. Your service has attempted to engage with Tanisha to provide individual and group psychotherapy on several occasions over the last year, but she has refused to attend the appointments. Her mother has attended a psychoeducation group for parents, focussed on anxiety disorders. The onset of Tanisha's anxiety and mutism was reported to be after a fire in the family home from which they were evacuated, when she was 6 years old. Due to there being no significant improvement in her anxiety or mutism you have been asked to discharge Tanisha from the clinic, and so you are reviewing her case record.

Question 5.1 (7 marks)

Outline (list and justify) the key areas you would want to explore in Tanisha's case record.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Developmental History: particularly looking for developmental delays and repetitive patterns of behavior, interests, or activities – to help clarify her diagnosis and any ASD symptoms	2	0 1 2
B.	Educational Performance and IQ: school attendance and her academic functioning (as a rough estimate of IQ), and look for any more detailed IQ testing – to help clarify the severity of her disorder and the diagnosis	2	0 1 2
C.	Social Functioning: information from parents and teachers regarding her social skills – to clarify the severity of her disorder, the diagnosis, and any ASD symptoms	1	0 1
D.	Anxiety Symptoms: e.g. re PTSD given the fire in the family home, or re other anxiety disorders like Separation Anxiety, GAD, Phobias, SAD, and any functional impairment due to anxiety – to help clarify the diagnosis	2	0 1 2
E.	Family History: especially regarding mood, anxiety, or neurodevelopmental disorders – to help clarify the diagnosis regarding inherited risks	1	0 1
F.	Mood Symptoms: to clarify the diagnosis – i.e. to rule out a mood disorder as a differential or comorbid condition	1	0 1
G.	Risk Assessment: risk to self, others and regarding her self-care, but also the risk to her social and emotional development – essential to check risks before considering discharge	1	0 1
Up to a maximum of 7 marks in total			
TOTAL:			

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

Modified Essay Question 5 contd.

You learn from Tanisha's case record that she is enrolled at a special education school, was recently discharged from paediatric follow-up, and that she has a diagnosis of intellectual disability (ID). You obtain the psychology report to review this further, and note that Tanisha was mute at the time when she was assessed with standardised psychometrics.

Question 5.2 (4 marks)

Describe (list and explain) the issues to consider in making a diagnosis of intellectual disability in Tanisha, given that she was mute during psychometric testing.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	History of intellectual functioning: A valid diagnosis of ID can be made if there is a <u>history of significant deficits in intellectual functioning</u> – e.g. in reasoning, problem solving, planning, learning from experience etc., even when the disability precludes standardised intelligence testing	2	0 1 2
B.	History of adaptive functioning: A valid diagnosis of ID can be made if there is a <u>history of significant deficits in adaptive functioning</u> that cause developmental delays in personal independence and social functioning, even when the disability precludes standardised intelligence testing	2	0 1 2
C.	Consider the timing of the onset of disability: The time of onset of the intellectual and adaptive deficits needs to be considered. If this was during her developmental period it would pre-date the house fire so a developmental disorder would be more likely, rather than a traumatic response to the house fire causing mutism	1	0 1
D.	Consider Autism Spectrum Disorder: The likelihood of developmental disorders such as ASD is higher in people who have ID, therefore this may need to be considered as an alternative explanation of some of her symptoms like the mutism, rather than the mutism being due to anxiety	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 5 contd.

As part of your assessment, you organise a home visit with Tanisha and her mother due to the difficulty Tanisha has in attending appointments at the clinic.

Question 5.3 (7 marks)

Outline (list and justify) the areas you would most want to assess during a home visit.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Assess her mental state, as far as possible if she remains mute. Especially, assess her speech – e.g. does she remain mute at home or if not, who does she talk with, and does her mother have any videos of her talking – essential to assess her speech and MSE and this can only be done during a home visit if she can't attend the clinic	2	0 1 2
B.	Assess her level of adaptive functioning at home – what can she do in terms of tasks or helping her mother around the house. What state is her room in? – best assessed at home where presumably her functioning will be highest if she's less anxious there	2	0 1 2
C.	Assess her social interactions at home – are any deficits observable in her non-verbal and verbal social interactions and her relationships at home – again, best assessed at home where presumably her functioning will be highest if she's less anxious there	2	0 1 2
D.	Look for any evidence of ASD – e.g. does she show restricted or repetitive behaviours or interests/hobbies, does she have stereotyped movements or rigid adherence to routines, is there abnormal reactivity to sensory inputs, etc. – necessary to assist in making the diagnosis	2	0 1 2
E.	Look for anxiety symptoms or evidence of an anxiety disorder – necessary to assist in making the diagnosis	1	0 1
Up to a maximum of 7 marks in total TOTAL:			

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

Modified Essay Question 5 contd.

Following a reformulation of Tanisha's difficulties and a lengthy discussion of this with her family, her mother asks you whether Tanisha should keep taking the Sertraline.

Question 5.4 (4 marks)

Outline (list and justify) the issues you would need to discuss with Tanisha's mother when responding to this question.

Please note: a list with no justification will not receive any marks.

		worth	mark (circle)
A.	Check if there was any improvement in her anxiety, even if not in the mutism, after the Sertraline was started – necessary to determine if it's helpful, to advise her family about continuing Sertraline	1	0 1
B.	Check if the Sertraline is causing any problems, e.g. adverse effects or stress from trying to administer it if she's reluctant to take it – to assess whether it's justified to continue it, or whether it's causing harm	1	0 1
C.	Check Tanisha's current anxiety symptoms. If these are causing concern, would her family want Tanisha to have an increased dose to see if that helps, or to trial an alternative SSRI, e.g. fluoxetine – does she really need medication, and if so, important to maximise the efficacy of any medication	2	0 1 2
D.	Check what past practical and psycho-social interventions have been organised already, e.g. supports, and whether these have helped. Also check if Tanisha's mother accessed these – need to know what else was tried and if more support's needed, in case this might reduce the need for medication	1	0 1
E.	Discuss with her mother that developmental disorders such as ASD can include significant anxiety that's worth treating, and about the pros and cons of Sertraline or other options – need to explain about anxiety linked with ASD to Tanisha's family so they can make informed decisions	2	0 1 2
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 6

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

Modified Essay Question 6: (18 marks)

You are a consultant psychiatrist at a regional centre that sees patients of all ages. Your registrar, Tom, has been to assess Richard, an 83-year-old man who was discharged to a residential care facility from a medical ward two weeks ago, having been diagnosed with a left external capsule infarct. He also has a diagnosis of dementia which was made prior to his stroke. Richard was previously living at home with his wife, Emily, who provided round-the-clock care for him.

The residential care facility asked the local General Practitioner (GP) for help as Richard is difficult to manage. They say he constantly tries to get out of bed, is a falls risk and often takes off all his clothes. The GP started Richard on quetiapine and lorazepam with little improvement in these behaviours. The GP and the residential care facility want advice from your mental health service on what other medications may be helpful to manage Richard's behaviour.

The nursing co-ordinator insists that Richard is not manageable at the residential care facility as he is constantly getting out of bed at night and needs a 1:1 watch, which is an expense for them.

(PTO for model answers)

Question 6.1 (10 marks)

Outline (list and justify) the key information that you would expect Tom to have gathered from the staff and from Richard's records, at the residential care facility.

Please note: a list with no justification will not receive any marks.

	worth	mark (circle)
<p><u>Details about the presenting complaint – the disruptive behaviour</u> (need to clarify the problem and make a diagnosis):</p> <ul style="list-style-type: none"> • Duration and pattern of symptoms and an ABC (antecedents, behaviour and consequences) understanding of them, e.g. how does the care facility manage the disruptive behaviour • History of similar behaviour from his records, given his dementia diagnosis • Efficacy of the medications for his behaviour, and any adverse effects 	2	0 1 2
<p><u>Delirium screening</u> (need to rule out delirium causing his behaviour)</p> <ul style="list-style-type: none"> • Check for features indicative of delirium like a recent onset of the changes, fluctuating behaviours, fluctuating level of consciousness and attention, visual illusions or hallucinations, etc. • Check for possible causes of delirium and what examinations or investigations have been done – e.g. blood tests, MSU, physical exam, routine observations, any signs of pain, infection, constipation. Check for any medication change as a cause for delirium – e.g. anticholinergic medications 	2	0 1 2
<p><u>Check Richard's general functioning</u> (to check possible causes of stress)</p> <ul style="list-style-type: none"> • Check his ADLs (feeding, bathing, grooming, dressing, bowels, bladder, toilet use, mobility) • Are sensory or communication deficits contributing to aggressive behaviour like poor hearing or vision, or aphasia after his stroke? 	2	0 1 2
<p><u>Environmental and social factors</u> (to check possible causes of stress)</p> <ul style="list-style-type: none"> • Are environmental factors making matters worse – like excessive noise, overstimulation (stress), understimulation (boredom), lack of routine or recent routine changes, understaffing or overworked staff, etc. • Has Richard had visits from his family or similar supports 	2	0 1 2
<p><u>Psychiatric disorder screening</u> (checking differentials or comorbidities)</p> <ul style="list-style-type: none"> • Check for symptoms of psychosis – delusions or hallucinations • Check for an anxiety or mood disorder. Does he seem depressed, has he expressed suicidal ideas? • Check his past history of any psychiatric disorder • Check his substance use history – rule out substance withdrawal 	2	0 1 2
<p><u>Risk assessment</u> (important to assess how risky the situation is)</p> <ul style="list-style-type: none"> • Any aggression by Richard towards the staff or residents • Does he express suicidal ideation or a passive death wish. Any attempts? • Risks from his falls – how frequent and severe are these, and do the staff have to restrain him? If so, what legal framework's in place for this? 	2	0 1 2
Up to a maximum of 10 marks in total		
TOTAL:		

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

Modified Essay Question 6 contd.

Your registrar, Tom, has established that Richard was previously a school principal and was very interested in music. His wife has been bringing him music to listen to, but the staff feel it is “unsuitable” as it might disrupt the other residents in the care facility. Richard spends most of the day in his room as he often shouts profanities.

Tom wishes to increase Richard’s quetiapine to 50mg three times daily (from 12.5mg three times daily) as this is what the residential care facility has requested. He raises this plan with you in supervision today.

Question 6.2 (8 marks)

Describe (list and explain) what you would want to discuss with Tom regarding non-pharmacological management planning in Richard's case.

Please note: a list with no explanation will not receive any marks.

		worth	mark (circle)
A.	<u>General approach to determining Richard's management plan</u> <ul style="list-style-type: none"> • Important to collaborate with Richard (as far as possible), and with his family, and the care facility staff, to develop a person-centred plan • Need to acknowledge the concerns and frustrations of the staff • Need to acknowledge that non-pharmacological management's usually used together with pharmacological management in the residential care setting 	2	0 1 2
B.	<u>Consider environmental improvements</u> <ul style="list-style-type: none"> • Richard may be bored – try activity scheduling with an activity plan focussing on music, hobbies etc. as a diversion and to reduce agitation • Various forms of sensory modulation may help – music therapy, aromatherapy, reducing excessive noise, etc. • As he loves music, Richard could possibly use headphones to listen to music selected by him and his wife • Personalise his room and display signs that aid his orientation 	2	0 1 2
C.	<u>Psychological interventions that might assist</u> <ul style="list-style-type: none"> • Validation therapy – acknowledging Richard's feelings in the here and now as ‘real’ to him, irrespective of the actual reality • Reminiscence therapy – to stimulate memory using his life history 	1	0 1
D.	<u>Improve his sleep hygiene</u> <ul style="list-style-type: none"> • Patients with dementia often have sleep difficulties due to physical problems or environmental change. A sleep diary kept by the staff might clarify any issues and suggest ways to intervene 	1	0 1
E.	<u>Behavioural management of Richard's agitation</u> <ul style="list-style-type: none"> • Need to work closely with the residential care facility staff regarding this, and provide education to the staff • Use the ABC model (the staff document antecedents, the behaviour and the consequences) to understand the problem behaviours • Review the ABC record with the staff, to determine how the frequency and severity of his problem behaviours could be reduced • Implement that plan, continue the ABC record, then review again, etc. 	3	0 1 2 3
F.	<u>Practical interventions – staffing, where to treat him</u> <ul style="list-style-type: none"> • Review the need for 1:1 staffing – could it be used less often? Does he have consistent carers across the shifts, that he can get to know? • He may need to move to a higher level of care e.g. a dementia care facility 	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)